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# Briefing paper OF THE LegisLative Division

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**SUBCOMMITTEE ON COVID RECOVERY AND RESILIENCY**

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#### February 14, 2023

**Oversight: Assessing NYC’s COVID-19 Response Amid Shifting Public Health Strategies**

1. **INTRODUCTION**

 On February 14, 2023, the Subcommittee on COVID Recovery and Resiliency, chaired by Council Member Francisco Moya; the Committee on Health, chaired by Council Member Lynn Schulman; and the Committee on Hospitals, chaired by Council Member Mercedes Narcisse, will hold a hearing titled, “Oversight: Assessing NYC's COVID-19 Response Amid Shifting Public Health Strategies.” Among those invited to testify are representatives from the Department of Health and Mental Hygiene (DOHMH), advocates, members of the public, and other interested stakeholders.

1. **BACKGROUND**
2. **Centers for Disease Control’s Monitoring of COVID-19**

The United States (U.S.) Centers for Disease Control (CDC) continues to track new variants of SARS-CoV-2, the virus that causes COVID-19.[[1]](#footnote-2) Omicron, currently the most prominent variant, is made up of a number of lineages and sublineages, and the CDC closely tracks a wide range of Omicron sublineages circulating in the U.S., as well as monitoring the emerging variants and their circulation to ensure that the effectiveness of vaccinations and treatments are not reduced.[[2]](#footnote-3)

As of February 13, 2023, the Omicron variant XBB.1.5 accounts for approximately 74.7 percent of all new cases.[[3]](#footnote-4) It is the only major lineage currently increasing in proportion in the U.S.[[4]](#footnote-5) XBB.1.5 is a sublineage of the XBB lineage, which is a combination of two earlier Omicron lineages: BM.1. and BJ.1.[[5]](#footnote-6) XBB.1.5., or “the kraken,” contains more mutations to evade immunity than other variants seen so far – the subvariant has a mutation that public health experts believe help the virus bind to cells and become more transmissible.[[6]](#footnote-7) Symptoms appear similar to earlier Omicron subvariants and can range from typical cold symptoms such as cough and congestion to shortness of breath and low oxygen levels that require emergency medical attention.[[7]](#footnote-8) Other symptoms may include fever, chills, fatigue, muscle or body aches, sore throat, nausea or vomiting, and diarrhea, and can last between 5 to 7 days (but may vary from person to person).[[8]](#footnote-9) Symptoms such as temporary loss of taste and smell can still occur in some instances but it has become less common.[[9]](#footnote-10) To help visualize how variants emerge, disappear, and persist, the CDC’s COVID-19 Data Tracker added a tree diagram showing the genetic relationships between lineages:[[10]](#footnote-11)



1. **Updated COVID-19 Booster and COVID-19 Treatment Options**

The most effective way to protect against severe COVID-19 is to receive the COVID-19 vaccination and boosters.[[11]](#footnote-12) The updated booster vaccine has been reformulated to better protect against the most recently circulating variants, and can help restore protection that has waned since previous vaccination.[[12]](#footnote-13) However, the CDC notes that the number of individuals receiving the updated booster is at an all-time low since vaccines were rolled out in early 2021.[[13]](#footnote-14) About 52.5 million people, or 15.8 percent of the U.S. population, have received an updated booster dose.[[14]](#footnote-15) The CDC recommends that everyone aged 5 years and older get an updated booster if it has been at least 2 months since their last COVID-19 dose (either primary or original booster).[[15]](#footnote-16) Children aged 6 months to 5 years old who have completed the Moderna COVID-19 vaccine primary series can also receive an updated booster.[[16]](#footnote-17)

In order to be the most effective, the CDC emphasizes that treatment for COVID-19 must be started within days of when someone first develops symptoms.[[17]](#footnote-18) The U.S. Food and Drug Administration (FDA) has authorized various antiviral medications to treat mild and moderate COVID-19 in people who are more likely to get very sick, such as Paxlovid and Lagevrio.[[18]](#footnote-19) The National Institutes of Health (NIH) also provides COVID-19 Treatment Guidelines for healthcare providers to help them work with patients to determine the best treatment options.[[19]](#footnote-20) Besides oral antivirals, Remdesivir is also available, which must be taken through intravenous infusions at a healthcare facility for 3 consecutive days.[[20]](#footnote-21)

On January 26, 2023, the FDA announced that Evusheld[[21]](#footnote-22) is no longer authorized for emergency use in the U.S., as data shows that it is unlikely to be active against certain COVID-19 lineages, including the variants that are currently circulating.[[22]](#footnote-23) The CDC stresses that those who are moderately to severely immunocompromised should exercise caution and recognize the need for additional prevention measures, as well as other treatment options.[[23]](#footnote-24)

1. **COVID-19 in New York City (NYC)**

As of February 13, 2023, the COVID-19 Community Level, as calculated by the CDC based on the below metrics, is **low** for Manhattan, Brooklyn, the Bronx, Queens, and Staten Island.[[24]](#footnote-25) Community levels are used by the CDC to help individuals and communities decide which prevention restrictions to take based on the latest information.[[25]](#footnote-26) Each level (low, medium, or high) conveys the extent to which COVID-19 is impacting one’s communities, based on weekly metrics that calculate (1) the case rate per 100,000 population, (2) new COVID-19 admissions per 100,000 population, and (3) percent staffed inpatient beds in use by patients with COVID-19.[[26]](#footnote-27) Based on Manhattan, Brooklyn, Queens, the Bronx, and Staten Island’s **low** rating, the CDC recommends that New Yorkers stay current with COVID-19 vaccines, including recommended booster doses, maintain ventilation improvements, and avoid contact with people who have suspected or confirmed case of COVID-19.[[27]](#footnote-28) The CDC also provides an interactive ventilation tool so individuals can learn how to decrease the level of COVID-19 virus particles at home.[[28]](#footnote-29)

Vaccinated New Yorkers continue to have much lower rates of cases, hospitalizations, and deaths: for hospitalizations of those who are vaccinated, boosted and not boosted, the average weekly rate per 100,000 hovers between 6.82 for boosted and 6.93 for not boosted, while the hospitalization rate for unvaccinated persons is **36.84**. For COVID-19 related deaths, boosted and not boosted, the rate is .77 to .96 respectively, with 5.27 deaths for those who are unvaccinated.[[29]](#footnote-30)

The latest data from DOHMH, updated on February 13, 2023, shows:[[30]](#footnote-31)

|  |  |  |
| --- | --- | --- |
| **Measure** | **Last 7 Days** | **Trend** |
| **Percent Positive** | 7% | Decreasing |
| **Inpatient COVID bed occupancy** (7-day average) | 6.22% |  |
| **Hospitalizations** (daily average) | 67 | Decreasing |
| **Hospitalization rate** (7-day rate per 100,000 people) | 10.48 |  |
| **Deaths** (daily average) | 8 | Decreasing |
| **Cases** (daily average) | 1,139 | Decreasing |
| **Case Rate** (7-day rate per 100,000 people) | 104.48 | Decreasing |

According to DOHMH’s data showing the weekly rates of COVID-19 related hospitalizations and deaths, Black/African American New Yorkers are currently being hospitalized for COVID-19 at a greater rate than the citywide average (6.57 and 5.79, respectively).[[31]](#footnote-32) According to self-reported data to the U.S. Department of Health and Human Services by individual hospitals showing the average intensive care unit (I.C.U.) occupancy at hospitals throughout NYC, hospitals with the highest number of COVID-19 patients (including both confirmed and suspected COVID-19 patients) are generally located in Manhattan, the Bronx, and Brooklyn.[[32]](#footnote-33) From data ending February 2, 2023, Mount Sinai Hospital in Manhattan is at 95 percent I.C.U. occupancy, with about 117 COVID-19 patients.[[33]](#footnote-34) In the Bronx, Montefiore Medical Center, although at 65 percent I.C.U. occupancy, has approximately 88 COVID-19 patients, and Jacobi Medical Center is at about 86 percent I.C.U. occupancy with 19 COVID-19 patients[[34]](#footnote-35) Multiple hospitals in Brooklyn (such as Coney Island Hospital Center, University Hospital of Brooklyn, Maimonides Medical Center, and Brookdale Hospital Medical Center) are all at least at 80 percent I.C.U. capacity with multiple COVID-19 hospitalizations.[[35]](#footnote-36) Jacobi Medical Center is also at about 86 percent I.C.U. capacity and has 19 COVID-19 patients.[[36]](#footnote-37) Queens Medical Center is currently at about 92 percent I.C.U. capacity, with about 10 COVID-19 patients.[[37]](#footnote-38)

1. **Current Testing and Treatment Resources for COVID-19 and Other Respiratory Illnesses in NYC**

On December 22, 2022, DOHMH released “New York City’s Winter 2022-2023 Plan to Address COVID-19 and Other Respiratory Illnesses.”[[38]](#footnote-39) The plan recognizes that there are high levels of COVID-19, influenza (flu), respiratory syncytial virus (RSV), and other respiratory illnesses circulating in NYC.[[39]](#footnote-40) As a result, DOHMH continues to track case, hospitalization, and death data for COVID-19, flu, and RSV, including emergency room use and available space in hospitals and intensive care units.[[40]](#footnote-41) The plan states that DOHMH is continuing to monitor the data and any trends or changes, as well as global data on COVID-19 to “quickly respond to any variant that may cause more severe disease or spread faster.”[[41]](#footnote-42)

The plan also outlines the testing, treatment, masks, and vaccine availability in NYC:[[42]](#footnote-43)

* Free COVID-19 at-home test kits – free tests are currently available at over 250 locations, including libraries, facilities, and cultural sites. Prior to winter break, at-home tests were provided to public school students and staff who had COVID-19 symptoms.
* Treatment – Test & Treat mobile testing vans[[43]](#footnote-44) continue to offer rapid COVID-19 testing and free COVID-19 treatment at all units. Flu and RSV testing and Tamiflu prescriptions are also available at some locations.
* Vaccines – DOHMH provides online access to a vaccine finder for both COVID-19 and flu vaccinations, as well as to community vaccination events. NYC residents who are homebound or older than 65 years old can also request an at-home COVID-19 vaccination through the DOHMH website or by calling 877-VAX-NYC.
* Masks – Businesses and other organizations that serve New Yorkers are encouraged to order masks and other COVID-19 supplies through the NYC Medical Protective Equipment Interest Survey available on the DOHMH website.

DOHMH has also stated that they are committed to protecting New Yorkers who are at the highest risk for severe illness due to COVID-19.[[44]](#footnote-45) According to DOHMH’s plan, NYC has been taking the following steps to help New Yorkers who are the most vulnerable: (1) calling people age 65 and older who test positive for COVID-19 to help them access treatment; (2) sending text messages to remind New Yorkers to get their updated COVID-19 booster shot; (3) asking health care providers to reach out to their patients who are at higher risk for severe illness; and (4) working with long-term care facilities, such as nursing homes and adult care facilities, and other residential congregate settings to bring vaccine and testing resources, infection prevention and control guidance, and treatment outreach and education on-site in response to cases and outbreaks in these settings.[[45]](#footnote-46)

1. **ISSUES AND CONCERNS**
2. **Ending of the COVID-19 Vaccine Mandate for NYC Municipal Employees**

On February 6, 2023, Mayor Adams announced the end of the COVID-19 vaccine mandate for municipal employees, which required all city workers to receive 2 doses of primary COVID-19 vaccinations to retain or begin their employment at city agencies.[[46]](#footnote-47) The same mandate was removed from the private sector on November 1, 2022.[[47]](#footnote-48) This original mandate was announced by former-Mayor Bill de Blasio on October 20, 2021,[[48]](#footnote-49) 2 months after the FDA announced the first approval of a COVID-19 vaccine.[[49]](#footnote-50) Inspired by the high vaccination rates among employees at the Department of Education and H+H after the city employee mandate was put in place, former Mayor de Blasio expanded the mandate to private sector employees.[[50]](#footnote-51) Although the mandate was met with much criticism and controversy from workers, religious leaders, politicians, and activists, this mandate corresponded with an increase in vaccination rates in NYC,[[51]](#footnote-52) the nation’s first epicenter of the pandemic.[[52]](#footnote-53) Currently over 331,000, or about 96 percent, of city employees are fully vaccinated with a completed primary vaccine series.[[53]](#footnote-54)

According to the DOHMH Commissioner, Dr. Ashwin Vasan, the vaccine mandates were “absolutely necessary” and the removal of such mandates merely signals the end of the “emergency phase of the pandemic.”[[54]](#footnote-55) While many welcome the mandate’s removal, some experts remain concerned by the waning COVID-19 immunity coupled with the low bivalent booster shot rates in NYC, citing reinfection rates and the mutating nature of the virus.[[55]](#footnote-56)

Additionally, concerns have been raised by municipal workers who were fired or forced to resign for not showing proof of vaccination while the mandate was being enacted. An estimated 1,780 workers were fired over noncompliance and multiple lawsuits were filed against the Administration’s policy.[[56]](#footnote-57) Several municipal-level judges have overturned these mandates and have ordered the reinstatement of the employees with back pay, such as in the case of the 16 sanitation workers who were fired last year.[[57]](#footnote-58) City employees who were fired may now reapply.[[58]](#footnote-59)

1. **End of Federal COVID-19 Emergency Declaration and Moving Forward**

On January 30, 2023, the Biden administration announced its plan to end the COVID-19 national emergency and the public health emergency (PHE) on May 11, 2023.[[59]](#footnote-60) Both emergencies were declared by former President Trump and were set to expire on March 1, 2023, and April 11, 2023, respectively.[[60]](#footnote-61) However, the Biden administration extended both emergency declaration deadlines to May 11, 2023.[[61]](#footnote-62) These declarations allowed the federal government to expand healthcare services, such as providing COVID-19 tests, treatments, and vaccines at no charge, as well as enhanced social safety net benefits to help minimize the pandemic’s impact.[[62]](#footnote-63) Americans covered by Medicare, Medicaid, and private insurance plans have been able to receive COVID-19 tests and vaccines at no cost, and those covered by Medicare and private insurance have been able to receive up to 8 at-home tests per month for free.[[63]](#footnote-64) Further, those covered by Medicaid and Medicare could receive treatments such as monoclonal antibodies at no cost.[[64]](#footnote-65)

Now that the emergency declarations are being lifted, Medicare recipients will face out-of-pocket costs for at-home testing and for all forms of treatment.[[65]](#footnote-66) However, COVID-19 vaccines will continue to be provided at no cost, as well as testing ordered by a healthcare provider.[[66]](#footnote-67) And although State Medicaid programs will continue to cover the costs of COVID-19 tests ordered by physicians and vaccines, enrollees may face out-of-pocket costs for treatments.[[67]](#footnote-68) Individuals with private insurance could also face charges for lab tests, even when ordered by a healthcare provider, but vaccines will continue to be free for those who go to in-network providers.[[68]](#footnote-69) Until the federal supply is exhausted, Americans with private insurance will receive free COVID-19 treatment, but as treatment supplies deplete, private insurance will begin picking up some of the costs.[[69]](#footnote-70) Since federal funding ran out in spring 2022, it has been more difficult for uninsured Americans to access free COVID-19 services.[[70]](#footnote-71) Further, the public health emergency also meant additional funding for hospitals, which received 20 percent increases in Medicare’s payment rate for treating COVID-19 patients, which will end once the public health emergency expires.[[71]](#footnote-72) Lastly, oral antiviral drugs such as Paxlovid will remain covered by Medicare even though it has yet to be fully approved by the FDA, due to a provision Congress put in place as part of the fiscal year 2023 government spending package that passed in December 2022.[[72]](#footnote-73)

Additionally, certain healthcare flexibilities allowed through telemedicine during public health emergencies will be rescinded as providers will no longer be able to write prescriptions for a controlled substance through remote visits.[[73]](#footnote-74) Furthermore, state license requirements were temporarily waived during the state of emergency, which means providers will no longer be able to practice in another state via telehealth without meeting that state’s license requirements.[[74]](#footnote-75)

1. **Conclusion**

The Subcommittee and Committees look forward to discussing the City’s continuing response to the COVID-19 pandemic, outreach and public education efforts around resources, treatments and vaccination, and steps the City can take to ensure that New Yorkers have access to the testing and treatment they need to stay safe and healthy, especially following the end of the federal emergency declarations.

1. [*Monitoring Variants*, CDC (Oct. 21, 2022), https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covidview/index.html](https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covidview/index.html). [↑](#footnote-ref-2)
2. *Id*. The CDC identifies the mutations from one variant to another and examines their impact by comparing differences in real-world characteristics, such as the effectiveness of vaccines or treatments. *Id*. On October 20, 2022, COVID Data Tracker added a new Variant Summary page, which summarizes the three systems used by the CDC to monitor the variants: the National SARS-CoV-2 Strain Surveillance program, CDC’s National Wastewater Surveillance Program, and CDC’s Traveler-based SARS-CoV-2 Genomic Surveillance Program. *Id*. [↑](#footnote-ref-3)
3. *Summary of Variant Surveillance*, CDC, <https://covid.cdc.gov/covid-data-tracker/#variant-summary>. [↑](#footnote-ref-4)
4. *Id*. [↑](#footnote-ref-5)
5. *Id*. [↑](#footnote-ref-6)
6. Sara Berg, *XBB.1.5 Omicron subvariant: Questions patients may have*, AMA (Feb. 2, 2023), <https://www.ama-assn.org/delivering-care/public-health/xbb15-omicron-subvariant-questions-patients-may-have>. [↑](#footnote-ref-7)
7. *Id*. [↑](#footnote-ref-8)
8. *Id*. [↑](#footnote-ref-9)
9. *Id*. [↑](#footnote-ref-10)
10. *Summary of Variant Surveillance*, CDC, <https://covid.cdc.gov/covid-data-tracker/#variant-summary>. [↑](#footnote-ref-11)
11. *COVID-19 Vaccine Effectiveness Monthly Update*, CDC (Nov. 10, 2022), [https://covid.cdc.gov/covid-data-tracker/ - vaccine-effectiveness](https://covid.cdc.gov/covid-data-tracker/#vaccine-effectiveness). [↑](#footnote-ref-12)
12. *CDC Recommends the First Updated COVID-19 Booster*, CDC (Sept. 1, 2022), <https://www.cdc.gov/media/releases/2022/s0901-covid-19-booster.html>. [↑](#footnote-ref-13)
13. *Variant Roundup*, CDC (Feb. 10, 2023), <https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covidview/index.html>. [↑](#footnote-ref-14)
14. *Id.* [↑](#footnote-ref-15)
15. *Id.* [↑](#footnote-ref-16)
16. *Id.* [↑](#footnote-ref-17)
17. *COVID-19 Treatments and Medications*, CDC (updated Feb. 10, 2023), <https://www.cdc.gov/coronavirus/2019-ncov/your-health/treatments-for-severe-illness.html>. [↑](#footnote-ref-18)
18. *What Are the Possible Treatment Options for COVID-19?*, HHS, <https://aspr.hhs.gov/COVID-19/Treatments/Pages/Possible-Treatment-Options-for-COVID19.aspx#oral-antivirals>. Paxlovid is meant for adults and children 12 years and older who weigh at least 88 pounds and who are at high risk for getting very sick from COVID-19 and who have mild to moderate symptoms. *Id*. Lagevrio is for adults 18 years and older who are at high risk for getting very sick from COVID-19 and who do not have access to other treatment options, or other treatment options are not appropriate for them and who have mild to moderate symptoms. *Id*. Those who test positive must use oral antivirals as soon as possible – no later than 5 days after the first symptoms appear. *Id*. Pills must be taken 2 times a day for 5 days, and are available with a prescription from health care providers and Paxlovid may be prescribed by a state-licensed pharmacist. *Id*. [↑](#footnote-ref-19)
19. *COVID-19 Treatments and Medications*, CDC (updated Feb. 10, 2023), <https://www.cdc.gov/coronavirus/2019-ncov/your-health/treatments-for-severe-illness.html>. [↑](#footnote-ref-20)
20. *Id*. Remdesivir must be started as soon as possible and begin within 7 days of when symptoms start. *Id*. It may be given to both adults and children. *Id*. [↑](#footnote-ref-21)
21. Per the U.S. Department of Health & Human Services, Evusheld is a long-acting antibody therapeutic. Prior to January 26, 2023, the drug had been authorized by the FDA for emergency use as “an option for pre-exposure prophylaxis, in other words as preventive protection from COVID-19.” *Evusheld*, U.S. Department of Health & Human Services, <https://aspr.hhs.gov/COVID-19/Therapeutics/Products/Evusheld/Pages/default.aspx>. [↑](#footnote-ref-22)
22. *Variant Roundup*, CDC (Feb. 3, 2023), <https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covidview/index.html>. [↑](#footnote-ref-23)
23. *Id.* [↑](#footnote-ref-24)
24. *COVID-19 Community Level for New York County, New York*, CDC, <https://covid.cdc.gov/covid-data-tracker/#county-view?list_select_state=New+York&data-type=CommunityLevels&null=CommunityLevels&list_select_county=36061>. [↑](#footnote-ref-25)
25. *COVID-19 by County*, CDC (Aug. 11, 2022), <https://www.cdc.gov/coronavirus/2019-ncov/your-health/covid-by-county.html>. [↑](#footnote-ref-26)
26. Community Levels were calculated on February 2, 2023. New COVID-19 cases per 100,000 population (weekly total) were calculated using data from January 26, 2023 to February 1, 2023. New COVID-19 admissions per 100,000 population (7-day total) and percent of inpatient beds occupied by COVID-19 patients (7-day average) were calculated using data from January 25, 2023 to January 25, 2023. *See* COVID Data Tracker, *COVID-19 Community Level for New York County, New York*, CDC, <https://covid.cdc.gov/covid-data-tracker/#county-view?list_select_state=New+York&data-type=CommunityLevels&null=CommunityLevels&list_select_county=36061>. [↑](#footnote-ref-27)
27. COVID Data Tracker, *COVID-19 Community Level for New York County, New York*, CDC, <https://covid.cdc.gov/covid-data-tracker/#county-view?list_select_state=New+York&data-type=CommunityLevels&null=CommunityLevels&list_select_county=36061>. [↑](#footnote-ref-28)
28. *Ventilation*, CDC (Updated June 29, 2022), <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/Improving-Ventilation-Home.html>. [↑](#footnote-ref-29)
29. *COVID-19: Data,* NYC Health (last updated Feb. 8, 2023), <https://www1.nyc.gov/site/doh/covid/covid-19-data.page>. [↑](#footnote-ref-30)
30. *COVID-19: Data,* NYC Health (last updated Feb. 8, 2023), <https://www1.nyc.gov/site/doh/covid/covid-19-data.page>. [↑](#footnote-ref-31)
31. *Id*. [↑](#footnote-ref-32)
32. *Tracking Coronavirus in New York City, N.Y.: Latest Map and Case Count*, NY Times (Feb. 13, 2023), <https://www.nytimes.com/interactive/2021/us/new-york-city-new-york-covid-cases.html>. [↑](#footnote-ref-33)
33. *Id*. [↑](#footnote-ref-34)
34. *Tracking Coronavirus in New York City, N.Y.: Latest Map and Case Count*, NY Times (Feb. 13, 2023), <https://www.nytimes.com/interactive/2021/us/new-york-city-new-york-covid-cases.html>. [↑](#footnote-ref-35)
35. *Id*. [↑](#footnote-ref-36)
36. *Id*. [↑](#footnote-ref-37)
37. *Id*. [↑](#footnote-ref-38)
38. *New York City’s Winter 2022-2023 Plan to Address COVID-19 and Other Respiratory Illnesses,* DOHMH (Dec. 22, 2022), <https://www.nyc.gov/assets/doh/downloads/pdf/covid/covid-19-winter-plan.pdf>. [↑](#footnote-ref-39)
39. *Id.* [↑](#footnote-ref-40)
40. *Id*. [↑](#footnote-ref-41)
41. *Id.* [↑](#footnote-ref-42)
42. *Id*. [↑](#footnote-ref-43)
43. Per NYC Health + Hospitals, the “NYC Test & Treat Corps is the city’s comprehensive effort to respond to COVID-19 by providing New Yorkers accessible, no-cost testing, rapid connections to COVID-19 treatments and resources to support those recovering from Long COVID. Through a partnership with NYC Health + Hospitals and the Department of Health and Mental Hygiene, the NYC Test & Treat Corps provides New Yorkers equitable, widespread access to the critical tools for COVID-19 testing and treatment.” *NYC Test & Treat Corps’ Mobile “Test to Treat” Program Immediately Provides Paxlovid to Over 1,000 New Yorkers*, NYC Health + Hospitals (Aug. 17, 2022), <https://www.nychealthandhospitals.org/pressrelease/test-treat-corps-mobile-test-to-treat-program-provides-paxlovid-to-over-1000-new-yorkers>. [↑](#footnote-ref-44)
44. *New York City’s Winter 2022-2023 Plan to Address COVID-19 and Other Respiratory Illnesses,* DOHMH (Dec. 22, 2022), <https://www.nyc.gov/assets/doh/downloads/pdf/covid/covid-19-winter-plan.pdf>. [↑](#footnote-ref-45)
45. N.Y.C. Dep’t of Health and Mental Hygiene, *New York City’s Winter 2022-2023 Plan to Address COVID-19 and Other Respiratory Illnesses,* <https://www.nyc.gov/assets/doh/downloads/pdf/covid/covid-19-winter-plan.pdf>. [↑](#footnote-ref-46)
46. Emma G. Fitzsimmons & Sharon Otterman, *New York City Ends Vaccine Mandate for City Workers*, NY Times (Feb. 6, 2023), <https://www.nytimes.com/2023/02/06/nyregion/vaccine-mandate-nyc-adams.html>. [↑](#footnote-ref-47)
47. *Id*. [↑](#footnote-ref-48)
48. *Id*. [↑](#footnote-ref-49)
49. *Pfizer-BioNTech COVID-19 Vaccines*, U.S. Food & Drug Administration, <https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/pfizer-biontech-covid-19-vaccines>. [↑](#footnote-ref-50)
50. *Mayor de Blasio Announces Vaccine Mandate for New York City Workforce*, NYC Office of the Mayor (Oct. 20, 2021), <https://www.nyc.gov/office-of-the-mayor/news/698-21/mayor-de-blasio-vaccine-mandate-new-york-city-workforce>. [↑](#footnote-ref-51)
51. Emma G. Fitzsimmons & Sharon Otterman, *New York City Ends Vaccine Mandate for City Workers*, NY Times (Feb. 6, 2023), <https://www.nytimes.com/2023/02/06/nyregion/vaccine-mandate-nyc-adams.html>. [↑](#footnote-ref-52)
52. Anna Liveris et al., *When New York City was the COVID-19 pandemic epicenter: The impact on trauma care*, National Library of Medicine(Nov. 10, 2021), <https://pubmed.ncbi.nlm.nih.gov/35881035>. [↑](#footnote-ref-53)
53. *With Over 96 Percent of City Workers Fully Vaccinated, Mayor Adams Announces COVID-19 Vaccination Will Become Optional for City Workers*, NYC Office of the Mayor (Feb. 6, 2023), <https://nyc.gov/office-of-the-mayor/news/092-23/with-96-percent-city-workers-fully-vaccinated-mayor-adams-covid-19-vaccination>. [↑](#footnote-ref-54)
54. Emma G. Fitzsimmons & Sharon Otterman, *New York City Ends Vaccine Mandate for City Workers*, NY Times (Feb. 6, 2023), <https://www.nytimes.com/2023/02/06/nyregion/vaccine-mandate-nyc-adams.html>. [↑](#footnote-ref-55)
55. *Id*. [↑](#footnote-ref-56)
56. Ethan Stark-Miller, *Adams lifts city employee vaccine mandate, says fired workers must reapply for their jobs*, AMNY (Feb. 6, 2023), <https://www.amny.com/politics/adams-lifts-city-employee-vaccine-mandate-february-2023>. [↑](#footnote-ref-57)
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