

CITY COUNCIL
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON HEALTH

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January 31, 2024
Start: 10:09 a.m.
Recess: 10:18 a.m.

HELD AT: COUNCIL CHAMBERS - CITY HALL

B E F O R E: Lynn C. Schulman, Chairperson

COUNCIL MEMBERS:

Joann Ariola
Carmen N. De La Rosa
Julie Menin
Mercedes Narcisse
Kristy Marmorato

A P P E A R A N C E S

Dr. David Appel

2 SERGEANT-AT-ARMS: Good morning and
3 welcome to today's New York City Council hearing for
4 the Committee on Health.

5 At this time, we ask that you please
6 silence all cell phones and electronic devices to
7 minimize disruptions throughout the hearing.

8 If you have testimony you wish to submit
9 for the record, you may do so via email at
10 testimony@council.nyc.gov. Once again, that is
11 testimony@council.nyc.gov.

12 At any time throughout the hearing,
13 please do not approach the dais.

14 We thank you for your cooperation.

15 Chair, we are ready to begin.

16 CHAIRPERSON SCHULMAN: [GAVEL] Good
17 morning. I'm Council Member Lynn Schulman, Chair of
18 the New York City Council's Committee on Health.

19 Thank you for joining us for today's
20 hearing on a Preconsidered Introduction sponsored by
21 myself which would require the Department of Health
22 and Mental Hygiene to develop a healthy NYC
23 population health agenda.

24 Last session, I joined the Mayor and
25 Commissioner Vasan to announce Healthy NYC, a new

2 campaign to increase New Yorkers' life expectancy by
3 2030. As part of this campaign, my bill would require
4 the Department of Health and Mental Hygiene to
5 develop a five-year population health agenda to
6 improve public health outcomes, address health
7 disparities, and improve of and access to healthcare.
8 I want to note that this legislation was heard last
9 session in this Committee, and all testimony from
10 that hearing will be incorporated into the record for
11 today's hearing.

12 Lastly, I want to thank my Colleagues,
13 Staff, and the Health Committee Staff for their work
14 as well as Department of Health and Mental Hygiene
15 and Commissioner Vasan for their partnership on this
16 issue.

17 Because the Administration is not in
18 attendance today to testify, I will turn the mic over
19 to Committee Counsel to begin public testimony.

20 First, I want to acknowledge that we've
21 been joined by Council Member De La Rosa.

22 Thank you.

23 COMMITTEE COUNSEL: Thank you, Chair. We
24 will now hear testimony from the public, and I will
25 call up individuals in panels, and all testimony will

2 be limited to five minutes, but the Chair will have
3 discretion to extend.

4 Written testimony which will be reviewed
5 in full by Committee Staff may be submitted to the
6 record up to 72 hours after the close of this hearing
7 by emailing it to testimony@council.nyc.gov.

8 We will now hear from Dr. David Appel. If
9 you would like to come up.

10 CHAIRPERSON SCHULMAN: Before you start,
11 sir, I want to acknowledge we've been joined by
12 Council Member Ariola.

13 COMMITTEE COUNSEL: You may begin when
14 you're ready.

15 DR. DAVID APPEL: Good morning. I'm here
16 in support of the bill and to advocate for school-
17 based health centers to be included as an essential
18 service for children.

19 A recently immigrated parent brings her
20 7-year-old daughter to enroll in a school close to
21 the shelter where they reside without health record
22 or proof of vaccinations. They are sent by the main
23 office to the school-based health center where the
24 child receives a physical exam and her first set of
25

2 vaccinations. She's enrolled and starts school that
3 day.

4 A high school student overdosed and non-
5 responsive in the hallway until the provider from the
6 school-based health center administered Narcan,
7 revived him, and brought him to the health clinic
8 while EMS was on the way.

9 A 10-year-old has an asthma attack in a
10 Brooklyn school, his parents working 90 minutes away
11 in Brooklyn. An asthma nebulizer treatment is
12 administered at the school-based health center, a
13 prescription for preventative medication is provided,
14 his primary care physician is contacted, he returns
15 to class, his mother picks him up after school after
16 completing her shift at work.

17 A 14-year-old distraught teen walks into
18 her school-based health center after getting in over
19 her head with a 21-year-old boyfriend the day before.
20 She has an immediate confidential visit, given Plan
21 B, screened for STIs including HIV, a return
22 appointment, and reproductive healthcare visit as
23 well as an appointment for counseling. She returns to
24 class to complete her school day.

2 Every day, 159,000 children and teens
3 grades K through 12 including over 22,000 residing in
4 temporary housing and over 4,000 migrant children
5 residing in the most impoverished neighborhoods in
6 New York City have access to medical, mental health,
7 and often dental and vision care provided by their
8 school-based health centers. These centers operate in
9 460 schools across 140 school campuses throughout the
10 five boroughs of New York City. School-based health
11 centers are clinics in schools staffed by a
12 multidisciplinary team of full-time medical
13 providers, nurses, medical assistants, mental health
14 providers, many include health educators, community
15 outreach workers, dentists, and optometrist. Services
16 include full range of immunizations, treatment for
17 chronic illnesses, most notably asthma and diabetes,
18 immediate treatment for acute illnesses, for teens
19 access to reproductive healthcare services and on-
20 site contraceptive methods, preventative dentistry,
21 providing seal and fluoride treatment for thousands
22 of children. Mental health services include crisis
23 intervention, screening and ongoing individual and
24 group counseling. School-based health centers are
25 routinely called upon to help students with problems

2 such as depression, anxiety, abuse, family violence,
3 substance use, suicide feelings, post-traumatic
4 stress, and gang pressure.

5 Principals of schools with school-based
6 health centers that provide mental services speak of
7 them as virtual necessities. All services provided in
8 school-based health centers are at no cost to
9 families regardless of their immigration status or
10 insurance status.

11 School-based health centers are health
12 equity at its best. They increase access to wellness
13 care visits by students. They reduce emergency room
14 use, and increase school attendance. They attract
15 harder to reach populations, especially migrants,
16 minorities, and males. Do a better job of providing
17 crucial services such as a mental healthcare and
18 high-risk behavior screens. They significantly
19 decrease absenteeism and tardiness among adolescents
20 receiving counseling, increase willingness to seek
21 medical services, especially for students reporting
22 depression and past suicide attempts and for those
23 seeking information on pregnancy prevention. They
24 have higher rates of screening and treatment for
25 STIs, HIV/AIDS screening. Patients report increased

2 condom use. They reduce teen births and teen
3 pregnancies by offering on-site contraceptives
4 including LARC. They increase LARC use, and they
5 reduce cost. Between 2008 and 2017, school-based
6 health centers averted an estimated (INAUDIBLE)
7 pregnancies in New York City alone.

8 School-based health centers relieve
9 principals, teachers, and administrative staff from
10 time-consuming medical and mental health emergencies
11 creating a calmer and more stable environment for
12 children to learn. Parents, especially those with
13 children with chronic health conditions, rely on
14 school-based health centers to enable them to avoid
15 work lose and maintain steady employment. Students
16 love them because they meet children where they are
17 in their schools.

18 CHAIRPERSON SCHULMAN: If you could wrap
19 it up, please?

20 DR. DAVID APPEL: Okay. The massive influx
21 of newly migrated families makes school-based health
22 centers more important than ever. There is
23 unprecedented need for mental services post-COVID.

24 CHAIRPERSON SCHULMAN: Sir, don't read the
25 whole paragraph, please.

2 DR. DAVID APPEL: Okay.

3 CHAIRPERSON SCHULMAN: Let me just say
4 this to you. This isn't the forum for this. We're
5 going to have budget hearings in March, but we
6 appreciate your testimony and we have it submitted
7 too.

8 DR. DAVID APPEL: Okay.

9 CHAIRPERSON SCHULMAN: Thank you very
10 much.

11 DR. DAVID APPEL: Thank you very, very
12 much.

13 CHAIRPERSON SCHULMAN: I also want to
14 acknowledge we've been joined by Council Member
15 Marmorato.

16 COMMITTEE COUNSEL: If there's anyone
17 present in the room or on Zoom that has not had the
18 opportunity to testify, please raise your hand.

19 Seeing no one else, I would like to note
20 again that written testimony which will be reviewed
21 in full by Committee Staff may be submitted to the
22 record up to 72 hours after the close of this hearing
23 by emailing it to testimony@council.nyc.gov.

24 Chair, we have concluded public testimony
25 for this hearing.

2 CHAIRPERSON SCHULMAN: With that, the
3 Health Committee hearing is now adjourned. [GAVEL]

4 CHAIRPERSON SCHULMAN: Good morning. I'm
5 Council Member Lynn Schulman, Chair of the New York
6 City Council's Committee on Health. I'm calling this
7 meeting back to order. [GAVEL]

8 I want to acknowledge my Colleagues
9 joining us today, Council Member Narcisse and Council
10 Member Menin.

11 With that, I am now adjourning the
12 meeting. Thank you. [GAVEL]

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C E R T I F I C A T E

World Wide Dictation certifies that the foregoing transcript is a true and accurate record of the proceedings. We further certify that there is no relation to any of the parties to this action by blood or marriage, and that there is interest in the outcome of this matter.



Date January 31, 2024