



Testimony

of

**Alister F. Martin, MD, MPP
Commissioner of Health
New York City Department of Health and Mental Hygiene**

before the

New York City Council Committee on Health

on

Access to Childhood Vaccines in New York City

**March 5, 2026
250 Broadway
New York City**

Good morning, Chair Schulman and members of the Committee. I am Dr. Alister Martin, the Health Commissioner at the New York City Department of Health and Mental Hygiene. This is my first hearing as NYC's doctor and Health Commissioner, and it is an honor to represent the Mamdani administration and the Health Department today. I am looking forward to working closely with this Council in the weeks and months ahead. I am joined by Dr. Tristan McPherson, the Acting Medical Director of Disease Control and the Medical Director of the Bureau of Communicable Diseases; Dr. Bindy Crouch, the Assistant Commissioner of the Bureau of Immunization; and Amaka Anekwe, Director of Strategic Nutrition Initiatives.

I would like to take this opportunity to tell you a bit about myself. I found public health in the emergency room: first, as a sick kid waiting to see a doctor. My mom raised me as a single parent working two jobs, and when she came home at night and I was sick, there was no pediatrician to call. So she and I would spend long hours in ER waiting rooms. Years later, I was the one wearing the white coat. I was acutely aware that many of my patients were like my mom and me. They were in the ER not because of an acute health emergency, but because every other system had failed them and it was the one place left to turn.

During medical school, I realized I had a choice to make: I could complain about how often our health care system fails people, or I could try to change the circumstances that put people there to begin with. I have spent my career working to make those changes.

One of the clearest examples of avoidable health outcomes are vaccine-preventable illnesses. As an emergency physician during the COVID-19 pandemic, I saw firsthand that when patients lack access to safe and effective vaccines, the consequences are devastating. I placed more breathing tubes than I can count, many of them in patients who simply could not access the vaccines that might have saved them. In my work as a nonprofit executive, I built public health programs that helped hundreds of thousands of patients receive reliable health information and helped thousands more access vaccines they might not have otherwise received.

Today, we are facing a resurgence of cases better left in history: we have the resources to stop life-threatening diseases before they begin. Everyone deserves access to those resources. I am grateful for the opportunity to testify today on the evolving state of vaccine access for children in New York City.

We are living through an extremely difficult time for public health. When it comes to vaccination and broader disease control infrastructure, we have faced dangerous, unfounded changes to recommendations from the Advisory Committee on Immunization Practices, or ACIP; the federal government's overhaul of the childhood vaccination schedule; and the withdrawal of the United States from the World Health Organization. We have also seen the defunding, undermining, and near dismantling of the Centers for Disease Control and Prevention and systematic federal misinformation and disinformation campaigns against vaccines that undermine public trust.

In January, Secretary Robert F. Kennedy Jr. announced unprecedented and unilateral changes to the CDC's pediatric immunization schedule. Some of the vaccines that were universally recommended have been moved to risk-based recommendations or shared clinical decision making. Vaccination decisions are already made between a patient, their family, and their health care provider. The new recommendations do not change that. What they do is create confusion and a false impression that these vaccinations are only beneficial to select populations. We know

that is not the case. These changes were made behind closed doors with no rationale or scientific justification.

The good news is that in NYC, families will still be able to access the full range of childhood immunizations as recommended by the American Academy of Pediatrics to protect their children, with no out-of-pocket costs.

The real damage was not to take away access to vaccines, which continue to be available and covered through the Vaccines for Children program and commercial health insurance. The immediate consequence of federal changes was to create confusion about and sow distrust in vaccines—both among the public and for health care providers. Unfortunately, these actions mean that we can no longer rely on the federal government to make transparent, evidence-based decisions about vaccines that protect the health of our children and communities every day.

Let me be clear: there is no new scientific evidence to support the change in federal guidance. We have decades of evidence showing that vaccines offer the best protection for children, families, and communities. New York's vaccination requirements for school and child care attendance are set in state law and the NYC Health Code and they remain the same as they were prior to federal actions.

Today, 97% of students attending public and charter schools in grades pre-K through 12 are in compliance with immunization requirements. That said, there is always more work to be done. For instance, while 95% of six-year-olds have completed their MMR vaccine series, only 61% of two-year-olds in New York City have received all doses of the seven recommended vaccines. We are committed to increasing vaccine confidence and uptake, especially in our youngest children and in neighborhoods with the lowest vaccination coverage.

As we face an avalanche of federal mis and disinformation and unscientific changes to vaccination guidance, we have positioned ourselves as a fortified counterweight. We will adhere to the child and adolescent immunization schedule put forward by the American Academy of Pediatrics. To ensure our city has clear instructions, we sent out guidance to over 47,000 New York City healthcare providers endorsing the AAP's childhood vaccination schedule and offering resources to answer questions from families.

When the United States withdrew from the World Health Organization this January, the New York City Health Department became the first municipal health department in the country to join the World Health Organization's Global Outbreak Alert and Response Network (GOARN). Our membership ensures we can access and share critical information and resources across hundreds of public health institutions worldwide.

The United States adopted a dangerous isolationist approach by leaving the World Health Organization. The Centers for Disease Control and Prevention is the nation's health department and a critical federal hub of information that is normally deeply connected to the World Health Organization. We have watched it get progressively weakened over the last year. We cannot protect against what we do not know.

To help fill that void, we also joined the Northeast Public Health Collaborative: a coalition of Northeastern states and cities, including our colleagues at the New York State Health Department, that have formed a regional alliance to share information, resources, and communication strategies across state lines. Vaccine and vaccination policy and access is a

central focus of the Collaborative. The Health Department continues to maintain situational awareness, anticipate further actions, and develop strategies to make our policies and programs more resilient.

While we respond to federal changes, we are always advancing our day-to-day operations and impact. That includes:

- Distributing more than 2.5 million doses of pediatric vaccines annually to healthcare providers across the city through the Vaccines for Children program;
- Monitoring and publicizing vaccination coverage through the Citywide Immunization Registry and the Childhood Vaccination Data Explorer available on our website;
- Providing access to immunization records through our My Vaccine Record application and 311;
- Monitoring for vaccine-preventable disease through our robust surveillance system;
- Acting swiftly to identify people infected with measles, tracing those who may have been exposed, and implementing isolation and quarantine protocols to prevent spread in our communities;
- Tailoring our vaccination outreach to communities with the lowest coverage to support equitable uptake;
- Helping to ensure that children in day cares and schools have all required vaccines;
- Encouraging New Yorkers to get their children vaccinated and talk to their provider if they have any questions;
- And continuing to recommend that everyone six months and older get this season's flu and COVID-19 shots.

Across all of our vaccination work, we have a deep understanding of just how important it is to build trust at the ground level. That is why perhaps the most concerning part of the volatile federal changes is the deliberate creation of confusion. We are the oldest and largest local Health Department in the United States, and in the absence of federal leadership, we have become a source of truth for the nation. Our intent is to earn the trust of New Yorkers—and anyone seeking reliable information. How? By being consistent, reliable, and accessible.

We are prioritizing public health education through the New York City Health Department's communication channels. We recently invested one million dollars in a paid media campaign promoting vaccine uptake, with a focus on engagement in ZIP codes with low vaccination coverage. That campaign launches next week and will run in English, Spanish, Haitian Creole, Russian, Ukrainian, and Yiddish, so New Yorkers can receive critical health information in their own language. As major public health disruptions unfold in Washington, we are also disseminating rapid response messaging on social media and in the press.

Turning to the legislation under consideration today, Introduction 260 would require NYC Public Schools and the Health Department to develop and distribute informational materials about vaccines to parents of students. Introduction 693 would require the Health Department to

implement a plan to educate the public regarding the benefits and importance of vaccination for children and youth, provide outreach, and report to the Council. We support both of these bills and look forward to further conversations with the Council about existing efforts that meet this need.

Introductions 196-A and 547 by Councilmember Feliz relate to modifying the sodium warning and the design of the required high-sugar warning symbol in chain restaurants. We appreciate Councilmember Feliz meeting with our team to provide context on the impetus for these bills. We previously worked with Council on groundbreaking legislation requiring chain restaurants to post added sugar warning labels on menus. Regarding high sodium content, the City already requires chain restaurants to provide New Yorkers with a warning label for menu items with high sodium. We appreciate the sponsor's thoughtfulness in trying to further address chronic disease inequities and healthy decision making when consuming fast food products. We are still evaluating the impacts of these bills and how to best accomplish our shared goals. As we discussed with the Councilmember, we are aligned in trying to provide New Yorkers with the information they need to make healthy decisions. We look forward to continuing the conversation about how we can best accomplish this and working together across the five boroughs.

Thank you, Councilmembers, for your attention to this issue. The New York City Health Department is informed by 220 years of public health leadership, and vaccination is responsible for some of the greatest increases in life expectancy in human history. We will continue building on that legacy, no matter what challenges come our way. I look forward to working with you to make that happen. Thank you. I am happy to take any questions.



March 5, 2026

Testimony of Cassandra Stuart, Lead Budget and Policy Analyst
On behalf of New York City Independent Budget Office
To the New York City Council Committee on Health

Good morning, Chair Schulman and members of the Health Committee. I am Cassandra Stuart, Lead Budget and Policy Analyst on Health at the New York City Independent Budget Office (IBO). I appreciate the opportunity to discuss access to childhood vaccines in New York City with you today.

The Trump administration has made several changes, both to policy and personnel, that have impacted public health implementation across the country. On Monday, March 2, 2026, IBO published a [report](#) on how federal changes to vaccine policies could impact New York City, providing broader context on the occurrence of reportable infectious diseases, both generally and specifically in children across the City. I have brought copies for the Committee today. This report is the latest in a series that examines areas of New York City's budget, economy, and operations that are particularly reliant on federal funding, subject to notable federal policy changes, or both. These reports are intended to inform public discussion by objectively highlighting how federal decisions may affect the City. Critical highlights of the report include the following:

Federal and State Policy Context

- **In December 2025**, the Centers for Disease Control and Prevention (CDC) modified its guidance for hepatitis B vaccinations so that the vaccine will now only be administered to babies born to women who test negative for the virus, and after consultation between parents and clinicians. For babies born to women who test negative, if the decision is made to administer the vaccine, the first dose is to be administered no earlier than two months old. Delayed vaccinations create an increased opportunity for infection to occur. A birth dose of the hepatitis B vaccine was first recommended for all newborns in 1991 and since then infections in children and teens have declined by 99%. Hepatitis B is a serious, potentially fatal, liver infection.
- **In January 2026**, the pediatric vaccination schedule was further modified. Six additional vaccines—those for hepatitis A, meningococcal

disease, rotavirus, respiratory syncytial virus (RSV), influenza, and COVID-19—were shifted from being recommended for all children to being recommended only for high-risk groups and/or for those who consult with a healthcare provider. (For the purpose of this testimony, these six conditions and hepatitis B will collectively be referred to as diseases of interest.)

- The New York State Department of Health stated that its current childhood vaccination policies will remain the same despite the announced changes at the federal level. Further, during the State of the State address, Governor Kathy Hochul announced plans to advance legislation that will ensure New York has the ability to set its own immunization standards for school eligibility, clinical practice, and insurance coverage. In doing so, the State has taken on an unprecedented role in disease prevention policy in an effort to protect New Yorkers and New York communities. While that is a choice that New York State has made, other states likely will not do the same. Removing the national guidance for the diseases of interest could still increase the chance for outbreaks to occur as individuals that were born or lived outside of the state may not have been vaccinated and could enter New York carrying infections.

While current federal changes to the childhood vaccine schedule do not necessarily equate to funding cuts, they set a precedent for future changes. Modifications to the populations for which vaccines are recommended, or the vaccines that are recommended, may redefine how officials promote the safety of the general public from infectious and potentially fatal diseases.

The changes to vaccine recommendations may also affect the largest federal program to provide free vaccines for eligible children ages 18 and under, the Vaccines for Children (VFC) program. VFC provides vaccines through enrolled public and private healthcare providers at no cost to patient, including through NYC Health's own immunization clinics. The federal Office of Management and Budget allocates funds for the program to the CDC, which then distributes them to VFC providers. VFC provides vaccines to children who are uninsured, Medicaid -eligible or -enrolled, American Indian or Alaska Native, or underinsured.



The New York City Landscape:

- In New York City, 64% of children are eligible for vaccines through VFC and there are more than 1,000 providers enrolled in the VFC program.
- In evaluating the spread of cases of diseases of interest across age groups, IBO found that, in 2023, children from birth through age 14 sometimes accounted for less than 1% of cases (as with acute hepatitis B and meningococcal disease) and in other instances accounted for more than 50% of cases (53% of rotavirus cases and 64% of RSV cases).
- There is some overlap between the diseases of interest and vaccine requirements for attendance in New York City schools. Specifically, hepatitis B, influenza, and meningococcal conjugate ACWY vaccinations are required at various points through to Grade 12.

In closing, while federal guidance on the pediatric vaccination schedule has shifted several vaccines from being universally recommended to being for select high-risk groups and/or for patients who decide to take them based on consultation with providers, New York State is adhering to the vaccination schedule as it was previously structured. The current changes could place additional administrative burden on providers as shared clinical decision-making—that is, decisions made after patients' consultation with providers—may require documentation for billing purposes. Because VFC only covers the cost of vaccines that are recommended by the CDC, it is possible that future changes to the vaccination schedule could result in the cost of some vaccines being passed down from the federal government to New York State or the City. This is of particular concern for influenza, RSV, and rotavirus, three conditions among the diseases of interest for which children ages 14 and under account for a significant share of cases. If vaccination coverage declines further in the short- and/or long-term, after already falling over the past several years due to increased skepticism, adverse health outcomes and higher healthcare costs for all are likely to occur. IBO will continue to track this issue as new information comes to light.

Thank you for the opportunity to testify and I am happy to answer any questions.





To see more of IBO's work and to follow IBO on socials scan here:

SCAN ME



IBO's mission is to enhance understanding of New York City's budget, public policy, and economy through independent analysis.

How Federal Changes to Vaccine Policies Could Impact New York City

IBO's *Federal Changes, Local Impacts* series is a collection of short reports that examine areas of New York City's budget, economy, and operations that are particularly reliant on federal funding, subject to notable federal policy changes, or both. These reports are intended to inform public discussion by objectively highlighting how federal decisions may affect the City. IBO encourages readers to visit its [website](#) to explore additional topics covered in this series.

Introduction

Throughout its first year, the Trump administration, through the Centers for Disease Control and Prevention (CDC) led by Acting Director James O'Neill (also Deputy Secretary of Health and Human Services), made significant changes to the long-established recommendations for childhood vaccination. Historically, vaccination recommendations have been made to promote the safety of the general public from infectious and potentially fatal diseases. Further, the federal Vaccines for Children (VFC) program covers the [cost of recommended vaccines for children](#) who are uninsured, Medicaid-eligible or -enrolled, American Indian or Alaska Native, or underinsured. In New York City, VFC vaccines are distributed to participating providers by the Department of Health and Mental Hygiene (NYC Health). Over 1,000 healthcare providers are enrolled in the VFC program, including NYC Health's own immunization clinic. Vaccines distributed through this program are a key source of required vaccines for children attending schools and daycares. As of late February 2026, though the CDC has unilaterally altered their vaccination recommendations, vaccines remain available and continue to be covered through the VFC program, the State's children's health insurance program, and commercial insurance plans. This report provides broader context on the occurrence of reportable infectious diseases in New York City, both generally and specifically in children across the City, and the capacity of NYC Health to respond to infectious disease outbreaks.

Recent Changes to Federal Vaccine Guidance

The Trump administration has made various changes, both to policy and personnel, that have impacted public health across the country. For instance, in June 2025, the U.S. Department of Health and Human Services (HHS) reconstituted the Advisory Committee

for Immunization Practices (ACIP), a committee of experts who are charged with advising the CDC on vaccination recommendations based on the safety and efficacy of vaccines as well as disease epidemiology in the United States. In a break from past practice, HHS Secretary Robert F. Kennedy Jr. removed all of the 17 ACIP members and has [replaced](#) them with 13 new voting members. Up to 19 voting members may be on the committee.

Since being appointed, the new committee members have made several notable changes to the previously established vaccine schedule. For example, the committee voted to [recommend](#) that children under four no longer receive a combined measles, mumps, rubella, and varicella (MMRV) vaccine, which is a combination of the measles, mumps and rubella vaccine (MMR) and the varicella vaccine, but instead two separate vaccines—MMR and varicella. This recommendation was formally adopted by the CDC in October 2025, and the child immunization schedule was accordingly [updated](#). The MMRV vaccine is thus no longer covered by the federally funded VFC program for this age group, though the MMR vaccine and the varicella vaccine continue to be covered.

A birth dose of the hepatitis B vaccine was first recommended for all newborns in 1991. Since then, infections in children and teens have [declined by 99%](#). In December 2025, ACIP recommended, and the CDC subsequently adopted, changes to the guidance for hepatitis B vaccination. For babies born to women who test negative for hepatitis B infection, the CDC now recommends that hepatitis B vaccine be administered at birth based on individual consultations between parents and health care providers.

Shortly after the changes to hepatitis B recommendations, President Trump directed Secretary Kennedy to review and revise the childhood vaccination schedule. In response, on January 5, 2026, significant adjustments to the pediatric vaccination schedule were announced without undertaking the previously standard consultation process with ACIP. Recommendations were changed for six of the 18 previously recommended vaccines—those for hepatitis A, meningococcal disease, rotavirus, respiratory syncytial virus (RSV), influenza, and COVID-19.¹ These vaccines are now recommended only for children who are at high risk, or, as is the case with hepatitis B, are given to children only after parents' consultation with a health care provider. For the remainder of this report, these seven conditions for which vaccines are no longer routinely recommended (i.e., the six immediately aforementioned along with hepatitis B) will be referred to as “diseases of interest.”

These announcements follow a trend over the past several years of decreased vaccination coverage because of the rise of anti-vaccination movements. Researchers at Stanford University found that, since 2019, 77% of counties and jurisdictions have experienced declines in childhood vaccination coverage. The same researchers found that, among states collecting data for the MMR vaccine, 67% of localities have fallen below the 95% immunization rate deemed necessary by experts to protect against an outbreak.²

Responses to Federal Changes

The American Academy of Pediatrics (AAP) released a [statement](#) in response to the changes announced on January 5, calling them “dangerous and unnecessary,” and saying that the organization will continue to make its own evidence-based recommendations.

AAP further stated that it continues to universally recommend that children be immunized against these diseases of interest. Similarly, the American Medical Association (AMA) released a [response](#) stating that the organization is “deeply concerned by recent changes” and rebukes the lack of adherence to traditional evidence-based processes and justification. On January 26, AAP released their 2026 Recommended Childhood and Adolescent Immunization Schedule maintaining routine vaccination for all 18 diseases on the previous CDC schedule.

The New York State (NYS) Department of Health [stated](#) that its current childhood vaccination policies will remain the same, including school vaccine mandates, despite the announced changes at the federal level. Governor Kathy Hochul, during her State of the State address, [announced plans](#) to advance legislation that will ensure New York has the ability to set its own immunization standards, authorizing the Commissioner of Health, in consultation with recognized medical organizations, to set standards for school eligibility, clinical practice, and insurance coverage. There is considerable overlap between the diseases of interest and vaccine requirements for attendance in New York City schools. Hepatitis B and influenza vaccinations are required for those in childcare and Head Start PreK, the hepatitis B vaccination is required from Kindergarten through Grade 12, and the meningococcal conjugate ACWY vaccination, so named for the four types of bacteria it protects against, is required from Grades 7 through 11.

Alongside updates to immunization policies, recent changes in United States global partnerships pose additional risks to the health of New Yorkers. On January 22, 2026, the United States formally withdrew from the World Health Organization (WHO). In response to this, on February 5, 2026, NYC Health [announced](#) that it has joined a WHO coalition of public health institutions. This network, the Global Outbreak Alert & Response Network, includes more than 300 agencies, academic centers, laboratories, and response organizations globally, and is aimed at detecting and responding to emerging outbreaks. The City’s aim in joining this network is to be better equipped with crucial information about potential and imminent health threats.

Cases of Diseases of Interest in New York City

To better contextualize a potential decrease in immunization coverage for diseases of interest, IBO analyzed the number of cases reported in New York City from 2021 through 2024 with data obtained from NYC Health, shown in Figure 1. Outside of COVID-19, which accounts for the majority of reportable infectious disease cases in each year evaluated, laboratory-confirmed influenza and RSV are the conditions for which the highest number of cases are reported, and the share of those diseases out of the total cases of infectious diseases increased substantially during the period reviewed. Note that in all instances where case counts are presented, each year referenced is a calendar year.

To understand where there might be differential impacts, Figure 2 examines cases of diseases of interest by borough of residence in 2023, the last year for which data are available for each of the seven diseases. Brooklyn and Queens, the two most populous boroughs, had the highest number of cases for the three most commonly reported infections (COVID-19, influenza, and RSV). When considering population, however, the following boroughs had higher shares of cases relative to their share of the NYC population:

FIGURE 1

Cases of Diseases of Interest Citywide and Share of Total Cases, 2021–2024

Disease	Number of Cases			
	2021	2022	2023	2024
COVID-19	1,289,110 (88.9%)	1,398,194 (81.7%)	322,917 (53.3%)	203,686 (45.9%)
Hepatitis A	91 (0.0%)	48 (0.0%)	62 (0.0%)	60 (0.0%)
Hepatitis B, Acute Infection	44 (0.0%)	31 (0.0%)	29 (0.0%)	*
Hepatitis B, Chronic Infection	5,350 (0.4%)	5,518 (0.3%)	6,947 (1.1%)	*
Influenza, Laboratory-confirmed	12,548 (0.9%)	130,364 (7.6%)	88,185 (14.6%)	162,067 (36.5%)
Meningococcal Disease, Invasive	15 (0.0%)	19 (0.0%)	28 (0.0%)	34 (0.0%)
Respiratory Syncytial Virus	26,436 (1.8%)	47,996 (2.8%)	48,600 (8.0%)	48,213 (10.9%)
Rotavirus	514 (0.0%)	973 (0.1%)	1,455 (0.2%)	1,665 (0.4%)
All Other Diseases	115,759 (8.0%)	128,428 (7.5%)	137,298 (22.7%)	27,849 (6.3%)
All Reportable Infectious Diseases	1,449,867	1,711,571	605,521	443,574

SOURCE: NYC Health

NOTE: Asterisks in this figure indicate data that are being finalized.

New York City Independent Budget Office

- The Bronx: all diseases of interest except for Hepatitis B acute and chronic infection (though there are very few cases of acute Hepatitis B)
- Brooklyn: Hepatitis B acute (though rare) and chronic infection
- Manhattan: Hepatitis A and meningococcal (though there are very few cases of both diseases citywide), and rotavirus
- Queens: all diseases of interest except for Hepatitis B acute infection (though rare), meningococcal, and RSV
- Staten Island: COVID-19 and Hepatitis B acute infection (though rare).

IBO notes that demographic factors such as age, socioeconomic status, and race/ethnicity could, and likely do, play a role in the differences observed in infection rates across geographies.

Infectious Disease Response Capacity at NYC Health

NYC Health's Division of Disease Control (the Division) aims to safeguard the health of New Yorkers through the identification, surveillance, treatment, control, and prevention of infectious diseases. The Division is comprised of seven bureaus with specific areas of focus

FIGURE 2

Number of Cases of Diseases of Interest and Share of Total Cases by Borough, 2023

Borough	Population	COVID-19	Hepatitis A	Hepatitis B, Acute Infection
Bronx	1,472,654 (16.7%)	58,715 (18.2%)	13 (21.0%)	4 (13.8%)
Brooklyn	2,736,074 (31.1%)	89,022 (27.6%)	12 (19.4%)	11 (37.9%)
Manhattan	1,694,251 (19.2%)	60,254 (18.7%)	19 (30.6%)	3 (10.3%)
Queens	2,405,464 (27.3%)	91,339 (28.3%)	18 (29.0%)	8 (27.6%)
Staten Island	495,747 (5.6%)	23,518 (7.3%)	0 (0.0%)	3 (10.3%)
Unknown		69 (0.0%)	0 (0.0%)	0 (0.0%)
Total	8,804,190	322,917	62	29

Borough	Influenza, Laboratory-confirmed	Meningococcal Disease, Invasive	Respiratory Syncytial Virus	Rotavirus
Bronx	20,015 (22.7%)	7 (25.0%)	11,103 (22.8%)	292 (20.1%)
Brooklyn	23,631 (26.8%)	6 (21.4%)	14,308 (29.4%)	289 (19.9%)
Manhattan	14,041 (15.9%)	9 (32.1%)	6,648 (13.7%)	346 (23.8%)
Queens	26,349 (29.9%)	6 (21.4%)	13,420 (27.6%)	463 (31.8%)
Staten Island	3,554 (4.0%)	0 (0.0%)	2,714 (5.6%)	50 (3.4%)
Unknown	595 (0.7%)	0 (0.0%)	407 (0.8%)	15 (1.0%)
Total	88,185	28	48,600	1,455

SOURCE: EpiQuery and IBO analysis of census data

NOTE: 2023 is the most recent year for which complete data are available.

New York City Independent Budget Office

(see Figure 3). The work of the Division helps to ensure that New York City is equipped to detect and respond to infectious disease outbreaks. Figure 3 provides a five-year lookback at headcount in each of the Division’s bureaus. There have consistently been over 1,000 employees in the Division each year, from 2021 through 2025, though there has been variation by bureau. Though some of these shifts in headcount appear significant—for example, a 55% headcount increase in the Bureau of Hepatitis, HIV, and Sexually Transmitted Infections (STI) and a 35% decrease in headcount in the Bureau of Tuberculosis Control—these changes were in large part not associated with changes in the operational work done by staff. Some staff were moved between bureaus, but functionally performed the same work. For instance, staff working on hepatitis were moved from the Bureau of Communicable Diseases to the Bureau of HIV and STI. Funding for NYC Health comes from city, state, and federal streams, and the same is true of the Division. Changes in federal funding and/or policy can therefore potentially have an impact on NYC Health’s capacity to carry out infectious disease work. Figure 4 displays the funding source breakdown of the Division in recent fiscal years, with federal dollars accounting for approximately 70% of the Division’s funding in all years shown.

FIGURE 3

Headcount at Division of Disease Control, 2021–2025

Bureau Within Division of Disease Control	Fiscal Year				
	2021	2022	2023	2024	2025
Division Management & Systems Coordination	44	39	37	42	43
Bureau of Communicable Diseases	83	72	69	84	96
Bureau of Hepatitis, HIV, and STI	285	394	439	463	444
Bureau of the Public Health Laboratory	156	160	175	170	174
Bureau of Public Health Clinics	283	214	247	261	276
Bureau of Tuberculosis Control	174	96	99	109	112
Bureau of Immunization	93	88	88	84	96
Total Division of Disease Control Headcount	1,118	1,063	1,154	1,213	1,241

SOURCE: NYC Health

NOTE: Headcount includes active employees as of June 30 of each year.

New York City Independent Budget Office

FIGURE 4

Funding Source Breakdown for Division of Disease Control, 2021–2025

Dollars in Millions

Funding Type	Fiscal Year				
	2021	2022	2023	2024	2025
City	\$74 (23.6%)	\$84 (24.1%)	\$96 (24.3%)	\$80 (21.2%)	\$85 (22.5%)
State	\$21 (6.7%)	\$22 (6.3%)	\$26 (6.6%)	\$30 (8.0%)	\$47 (12.5%)
Federal	\$219 (70%)	\$242 (69.5%)	\$273 (69.1%)	\$267 (70.8%)	\$268 (71.1%)
Total	\$313	\$348	\$395	\$377	\$400

SOURCE: NYC Health

New York City Independent Budget Office

When outbreaks occur, depending on the scale, NYC Health may “activate” an agency-wide response that calls on agency employees and resources outside of the Division.³ In the period 2015–2024, there were six such activations, including for COVID-19 (for three years, 2020–2022), measles (in 2018–2019), and mpox (in 2022). Apart from COVID-19, cases of the diseases of interest did not require any NYC Health activations over the past 10 years.

Implications for New York City Children

The federal VFC program was created to cover the cost of vaccines for eligible children ages 18 and under. The federal Office of Management and Budget allocates funds for the program to the CDC and the CDC acquires and distributes vaccines to VFC providers. While

federal changes to the childhood vaccine schedule do not necessarily mean funding cuts, future policy changes could potentially remove certain vaccines from the VFC program.

In New York City, 64% of children are eligible for vaccines through VFC and over 1,000 providers are enrolled in the VFC program.⁴ According to data from NYC Health, in fiscal year 2025, over 2.4 million VFC program vaccines were given to providers, over half of which were for the diseases of interest (1.3 million).

Figure 5 provides the number of VFC providers in New York City in recent years, as well as the corresponding operations budget funded by federal dollars.

FIGURE 5

Number of VFC Providers and VFC Operations Budget in New York City, 2021-2025

Fiscal Year	Number of Enrolled Providers	Program Operations Budget
2021	1,458	\$3.7M
2022	1,310	\$4.2M
2023	1,252	\$4.8M
2024	1,186	\$5.1M
2025	1,198	\$6.1M

SOURCE: NYC Health

The share of cases by age varies by disease. In some instances, children from birth to age 14 account for less than 1% of cases (as with acute hepatitis B and meningococcal disease) and in other instances account for more than 50% of cases (53% of rotavirus cases and 64% of RSV cases). Reclassifying these diseases of interest—that is, modifying guidance so that vaccines are no longer recommended universally—could lead to lower vaccine uptake, weakened herd immunity, and increasing occurrences of the diseases. Further, if vaccines were to be removed from the VFC program, they would no longer be available for free, and State or local governments would need to cover the costs to maintain availability. Figure 6 offers a breakdown of the cases of diseases of interest in 2023 by age group.

Conclusion

The vaccine schedule was modified by the CDC outside the ACIP review process and without a transparent, evidence-based framework. These changes set a precedent for future changes that could result in the cost of some vaccines shifting from the federal government down to the State, localities, and/or individuals. This is of particular interest in the cases of influenza, RSV, and rotavirus, three conditions for which children ages 14 and under account for a significant share of cases. If vaccination coverage declines further in the short- and/or long-term, after already falling over the past several years due to increased skepticism, adverse health outcomes and higher healthcare costs for all are likely to occur.

FIGURE 6

Number of Cases of Diseases of Interest in New York City by Age Group, 2023

Age Group	COVID-19	Hepatitis A	Hepatitis B, Acute Infection	Influenza, laboratory-confirmed	Meningococcal disease, invasive	Respiratory Syncytial Virus	Rotavirus
<1 year	8,015 (2.5%)	0 (0.0%)	0 (0.0%)	2,177 (2.5%)	0 (0.0%)	7,842 (16.1%)	285 (19.6%)
1-4 years	8,055 (2.5%)	4 (6.5%)	0 (0.0%)	9,587 (10.9%)	0 (0.0%)	16,909 (34.8%)	293 (20.1%)
5-14 years	17,096 (5.3%)	5 (8.1%)	0 (0.0%)	21,295 (24.1%)	0 (0.0%)	6,484 (13.3%)	199 (13.7%)
15-24 years	29,177 (9.0%)	17 (27.4%)	1 (3.4%)	9,494 (10.8%)	0 (0.0%)	2,181 (4.5%)	94 (6.5%)
25-44 years	99,677 (30.9%)	27 (43.5%)	10 (34.5%)	22,839 (25.9%)	11 (39.3%)	5,053 (10.4%)	208 (14.3%)
45-64 years	88,849 (27.5%)	6 (9.7%)	13 (44.8%)	14,710 (16.7%)	14 (50.0%)	4,980 (10.2%)	183 (12.6%)
65+ years	71,846 (22.2%)	3 (4.8%)	5 (17.2%)	8,066 (9.1%)	3 (10.7%)	5,147 (10.6%)	192 (13.2%)
Unknown	202 (0.1%)	0 (0.0%)	0 (0.0%)	17 (0.0%)	0 (0.0%)	4 (0.0%)	1 (0.1%)
Total Cases	322,917	62	29	88,185	28	48,600	1,455

SOURCE: EpiQuery

NOTE: 2023 is the most recent year for which complete data are available. Due to the differing stratification of age groups for these conditions and chronic hepatitis B, the latter was omitted from this figure and is presented in the Appendix.

New York City Independent Budget Office

Appendix

FIGURE A1

Number of Cases of Chronic Hepatitis B In New York Cty by Age Group, 2023

For chronic hepatitis B, individuals from birth through age 19 accounted for 2.1% of all cases in 2023.

Age Group	Hepatitis B, Chronic Infection
0-19 years	149
20-29 years	847
30-39 years	1,812
40-49 years	1,695
50-59 years	1,169
60-69 years	782
70-79 years	366
80+ years	127
Unknown	0
Total Cases	6,947

SOURCE: EpiQuery

NOTE: 2023 is the most recent year for which complete data are available.

New York City Independent Budget Office

Endnotes

- 1 Changes were also made to the guidance for dengue vaccines, but dengue is not endemic to (a common occurrence in) New York City. As such, this vaccine is not recommended for routine use locally. Dengue vaccines are now recommended for “high-risk groups.” Previously, the dengue vaccine was recommended for routine use in children between the ages of 9 and 16, who had a history of laboratory-confirmed dengue, and lived in areas where dengue is endemic.
- 2 Edwards, Erika, Jason Kane, Stephanie Gosk, Mustafa Fattah, and Joe Murphy (2025, September 15). Data investigation: Childhood vaccination rates are backsliding across the U.S. NBC News.
- 3 While a case is any single occurrence of a disease, an outbreak can be defined as the occurrence of cases of disease in excess of what would normally be expected in a defined community, geographical area, or season. A single case of a communicable disease long absent from a population or caused by an agent (e.g., bacterium or virus) not previously recognized in that community or area, or the emergence of a previously unknown disease, may also constitute a single outbreak.
- 4 The eligibility rate was provided to IBO in communications with NYC Health.

Prepared By:
Cassandra Stuart



Follow IBO
@nycibo



info@ibo.nyc.gov



www.ibo.nyc.gov



February 12th, 2025

Dear Chair Schulman, and all the members of the Committee on Health. On behalf of the American Heart Association, thank you for the opportunity to provide testimony on Intro 0196-2026 and Intro 0547-2026.

Intr. 0196-2026 would modify the sodium warning at chain restaurants. This modification would include displaying a red and white equilateral triangle icon on menus and menu boards or on a tag next to any food item that contains or exceeds 1,800 milligrams of sodium. This bill would also require a warning statement about high intake of sodium to be displayed at the point of purchase.

Approximately 90 percent of people living in the U.S. consume too much sodium. On average Americans consume 3,400 mg of sodium per day.ⁱ More than 70 percent of the sodium Americans consume comes from processed, prepackaged, and restaurant foods.ⁱⁱ The American Heart Association recommends that the maximum intake for the U.S. population should be 1,500 mg per day for optimal cardiovascular health. The Association also recommends that sodium reduction be considered in the context of an overall heart-healthy diet, including eating a wide variety of fruits and vegetables, which provide potassium.ⁱⁱⁱ

The American Heart Association is supportive of sodium warning labels to educate and empower consumers to make healthier choices when eating at chain restaurants. For this legislation to make the greatest impact, the Association recommends an amendment that reduces the amount of mg of sodium that would include a symbol and warning from 1,800 to 1,500 mg. This reduction in the mg needed to include a symbol and warning would better align with the American Heart Association's science and research for optimal cardiovascular health.

Int. 0547-2026 would amend the city's current added sugars warning label law by modifying the symbol, adding an additional warning, and increasing the civil penalty for violation of the law. American Heart Association recommends limiting added sugars that a person consumes. By limiting the consumption of added sugars, New Yorkers can help cut calories, improve their heart health, and control their weight.

The American Heart Association is supportive of public policy efforts like Int.0196-2026 and Int.0547-2026 that can help educate and empower New Yorkers to make healthier choices when eating at chain restaurants. We would like to thank Chair Schulman, Council



American
Heart
Association.

Member Feliz, and all of Committee on Health members for their on-going efforts to make New Yorkers healthier by reducing the amount of sodium and added sugars New Yorkers consume. The American Heart Association looks forward to our continued collaboration with New York City Council and community stakeholders to promote healthy eating.

Sincerely,

Jacob Zychick

American Heart Association

Senior Regional Government Lead, Community

ⁱ U.S. Department of Agriculture and U.S. Department of Health & Human Services. 2020–2025 Dietary Guidelines for Americans. 9th Edition. Published December 2020. Available at: <https://www.dietaryguidelines.gov/>. Accessed June 30, 2025.\

ⁱⁱ Harnack LJ, Cogswell ME, Shikany JM, Gardner CD, Gillespie C, Loria CM, et al. Sources of Sodium in US Adults From 3 Geographic Regions. *Circulation* 2017, 135, 1775–1783. doi: 10.1161/CIRCULATIONAHA.116.024446.

ⁱⁱⁱ Binia A, Jaeger J, Hu Y, Singh A, Zimmermann D. Daily potassium intake and sodium-to-potassium ratio in the reduction of blood pressure: a meta-analysis of randomized controlled trials. *J Hypertens*. 2015;33:1509–1520. doi: 10.1097/HJH.0000000000000611.



New York City Council Fiscal Year 2027

Executive Budget Hearings

Committee on Health and Committee on Mental Health, Disabilities, and Addiction

March 5th, 2026

Testimony of Miral Abbas, Health Partnerships Coordinator

Coalition for Asian American Children and Families

Good afternoon Council Member Lynn Schulmann and members of the Committee on Health. My name is Miral Abbas, and I am here today to advocate for stronger, more accessible childhood vaccination programs for immigrant families in New York City, and to highlight how programs like Access Health NYC can improve vaccine accessibility and education for the communities that need it most.

Access Health NYC (AHNYC) is a City Council initiative that funds community-based organizations across the five boroughs to deliver culturally responsive outreach and education and to close gaps in healthcare and benefits access, mainly for immigrant, limited-English speakers, and uninsured New Yorkers. Many of these organizations operate in neighborhoods experiencing the highest rates of language barriers, uninsurance, and, as pertinent to today, low vaccination coverage.

Targeted vaccine education and outreach are especially critical for immigrant communities, who may face language barriers, unfamiliarity with the healthcare system, and heightened concerns about documentation or immigration status. AHNYC ensures that families are not only informed about vaccination schedules but also feel safe and supported in accessing care.

Barriers to vaccination in immigrant communities include:

- Limited understanding of vaccine schedules, locations, and eligibility
- Loss of insurance coverage due to financial instability and changing Medicaid eligibility
- Digital divides that make appointment systems difficult to navigate



- Growing fear and mistrust of healthcare institutions fueled by immigration enforcement concerns

AHNYC's community-based organizations are uniquely positioned to overcome these barriers and have proven to be vital players in effectively educating their community members on the necessity of vaccine coverage, while also combating the rising misinformation and stigma surrounding vaccinations during the Covid-19 pandemic. Because of their deep relationships and proximity to the communities they serve, they:

- Host community workshops and lead outreach through culturally relevant ethnic media channels
- Raise awareness about recommended vaccines and where they are available
- Provide accurate, culturally tailored information such as flyers in families' preferred languages
- Connect families to vaccination sites
- Overall Reduce fear and confusion around eligibility, insurance, and documentation through trusted community health workers

This model of community-based outreach is only possible with sustained, and in these times increased, investment. Continued funding for AHNYC ensures that organizations can maintain staffing, expand culturally competent and linguistically accessible education, and strengthen partnerships with clinics. These resources directly translate into more children being fully vaccinated and families feeling empowered to access preventive care.

I urge the Council to prioritize funding for Access Health NYC in the Fiscal Year 2027 budget so that every child, regardless of their family's immigration status or language can receive the lifesaving vaccines they need.

Thank you for your time and for your commitment to equitable healthcare and immunizations for all children in New York City.

CALLEN-LORDE

**NEW YORK CITY COUNCIL
COMMITTEE ON HEALTH OVERSIGHT HEARING
ACCESS TO CHILDHOOD VACCINES IN NEW YORK CITY**

March 5, 2026

Oral Testimony of Dr. Demetre C. Daskalakis

Good morning, Members of the City Council.

My name is Dr. Demetre Daskalakis. I'm an infectious disease physician and former director of the CDC's National Center for Immunization and Respiratory Diseases. I stepped down because of significant political interference with scientific decisions. I am thrilled to be back in New York City and to serve as Chief Medical Officer at the Callen-Lorde Community Health Center, which provides high-quality, affirming care to more than 24,000 LGBTQ+ New Yorkers, regardless of ability to pay.

Throughout my career, I've focused on evidence-based medicine and protecting public health, especially for vulnerable communities. Today, I want to speak about the growing threats to immunization programs and the health of New Yorkers—especially our children.

Routine childhood vaccines have prevented hundreds of millions of illnesses and more than a million deaths and has saved trillions of dollars in societal costs. Yet the progress built over decades is now at risk. Vaccine misinformation is spreading rapidly, replacing scientific voices with grifters and eroding trust between providers and the families we serve. We're already seeing the consequences: declining vaccination rates and real-time surges of measles, pertussis, influenza, and other preventable diseases—some causing deaths. In states with rising non-medical exemptions,

vaccination levels are now too low to stop outbreaks. Infectious diseases do not respect city or state borders—it is now more urgent than ever that we shore up our community immunity through vaccination.

Since leaving the CDC, I've watched federal leadership undermine vaccine recommendations and promote misinformation. These actions weaken the CDC and HHS, endanger families, and create confusion for parents and providers. They also threaten critical programs like the Vaccine Injury Compensation Program, which protects patients, stabilizes the vaccine supply, and supports innovation.

But we are not powerless. New York must prepare by strengthening local vaccine guidance, planning for potential federal funding disruptions, advocating for evidence-based policies, and helping communities separate fact from noise. Our city and state must speak clearly and confidently, grounded in science, to counter misinformation and ensure families have the guidance they need. Local leadership is essential as federal agencies struggle under political pressure.

Let us commit to strong public health infrastructure, transparent communication, and unwavering support for scientific integrity. Our children's health depends on it. New York City must lead, as it always has.

Thank you.

**New York City Council Committee on Health
Committee Hearing**

March 5, 2026

Testimony of EmblemHealth

On behalf of the hundreds of thousands of New Yorkers we serve and employ, EmblemHealth would like to thank Chair Schulman and the members of the Committee on Health for their commitment to improving the health span of our communities.

EmblemHealth is a mission-based, non-profit health plan with over 80 years of local experience, proudly serving more than two million New Yorkers. We operate 15 EmblemHealth Neighborhood Care centers where we provide free in-person and virtual support, access to community resources, and culturally competent programming to all community members. Many of our Neighborhood Care sites are co-located with our partner medical practice, AdvantageCare Physicians (ACPNY), which provides primary and specialty care at over 30 offices in the New York area to over 400,000 patients a year, including at 10 offices in designated Medically Underserved Areas.

We support the legislation and resolutions under consideration today to improve nutrition and vaccine education, helping to secure a healthier future for our City.

Int 196-2026-A and **Int 547-2026** would modify food display warnings to better highlight items with high sugar and sodium content and increase fines for violating display requirements, representing proactive steps to combat health risks exacerbated by diet and nutrition, such as high blood pressure, heart disease, diabetes and stroke. Often, it is access to information that can lead to improved health outcomes. Implementing warning labels and providing nutritional data can raise public awareness about health risks associated with certain foods and encourage healthier choices. According to the Centers for Disease Control and Prevention (CDC), approximately 38 million people in the United States have diabetes, and 1 in 5 don't know they have it.¹ Sugar-sweetened beverages are a significant contributor to excessive sugar intake, which is linked to increased risk of obesity and type 2 diabetes.² The American College of Cardiology notes the link between cardiovascular health and food choices: those that regularly consume more than the daily recommended amount of sodium may experience higher rates of heart disease.³

With diabetes impacting so many individuals and families in our communities, we know it is critical to equip our neighbors with the tools and information to lead healthier lives. We are proud to be a HealthyNYC champion partner and contribute to the HealthyNYC goals of reducing heart and diabetes-related diseases. In 2024, EmblemHealth launched our Community Diabetes Wellness Program⁴ in the Bronx to address prediabetes and diabetes in an area of the city with the

¹ https://www.cdc.gov/diabetes/images/library/socialmedia/diabetesintheus_print.pdf

² <https://www.cdc.gov/healthy-weight-growth/rethink-your-drink/index.html>

³ <https://www.acc.org/About-ACC/Press-Releases/2024/04/01/21/46/majority-of-people-with-heart-disease-consume-too-much-sodium>

⁴ [Community-Based Diabetes Wellness Program | EmblemHealth](#)

highest diabetes prevalence. The program, based out of our Neighborhood Care Fordham Road location, hosted 109 events and reached 8,724 Bronx residents in its first year by providing screenings, nutrition workshops, and one-on-one support. Program results have shown that community-based care can make an impact on health outcomes, with 43% of EmblemHealth members (whose health outcomes could be measured) lowering their A1C blood sugar levels and 24% achieving full diabetes reversal. We look forward to expanding this program further into the community and across additional locations.

In addition to our focus on diabetes, we are dedicated to addressing other chronic diseases and the factors that contribute to them. Our Neighborhood Care centers offer free blood pressure screenings to all community members and collaborate with ACPNY providers to offer education and clinical support. ACPNY is confronting the rise of chronic disease by collaborating across multiple disciplines with Primary Care Physicians, Endocrinologists, Cardiologists, Rheumatologists, Pulmonologists, Nutritionists, Ophthalmologists, and other Specialists working together to engage, manage and educate patients on their disease state. Patients within the practice are connected to their entire care team, often at one convenient location and treated by culturally competent and trusted clinicians, providing care in multiple languages and within the community. Last week, Neighborhood Care and ACPNY hosted Heart Health Week events at sites across New York City where community members attended discussions on healthy habits and lifestyle changes to improve heart health, Q&A sessions, and free blood pressure screenings.

We also know that access to healthy, affordable food is critical to preventing and managing chronic disease and achieving improved health outcomes. In September 2025, EmblemHealth launched a \$2 million investment to combat food insecurity by providing free food distributions and farmers markets at Neighborhood Care sites and community locations across the city. Since its launch, we've distributed nearly 32,000 bags of free and healthy food to New Yorkers in need. Neighborhood Care supports this program with additional resources, including free nutrition workshops, such as plant based eating and recipe demonstrations, fitness and wellness classes, and help connecting with additional benefits, such as signing up for SNAP.

Int 260-2026 and **Int 693-2026** would require development and distribution of childhood and adolescent vaccine information to parents and families, ensuring New Yorkers have access to science-backed information and recommendations to prevent disease. Recent federal changes to vaccine policy have resulted in the removal of routine vaccinations that keep individuals and communities safe from illnesses including COVID-19, influenza, rotavirus, Hepatitis A and B, and meningitis. Meanwhile, infectious diseases continue to spread, with measles cases reaching their highest level in 2025 since being declared eliminated in 2000.⁵ It's critical that New Yorkers have access to trusted public health information that will prevent disease outbreaks and support health and wellbeing. The legislation and resolutions being considered today, as well as the recent decision by the NYC Health Department to join World Health Organization's Global Outbreak Alert & Response Network (GOARN), are important steps towards ensuring New York City can maintain access to vaccines and prevent the spread of disease.

EmblemHealth recognizes the importance of vaccines and vaccine information for keeping our communities healthy. In addition to offering access to vaccines at our ACPNY sites, which

⁵ [U.S. Measles Cases Hit Highest Level Since Declared Eliminated in 2000 | International Vaccine Access Center](#)

were some of the first physician practices to offer access to COVID-19 vaccines during the pandemic, we have launched initiatives to encourage vaccination and prevent disease outbreaks. During this year's flu season, we launched a cutting-edge AI tool in English and Spanish to provide outreach to vulnerable members on flu vaccines and connect members to clinical and community resources. We have also maintained coverage for vaccines and will continue to take steps to ensure vaccines remain affordable and accessible for all.

The adoption of the legislation and resolutions being considered today is an outstanding example of New York City in the pursuit of improved public health and well-being. These measures empower individuals to make healthier choices, through transparency in nutritional content and education and access to lifesaving vaccines. These measures will help encourage better health outcomes and reduce the prevalence of chronic diseases and infectious illnesses. EmblemHealth applauds the City Council for its leadership on these issues. We look forward to continuing to work with you to improve the health and wellbeing of all New Yorkers.

**Presented by New York Dental Hygienists' Association
March 5, 2026 - NYC Committee on Health Testimony – LS 21006**

Thank you for the opportunity to speak with you this morning. I am Donna Hickey and I serve as the Vice President of the New York Dental Hygienists' Association.

NYDHA is the NY statewide professional association for the licensed profession of dental hygiene. In addition to advancing and advocating for the professional development and practice of dental hygienists, our Association's mission includes patient and public education and awareness of the importance of positive oral health and what you can do to help main good oral healthcare and prevent problems.

As studies have shown, well-being of our oral health has links to our overall individual health. Diet - the foods or beverages you are consuming – and nutrition – the nature of the foods and beverages, such as carbohydrates - are key elements toward that well-being.

My comments today focus on proposal LS 21006 to require the New York City Department of Health and Mental Hygiene to change the design of the required high-sugar warning symbol to a red triangular symbol with the words high sugar warning in capital letters, bold type, and red color, displayed next to or below the triangle.

Why is this education important? Let's take you into the dental operatory. What's known as a dental cleaning involves removal plaque and tartar. That visit also is an assessment by the hygienist and questions and counseling toward prevention, and an exam by the dentist.

Your dental professionals are recommending a limiting your consumption of free sugar – those are the sugars added by chefs, cooks, manufacturers, as well occurring in syrups, honey and fruit juice. Free sugars are primary instigators of dental caries – the process and what becomes cavities – and are key ingredients in the development of plaque on teeth. The free sugars converted into acids that can lead to cavities and tooth destruction over time.

In counseling patients, the dental hygienist and dentist recommend reducing consumption of those free sugars, thereby decreasing that plaque build-up and cavity potential. These educational efforts go beyond our interaction with individual patients.

Our professional associations, including NYDHA and the American Dental Hygienists' Association, stress, in our public education initiatives, the importance of diet and nutrition in striving for good oral health and in preventing dental caries. That requires awareness so that the consumer can make a dietary and nutritionally-wise choice. We share the ADHA's position statement that "supports consumer awareness by requiring labeling of all products that have potential adverse effects on oral health."

As such, it's important to go beyond grocery labels and, we applaud NYC's leading action through its new local law and rules to provide warnings on prepackaged items and equivalents

in chain restaurants. The proposal that is the subject of today's meeting that calls for use of the well-recognized warning symbol, in conspicuous red, along with the high-sugar warning text, will serve to draw attention to this important message.

Thank you again for the opportunity to share our perspectives today.



Testimony from the New York State Restaurant Association Regarding Sugar and Sodium Warning Label Changes (Int 0196-2026 and Intro 0547-2026)

Good morning. My name is Kevin Dugan, and I am the Vice President of Public Affairs for the New York State Restaurant Association (NYSRA). We are a trade association representing food and beverage establishments in New York City and State. We are the largest hospitality trade association in the State, and we have advocated on behalf of our members for over 80 years. Our association represents both independent restaurants and larger restaurant groups, including a number of chain brands that operate in New York City and will be impacted by the proposed warning label changes put forth in both bills mentioned above. Our members have several concerns regarding these bills.

Intro 0196-2026

First off, we share the commitment of this Council to ensure consumers can make informed choices by clearly identifying foods with high sodium content. The City's existing sodium disclosure framework has been in place for nearly a decade and already provides consumers with clear information about high-sodium items. Before lowering the threshold or expanding warning requirements, it would be valuable to evaluate how the current policy is functioning, including whether consumers understand the existing warnings and how they are influencing purchasing behavior. The proposed threshold of 1,800 mg raises significant practical and consistency concerns. Restaurants operate in a national marketplace and rely on federal nutrition benchmarks to ensure consistency in consumer messaging, including the 2,300 mg Daily Value for sodium established by the U.S. Food and Drug Administration.

In accordance with this benchmark, our members in New York City already maintain a sodium warning — adopted by the New York City Board of Health — using the 2,300 mg daily intake as the trigger for menu warnings at covered restaurants. Lowering the threshold would create inconsistency within the City's own disclosure standards and risk confusing consumers.

This change also represents an operational challenge to revisiting the sodium warning framework that would require extensive redesign and replacement of menu boards, printed menus, and digital ordering platforms. When the City first implemented the 2,300 mg threshold, compliance represented a substantial operational undertaking for restaurants and the franchise system. Many restaurants affected by these requirements are locally owned franchise locations. These operators rely on standardized menus developed at the national level and have limited flexibility to independently redesign menu systems or digital ordering platforms.

Repeating this process now would place unnecessary strain on operators who have already invested in compliance infrastructure.

Intro 0547-2026

These challenges would be compounded if additional disclosure mandates — such as proposed added-sugar warnings in introduction 0547-2026 — are also adopted. Layering multiple prominent warning formats onto menu boards is not operationally practical and could make menus more cluttered and harder for consumers to read and navigate, undermining the goal of clear communication. When multiple warning symbols appear on a single menu board, the impact of each warning may be diluted, creating “warning fatigue” that ultimately reduces the effectiveness of these disclosures.

When local law 150 of 2023 was passed, City Council took a common-sense approach to added sugar in non-prepackaged food items: to follow the lead of the FDA, and to await an FDA requirement to disclose added sugar in the component ingredients used to make these items. The caveat was regarding “identical to pre-packaged food items,” which chain restaurants will be required to identify with the sugar warning label, if the corresponding prepackaged item meets the added sugar threshold. This process seems to be working as intended and we are concerned at the speed at which this additional regulation has come to the forefront.

We are also concerned that related proposals to label items as “high sugar” raise questions of clarity. If the standard applies only to added sugar rather than total sugar, consumers may be misled, and important distinctions could be obscured. Multiple nutrition warnings with varying thresholds, scopes, and terminology risk creating confusion rather than clarity. A fragmented disclosure system undermines consumer understanding and reduces the effectiveness of transparency efforts. In addition, if portions of this bill relating to “high sugar” differ from — or conflict with — existing sugar disclosure requirements required by the New York City Board of Health, the result will be added consumer confusion and reduced effectiveness in delivering understandable nutrition guidance.

In addition to the concerns listed above, both Introductions call for changing the black and white icons currently used to a new red and white icon. Doing so will make it difficult for people with red-green colorblindness to see the icons.

While we strongly support the goal of nutritional transparency and helping consumers make informed dietary choices, as outlined above, Intros 0196-2026 and 0547-2026 raise serious concerns regarding threshold consistency, warning saturation, implementation burden, and the risk of overlapping or conflicting information. These new regulations could inadvertently confuse consumers and impose unnecessary operational obligations on a system that already complies with the Board of Health’s sodium and sugar disclosure rules.

We welcome the opportunity to work collaboratively with the Council, regulators, and public health stakeholders to refine these proposals in a way that strengthens, rather than fragments, existing standards. As currently introduced, however, Intros 0196 and 0547 present practical and operational challenges that could hinder our shared goal of providing clear, meaningful health information to consumers. We appreciate the Council’s commitment to transparency and public health and are grateful for the opportunity to submit testimony on this legislation.

Respectfully Submitted,

Kevin Dugan
Vice President of Government Affairs
NYS Restaurant Association



Nathaniel Mamo, MA

Member: Vaccine Ethics Project
Associate Director: Give One Talk Vaccine Information Project

Lisa Kearns, MS, MA

Senior Researcher/Associate Research Scientist
Member: Give One Talk Vaccine Information Project
Associate Director: High School Bioethics Project

Testimony before the New York City Council in Support of Int. No. 260
Hearing on Access to Childhood Vaccines in New York City
March 05, 2026

To the New York City Council Committee on Health:

Thank you for the opportunity to provide testimony in support of Int. No. 260, which would require the Department of Education (DOE), in collaboration with the Department of Health and Mental Hygiene, to develop informational materials about vaccines. We are submitting this testimony as representatives of the Vaccine Ethics Project at NYU Langone Health. The mission of the Vaccine Ethics Project is to disseminate information and strategies needed to confront anti-vaccine advocates by conducting research on strengthening state vaccination laws; educating parents about vaccines; and studying medical, religious, and philosophical exemptions and mandates for healthcare and day care workers.

New York State and federal vaccine recommendations were once closely aligned, but over the past year have diverged significantly. This has left New York City (NYC) parents with two competing, sometimes opposing, sets of recommendations. With the spread and legitimization of health misinformation, the information environment does not give parents straightforward direction on how to act in the best interest of their children's health. We believe it is imperative for NYC government to provide clear, factual communication regarding vaccines to parents. That is what Int. No. 260 does.

Our own work, over the last few years, highlights why legislation such as Int. No. 260 is critical. For the last four years, we have operated the Give One Talk (G1T) Vaccine Information Project. In collaboration with community leaders, G1T develops and delivers vaccine information workshops for NYC communities. Our mission is to provide information directly to community members and directly confront misinformation. We are a small operation, but thanks to our community partners, we have been able to reach a rich cross-section of NYC's communities: more than 500 individuals directly through our outreach efforts and thousands more through presentations at academic, religious, and community organizations. Misinformation exists in every community we have visited. We have heard from parents worried about a debunked link between measles vaccines and autism, seniors who believe the shingles shot causes shingles, and young adults who believe seasonal COVID and flu shots are unnecessary. The size and scope of the problem require the full force of NYC government.

Int. No. 260 will provide much needed information, especially in communities that are particularly vulnerable to misinformation. Int. No. 260 is particularly thoughtful about the content and delivery of information. We celebrate the inclusion of "[i]nformation on the safety of vaccines, including information addressing common misconceptions about vaccine safety," as this acknowledges the problem of misinformation and includes information targeting it, features often missing from informational materials on vaccines.



Federal law requires that parents receive a Vaccine Information Sheet (VIS) before their child receives a vaccination. The VIS, while less extensive than what is suggested in Int. No. 260, does provide information on risks and benefits of vaccination. However, research has shown that most people do not read the VIS. Research has also shown that the VIS can be a powerful educational tool when its information is communicated directly through a trusted messenger.

Int. No. 260 will distribute important information to parents. To best ensure that that information is trusted, we recommend that it be paired with information workshops explaining the content of the documents, with an opportunity for parents to discuss their concerns and ask questions. Research, and moreover experience, has indicated that workshops led by a trusted messenger are a very effective way to engage community members about vaccines.

It has been an honor to work as vaccine communicators in NYC, and we at the Vaccine Ethics Project and GIT are eager to collaborate on the development of materials for Int. No. 260. We would welcome the chance to partner on future initiatives such as the information workshops included in the legislation.

We want to thank the Council for its time and for writing a bill that is guided by a deep concern for this city's children. Please don't hesitate to reach out if we can be of assistance.

Sincerely,

A handwritten signature in black ink that reads "Anthony Manno".

A handwritten signature in black ink, consisting of a large, stylized initial followed by a long horizontal line.

New York City Council Committee on Health
Testimony on Int 0196-2026

A Local Law to amend the administrative code of the city of New York, in relation to modifying the sodium warning at chain restaurants,
and Int 0547-2026

A Local Law to amend the administrative code of the city of New York, in relation to amending the icon for added sugar warning labels and the amount for civil penalties
March 5, 2026

My name is Dr. Pasquale Rummo, and I am an Associate Professor in the Department of Population Health at NYU Grossman School of Medicine. Thank you for the opportunity to provide testimony regarding the proposed amendments to the icon for added sugar warning labels and the sodium warning at chain restaurants in the city of New York. I conduct scientific research that informs policies and public health programs seeking to improve healthy food choices and prevent nutrition-related diseases. One of my areas of expertise is nutrition labeling and its impact on food purchasing behaviors. I offer this testimony in support of both pieces of legislation based on my research, which is summarized below.

On Intro 196, which would require a warning label next to any food item that contains or exceeds 1,800 milligrams of sodium, in conjunction with a warning statement displayed next to the point purchase. The current warning label applies to products that exceed 2300 mg of sodium. Though the 2300 mg threshold is the reference value in the U.S. Dietary Guidelines for Americans and the Nutrition Facts Panel, warning label research suggests that 2300 mg is too lax. A threshold of 1800 mg threshold aligns more closely with recommendations for at-risk populations (e.g., those with hypertension, diabetes, or chronic kidney disease) and guidance from the American Heart Association.¹ In New York City, average daily sodium intake is approximately 80% higher than 1800 mg threshold (versus 40% higher than the 2300 mg threshold),² suggesting that the change would protect a larger percentage of New Yorkers. In tandem, a 1800 mg threshold would result in a larger share of menu items being eligible for the warning label (and that contribute meaningfully to excess intake of sodium), which would strengthen the public health impact.³

On Intro 547 and Intro 196, which would enhance the warning icons, including adding text, changing the color, and modifying the design of the icons. Recent evidence suggests that warning icons accompanied by text, compared to icon-only designs, lead to greater reductions in target nutrients per order, due to large increases in noticeability.^{4,5} This work also indicates that added sugar warning labels in the color red (vs. black), 150% (vs. 100%) of menu item text, and bold type are more noticeable.^{4,6} Based on this research, I strongly support the changes to mandate that both warning icons be the color red, bold type, and accompanied by the text, “HIGH SODIUM” and “HIGH SUGAR.” Philadelphia, for example, requires sodium warning label icons plus text, so precedence exists for such an approach.⁷

In sum, I support the proposed modifications to the sodium warning label law and the added sugar warning label, including:

1. Lowering the sodium threshold to 1800 mg.
2. Adding the text “HIGH SODIUM” to the sodium icon and “HIGH SUGAR” to the added sugar icon.
3. Modifying both labels to be red and bold type. I also suggest modifying both labels to be 150% of menu text.

Thank you again for the opportunity to provide testimony.

Sincerely,

A handwritten signature in cursive script that reads "Pasquale E. Hummer".

References

1. American Heart Association. (2021). Sodium and salt. <https://www.heart.org/en/healthy-living/healthy-eating/eat-smart/sodium>
2. Sodium Intake in a Cross-Sectional, Representative Sample of New York City Adults. American Journal of Public Health. 2014. Angell SY, Yi S, Eisenhower D, et al.
3. Taillie, L. S., Ng, S. W., Xue, Y., & Busey, E. (2017). No fat, low fat, fat free? The dramatic shift in advertising claims and the impact on nutrient quality. *Public Health Nutrition**, 20(13), 2417–2426.
4. Lemmon B, Musicus AA, Gil A, Hall MG, Roberto CA, Falbe J. Optimal design of an added-sugar menu warning label policy: A randomized controlled trial. Abstract submitted for presentation at APHA Annual Meeting 2024.
5. Musicus AA, Moran AJ, Lawman HG, Roberto CA. Online Randomized Controlled Trials of Restaurant Sodium Warning Labels. American Journal of Preventive Medicine, 2019;57(6),e181–e193. <https://doi.org/10.1016/j.amepre.2019.06.024>
6. Bopape M, Taillie LS, Frank T, Murukutla N, Cotter T, Majija L, Swart R. South African consumers' perceptions of front-of-package warning labels on unhealthy foods and drinks. PLoS One. 2021 Sep 27;16(9):e0257626. doi: 10.1371/journal.pone.0257626. PMID: 34570825; PMCID: PMC8475997.
7. Philadelphia Health Code § 6-310. Sodium Safety Warning Labeling for Chain Establishments.

Testimony of Public Health Solutions

Before the New York City Council

Committee on Health Oversight Hearing – Access to Childhood Vaccines in New York City

T2026-0807

March 5, 2026

My name is Veronica Smith, and I serve as the Senior Director of Health Policy and Government Affairs at Public Health Solutions (PHS). Chair Schulman and members of the Committee, thank you for the opportunity to provide testimony on two bills introduced by Councilmember Oswald Feliz—Int. 196-A and Int. 547—both of which aim to increase public awareness and promote healthy eating.

For more than 65 years, PHS has worked to improve health outcomes and help communities thrive. We do this by delivering direct services to underserved families, supporting community-based organizations through long-standing public-private partnerships, and bridging the gap between healthcare and community-based services. Our commitment to advancing health equity for all New Yorkers begins with supporting families. In 2025 alone, we served more than 283,000 New Yorkers by expanding access to nutritious food, improving access to healthcare, and promoting healthy living. As a trusted community resource, PHS advances health equity through a three-pronged approach: delivering direct services, managing administrative partnerships, and fostering collaboration between healthcare and community resources.

PHS employs more than 40 nutritionists who provide nutrition education across nine WIC centers throughout New York City. Through our Harlem Health Advocacy Partnership, 10 dedicated Community Health Workers support individuals living with chronic conditions as they work to better manage and improve their health. In addition, our WholeYouNYC navigators screen New Yorkers experiencing food insecurity each day and connect them to critical nutrition and social support resources.

Many of the individuals and families we serve struggle to meet their dietary needs in a food environment where the least nutritious options are often the most affordable, convenient, and most visible. That makes informed decision-making much harder than it needs to be. We support policies that give people clear, straightforward information about what they are eating and help create a healthier food environment overall. Warning labels that clearly identify items high in sodium or sugar improve transparency and provide New Yorkers with the individual agency to make healthier decisions for themselves and their families.

Intro. 196-2026 strengthens New York City’s existing sodium warning requirement for chain restaurants by making the warning icon and language simple and more visible for menu items containing 1,800 milligrams or more of sodium. This is a common-sense public health step that strengthens a proven policy tool and supports efforts to prevent chronic disease and reduce health disparities across our city. Intro. 547-2026 makes the City’s added sugar warning stronger by requiring a clear, bright red triangular “HIGH SUGAR” icon in bold lettering and raising the penalty for not following the rules from \$200 to \$1,000. These changes make the warning easier to see, encourage businesses to comply, and help ensure the policy actually makes a difference. We encourage the Committee to advance these bills and continue making it easier for New Yorkers to make healthier choices for themselves and their families.

###

About Public Health Solutions

Health disparities among New Yorkers are large, persistent and increasing. Public Health Solutions (PHS) exists to change that trajectory and support underserved New Yorkers and their families in achieving optimal health and building pathways to reach their potential. As the largest public health nonprofit serving New York City, we improve health outcomes and help communities thrive by providing services directly to low-income families, supporting community-based organizations through our long-standing public-private partnerships, and bridging the gap between healthcare and community services. We focus on a wide range of public health issues including food and nutrition, health insurance, maternal and child health, sexual and reproductive health, tobacco control, and HIV/AIDS.

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____
 in favor in opposition

Date: _____

Name: Dr. Alister Martin (PLEASE PRINT)

Address: 125 Worth Street

I represent: DOHMH

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____
 in favor in opposition

Date: _____

Name: Dr. Tristram McPherson (PLEASE PRINT)

Address: 125 Worth Street

I represent: DOHMH

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____
 in favor in opposition

Date: _____

Name: DR. Binky Crouch (PLEASE PRINT)

Address: _____

I represent: NYC Health Department

Address: _____

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____
 in favor in opposition

Date: _____

Name: Amaka Anekwe (PLEASE PRINT)

Address: _____

I represent: NYC Health Department

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____
 in favor in opposition

Date: 3/5/06

Name: Andrea Jacobson (PLEASE PRINT)

Address: 55 Water Street, New York, NY 10041

I represent: EmblemHealth

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____
 in favor in opposition

Date: 03/05/06

Name: CASSANDRA STUART (PLEASE PRINT)

Address: 110 WILLIAM ST

I represent: NYC INDEPENDENT BUDGET OFFICE

Address: 110 WILLIAM ST, NY, NY 10038

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 0196 Res. No. _____

in favor in opposition

Date: 3/5/26

(PLEASE PRINT)

Name: Jacob Zychick

Address: [redacted] NY, NY

I represent: American Heart Association

Address: 10 East 40th Street NY, NY

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 0196-2026 Res. No. _____

in favor in opposition

Date: 3/5/2026

(PLEASE PRINT)

Name: Danielle Cohen

Address: 228 Park Ave South, NY

I represent: SNACC INC

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: March 5 2026

(PLEASE PRINT)

Name: Demetre C. Darkalakip

Address: [redacted] NY, NY 10

I represent: Callen Lorde Community Health Ctr

Address: 356 W 18th St NY NY 10011

Please complete this card and return to the Sergeant-at-Arms