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## THE COUNCIL

# COMMITTEE REPORT OF THE HUMAN SERVICES Division

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**COMMITTEE ON HEALTH**

*Hon. Mark Levine, Chair*

#### September 9, 2019

**Int. No. 004:** By Council Member Barron

**Title:** A Local Law to amend the administrative code of the city of New York, in relation to requiring the department of health and mental hygiene to provide a list of organizations they consult with on chronic diseases

**Administrative Code:** Amends § 19-199.7 of the Administrative Code Amends

**Int. No. 643:** By Council Member Eugene

**Title:** A Local Law to amend the administrative code of the city of New York, in relation to requiring the placement of automated, self-administered blood pressure testing machines at certain public places

**Administrative Code:** Adds § 17-199.6 to the Administrative Code

**Int. No. 1243:** By Council Member Borelli, Levine, Yeger, Vallone, Brannan, Maisel, Holden, Matteo, and Ulrich

**Title:** A Local Law to amend the administrative code of the city of New York, in relation to a standard procedure for treating students presenting with suspected tick bites

**Administrative Code:** Adds § 17-187.1 to the Administrative Code

**Res. No. 211:** By Council Member Eugene

**Title:** Resolution declaring the last day in February as Rare Disease Day in New York City

**Res. No. 212:** By Council Member Eugene

**Title:** Resolution calling upon the New York State Legislature to pass and the Governor to sign legislation to amend the Education Law to require more than one school staff person to be trained to administer CPR at all schools during regular school hours

**Res. No. 213-A:** By Council Member Eugene

**Title:**  Resolution declaring the fourth week in May as Stroke Awareness Week in the city of New York

**Res. No. 215:** By Council Member Eugene

**Title:**  Resolution calling upon the state of New York to provide blood pressure machines in public places throughout the state

**Res. No. 216:** By Council Member Eugene

**Title:**  Resolution recognizing the first week of this and every February as Heart Disease Awareness Week in New York City

**Res. No. 335:** By Council Members Dromm, Ampry-Samuel, Van Bramer, Miller, Levine, Rivera, Richards, Constantinides, Ayala, Cumbo, Adams, Eugene, Rosenthal, Rodriguez, Grodenchik, Lander, Lancman, Powers, Holden, Maisel, Cornegy, Moya, Koslowitz, Menchaca, Rose, Salamanca, Gibson, Cabrera, Koo, Perkins, Brannan, Vallone, Levin, Torres, Barron, Reynoso, Kallos, and Ulrich

**Title:**  Resolution calling upon the New York State Legislature to pass and fully fund, and the Governor to sign, A.5313/S.4054, legislation that would establish eight demonstration programs throughout New York State and one coordinating center to improve the care of sickle cell disease patients and educate about sickle cell trait

**Res. No. 637:** By Council Member Eugene

**Title:**  Resolution calling on the United States Department of Health and Human Services and the New York State Department of Health to create a special commission to address health emergencies and infectious diseases

**Res. No. 980:** By Council Member Miller and Barron

**Title:**  Resolution declaring June 19 Sickle Cell Awareness Day in the City of New York

1. **INTRODUCTION**

On September 9, 2019, the Committee on Health, chaired by Council Member Levine, will hold a hearing to consider legislation related to chronic disease in New York City. Chronic disease is a serious issue in New York City. According to the New York State Department of Health (NYSDOH), more than 40 percent of the adult population lives with some kind of chronic illness, and it is the leading cause of disability and death.[[1]](#footnote-1) During the hearing, the Committee will hear a package of legislation, including three bills and eight resolutions, covering a range of issues pertaining to chronic disease. The New York City Department of Health and Mental Hygiene (DOHMH), advocacy groups, and other concerned members of the public are expected to testify.

1. **BACKGROUND**

*Heart Disease*

 Like the rest of the United States, heart disease is the leading cause of death for adults in New York City.[[2]](#footnote-2) Nationally, about one out of every four deaths is due to heart disease.[[3]](#footnote-3) In 2014, cardiovascular disease accounted for 40 percent of all deaths in New York State.[[4]](#footnote-4) Although the health impact of heart disease varies by race and ethnicity, it deeply affects all ethnic groups.[[5]](#footnote-5) Heart attacks can result from heart disease, and about 790,000 Americans have heart attacks each year.[[6]](#footnote-6) When identified and treated in a timely manner, the chance of survival of a heart attack is very high,[[7]](#footnote-7) and about 90 percent of people who have a heart attack survive.[[8]](#footnote-8)

Although 92 percent of people in a Centers for Disease Control (CDC) survey recognized the symptom of chest pain, the most common symptom, only 27 percent of participants had knowledge about all of the major symptoms.[[9]](#footnote-9) The best way to prevent and manage heart disease is to maintain a healthy lifestyle with good nutrition and physical activity,[[10]](#footnote-10) and promoting heart disease awareness can help educate people about living a healthy life and the ability to identify risks and symptoms of heart attacks when necessary.

One of the leading causes of heart disease is high blood pressure.[[11]](#footnote-11) According to a New York City Community Health survey, approximately 28 percent of New York City adults have been told that they have high blood pressure by a health care provider.[[12]](#footnote-12) Of the people who responded as to having high blood pressure, 70.9 percent of them have been told by a health provider that they need to take blood pressure medication.[[13]](#footnote-13) Unfortunately, many people, especially those who do not go to the doctor, do not know that they have high blood pressure because there are usually no warning signs or symptoms.[[14]](#footnote-14) Although it is best to have a doctor measure and interpret one’s blood pressure, public accessibility to measuring blood pressure can provide autonomy to our community to monitor this aspect of their health.[[15]](#footnote-15)

*Stroke*

 A stroke occurs when oxygen is cut off to the brain due to either a blood clot or a blood vessel rupture.[[16]](#footnote-16) In the United States, strokes are the fifth leading cause of death,[[17]](#footnote-17) and about 6,000 people in New York State die from strokes every year.[[18]](#footnote-18) Even if a person survives, there can be life-long complications from having a stroke, such as paralysis on one side of the body, speech impairment, memory loss, vision loss, and balance issues.[[19]](#footnote-19) In fact, strokes are the leading cause of serious and long-term disability in adults.[[20]](#footnote-20)

The effects of a stroke may not be permanent, but the severity of the stroke can have a large impact,[[21]](#footnote-21) and the chances of recovery depends heavily on quick intervention.[[22]](#footnote-22) According to the CDC, patients who arrive to the emergency room within three hours of the onset of symptoms have less disability three months post stroke compared to those who delayed care.[[23]](#footnote-23) Although the rate of death due to stroke in New York City is decreasing overall, Black adults are dying from strokes at a rate 3.2 times higher than white adults, and the rate of death from strokes is 3.4 times higher in high poverty areas than in low poverty areas.[[24]](#footnote-24)

*Sickle Cell Disease*

 Sickle Cell Disease (SCD) occurs when a person has two copies of a gene that cause the blood cells to be inflexible, sticky, and crescent or sickle shaped.[[25]](#footnote-25) The blood frequently gets stuck when trying to flow through blood vessels, causing intense pain and other serious problems, like anemia and stroke.[[26]](#footnote-26) When a person only has one copy of the gene, they have Sickle Cell Trait (SCT).[[27]](#footnote-27) Most individuals with SCT are healthy, yet, in rare instances, some people with SCT will experience pain.[[28]](#footnote-28) When two people with SCT have children, each one of their children has a 25 percent chance of having SCD and a 50 percent chance of having SCT.[[29]](#footnote-29)

In the United States, SCD is the most common inherited blood disorder.[[30]](#footnote-30) About 100,000 people in the U.S. are living with SCD, approximately 10 percent of which live in New York City.[[31]](#footnote-31) SCD is most common in individuals who have ancestors from Sub-Saharan Africa, South America, the Caribbean, Central America, the Middle East, and the Mediterranean.[[32]](#footnote-32) SCD occurs in one out of every 365 Black or African American births and one out of 16,300 Hispanic-American births.[[33]](#footnote-33) In 2008, out of the 197 babies born in New York State with SCD, 136 of their births occurred in New York City.[[34]](#footnote-34) Many more people have SCT than SCD.[[35]](#footnote-35) SCT occurs in one out of every 13 Black or African American births.[[36]](#footnote-36)

Currently, the only cure for SCD is an extremely risky bone marrow or stem cell transplant.[[37]](#footnote-37) There are also a few medications to help people, but they mainly treat symptoms of SCD.[[38]](#footnote-38) SCD affects predominately minority communities, and there are many concerns that health officials, researchers, and doctors overlook the patients with SCD and the actual disease itself, likely in part as a result of conscious and unconscious bias.[[39]](#footnote-39) Although treatment can help people with SCD live quality lives, a study found that children who rely on public insurance were more likely to utilize urgent health care settings and delay preventative care and other necessary care for effective treatment.[[40]](#footnote-40) According to a *New York Times* article, about 90 percent of people with SCD are enrolled in Medicaid.[[41]](#footnote-41)

There are also reports that patients feel ignored or judged and do not want to seek medical help.[[42]](#footnote-42) Additionally, officials have shown a lack of interest in funding to help those with SCD.[[43]](#footnote-43) SCD is relatively rare, but other rarer diseases have gotten more attention.[[44]](#footnote-44) For example, in 2011, research for Cystic Fibrosis, which predominately affects white individuals,[[45]](#footnote-45) received 11 times more per-person funding from the National Institutes of Health (NIH) than SCD.[[46]](#footnote-46) The National spending for Cystic Fibrosis was 440 times that for SCD, and Cystic Fibrosis had more than twice as many peer-reviewed publications than SCD.[[47]](#footnote-47) Additionally, in 2011, the Food and Drug Administration (FDA) approved and released five medications for Cystic Fibrosis, while there were no new drugs for SCD.[[48]](#footnote-48) Since the FDA’s first drug approval for SCD in 1998, there have only been two other drug approvals for SCD, both of which occurred in 2017.[[49]](#footnote-49)

NYSDOH’s website has a page dedicated to providing information on health topics. Cystic Fibrosis and ALS (Lou Gehrig’s disease), both diseases that predominately affect white populations,[[50]](#footnote-50) have pages dedicated to providing the public with information and resources.[[51]](#footnote-51) These diseases are even rarer than SCD. About 30,000 people nationwide suffer from Cystic Fibrosis.[[52]](#footnote-52) Another 30,000 people in the U.S. have ALS.[[53]](#footnote-53) Although SCD affects more New Yorkers than these two diseases, there is no informational page on DOH’s website.[[54]](#footnote-54)

*Cardiopulmonary Resuscitation (CPR) Training*

 CPR is an emergency lifesaving procedure performed when the heart stops beating, which is called cardiac arrest, and when a person is unconscious and not breathing.[[55]](#footnote-55) Cardiac arrest is caused by a variety of things, including electrical abnormalities in the heart, heart disease, and intense physical stress.[[56]](#footnote-56) Physical stress includes lack of oxygen when choking, which is the fourth leading cause of death in children under five years-old.[[57]](#footnote-57) In the United States, at least one child dies every five days as a result of choking.[[58]](#footnote-58) Cardiac arrest is extremely dangerous and can cause death within minutes if not treated quickly.[[59]](#footnote-59) According to the American Heart Association, immediate CPR can double or triple the chance of survival after cardiac arrest.[[60]](#footnote-60) However, Section 917 of New York State Education Law only requires the presence of one staff person trained in CPR.[[61]](#footnote-61) This rule has had serious consequences, with several reports of children dying due to choking in New York City school lunchrooms.[[62]](#footnote-62) CPR training does not take a great deal of time and can help save lives.[[63]](#footnote-63)

1. **Bill Analyses**

**Int. No. 004**: A Local Law to amend the administrative code of the city of New York, in relation to requiring the department of health and mental hygiene to provide a list of organizations they consult with on chronic diseases

This bill would require DOHMH to report annually to the Council on the organizations that it regularly consults with regarding the prevention and management of chronic diseases. This law would take effect immediately.

**Int. No. 0643**: A Local Law to amend the administrative code of the city of New York, in relation to requiring the placement of automated, self-administered blood pressure testing machines at certain public places

 This bill would require the city to provide the services of blood pressure testing machines for public use at no cost. Providing free, blood pressure machines for public use would enable citizens, especially un- and under-insured, at-risk individuals, to routinely monitor their blood pressures and possibly encourage them to seek medical treatment, or make life changes to lower their blood pressures in the event self-testing consistently reveals elevated levels. This bill would take effect 180 days after it becomes law.

**Int. No. 1243:** A Local Law to amend the administrative code of the city of New York, in relation to a standard procedure for treating students presenting with suspected tick bites

This bill would require DOHMH to develop rules on how school nurses that are employed by DOHMH must respond if a student appears to have a tick bite. This bill would take effect 180 days after it becomes law.

1. **Conclusion**

During the hearing, the Committee will discuss the impact of chronic disease on New
Yorkers, and what the City can do to improve access to care and information about chronic disease. The Committee will hear several pieces of legislation that will increase awareness and attention to various chronic diseases, including SCD and heart disease. It is critical to discuss the unequal impact of chronic disease on particular communities in the City, such as the lack of national resources and attention provided to those with SCD, and to address health inequity.

Int. No. 4

By Council Member Barron

..Title

A Local Law to amend the administrative code of the city of New York, in relation to requiring the department of health and mental hygiene to provide a list of organizations they consult with on chronic diseases

..Body

Be it enacted by the Council as follows:

Section 1. Chapter 1 of title 17 of the administrative code of the city of New York is amended by adding a new section 17-199.7 to read as follows:

§ 17-199.7 Consultation Reporting. No later than February 1 of each year, the department shall submit to the speaker a list of the non-governmental organizations that the department routinely consults with regarding the prevention and management of common chronic diseases, including but not limited to diabetes, hypertension, heart disease, stroke, cancer, obesity, and alzheimer’s disease. The organizations in such list shall be categorized by disease.

§ 2. This local law takes effect immediately.

DSS

LS 9922/Int 1502/2017

LS 504/2018

12/18/17

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Int. No. 643

By Council Member Eugene

..Title

A Local Law to amend the administrative code of the city of New York, in relation to requiring the placement of automated, self-administered blood pressure testing machines at certain public places

..Body

Be it enacted by the Council as follows:

Section 1. Chapter 1 of title 17 of the administrative code of the city of New York is amended by adding a new section 17-199.6 to read as follows:

§ 17-199.6 Blood pressure machines in public places. a. Definitions. For purposes of this section, the following terms have the following meanings:

Blood pressure. The term “blood pressure” means the force of blood against the inner walls of an individual’s blood vessels.

Blood pressure machine. The term “blood pressure machine” means any unsupervised, automated machine that provides for self-administered testing and measurement of an individual’s blood pressure and expresses that measurement as two numbers indicating a systolic pressure over a diastolic pressure, as such terms are commonly used in the medical profession.

Public place. The term “public place” means the publicly accessible areas of the following places to which the public is invited or permitted: (i) public buildings maintained by the division of facilities management and construction of the department of citywide administrative services or any successor; (ii) parks under the jurisdiction of the department of parks and recreation identified pursuant to subdivision e of this section; and (iii) senior centers, which include facilities operated by the city or operated by an entity that has contracted with the city to provide services to senior citizens on a regular basis, such as meals and other on-site activities.

b. Blood pressure machines required. Except as provided in subdivision f of this section, the city shall make available in public places one or more blood pressure machines in quantities and locations deemed adequate in accordance with rules promulgated pursuant to subdivisions e and h of this section. Such blood pressure machines shall be readily accessible for use at no charge.

c. Notice required. The city shall provide written notice to the public, by means of signs, printed material or other form of written communication, indicating the availability and location of blood pressure machines in public places. The type, size, style, location and language of such notice shall be determined in accordance with rules promulgated by the department pursuant to subdivision f of this section provided that each blood pressure machine required pursuant to subdivision b shall comply with the statement requirements of section 396-v of the general business law.

d. Reports. The department shall conduct a comprehensive study and submit a report to the council twelve months after the effective date of the local law that added this section and annually thereafter. Such report shall include, but not be limited to, the quantities and locations of blood pressure machines placed in public places pursuant to subdivision b of this section, usage statistics, and the identification of any public places that warrant the additional placement or removal of blood pressure machines.

e. Parks. The commissioner of the department of parks and recreation shall, no later than 120 days after the effective date of the local law that added this section, promulgate rules identifying at least 6 parks in each borough under the jurisdiction of the department of parks and recreation to be considered a public place for the purposes of this section, and determining the quantity and location of blood pressure machines to be placed in such parks, as long as at least one of the parks identified in each borough is over 170 acres.

f. Exception. When the city provides blood pressure testing by qualified medical and health personnel acting within their lawful scope of practice, and such testing is regularly performed in a public place during its normal operating hours, such provision will be deemed to satisfy the requirements of subdivision b of this section, subject to rules of the department promulgated pursuant to subdivision h of this section. For purposes of this subdivision, qualified medical and health personnel has the same meaning as defined in section 3001 of the public health law.

g. Public awareness. Within 180 days of the effective date of the local law that added this section, the department shall conduct public awareness and education campaigns in English and Spanish regarding blood pressure testing.

h. Rules. The department shall promulgate such rules as may be necessary to implement the provisions of this section, including, but not limited to, rules regarding the quantity and location of blood pressure machines to be placed in a particular public place or general category of public place excepting parks; the form of notice in which the availability of blood pressure machines in a public place will be made known to the public; and any information on the use of blood pressure machines that must accompany and be kept with each blood pressure machine subject to the requirements of section 396-v of the general business law.

§ 2. This local law takes effect 180 days after it becomes law except that the department shall take such measures as are necessary for the implementation of this local law, including the promulgation of rules, before such date.

PLS-PLS

LS 7349/Int. 1174-2016

LS 707

12/26/17

Int. No. 1243

By Council Members Borelli, Levine and Matteo

..Title

A Local Law to amend the administrative code of the city of New York, in relation to a standard procedure for treating students presenting with suspected tick bites

..Body

Be it enacted by the Council as follows:

Section 1. Chapter 1 of title 17 of the administrative code of the city of New York is amended by adding a new section 17-187.1 to read as follows:

§ 17-187.1 Tick bites on students. The commissioner shall promulgate rules setting forth a procedure for how nurses that are employed by the department and are provided to a public or private school must respond to a student presenting with a suspected tick bite in accordance with medical best practices.

 § 2. This local law takes effect 180 days after it becomes law.

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LS #8399

10/31/18

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Res. No. 211

Resolution declaring the last day in February as Rare Disease Day in New York City.

By Council Member Eugene

Whereas, According to Global Genes, a rare disease patient advocacy organization based in California, a disease is considered rare in the United States (U.S.) if it affects fewer than 200,000 persons; and

Whereas, There are approximately 7,000 different types of rare diseases and disorders; and

Whereas, Ten percent of the U.S. population, or 30 million people, are living with rare diseases and it is estimated that 350 million people worldwide suffer from rare diseases; and

Whereas, Eighty percent of rare diseases are genetic and approximately 50% of the people affected by rare diseases are children; and

Whereas, Rare diseases are often prevalent in pockets of ethnic minorities due to their genetic origin; and

Whereas, For example, sickle cell anemia is rare globally but an estimated 1 in 11 African Americans is a carrier and a person of 100% Ashkenazi Jewish descent has a 50% chance of carrying one of several rare genetic diseases, according to the Genetic Disease Foundation; and

Whereas, According to an April 2013 Shire Rare Disease Impact Report, it takes an average of 7.6 years in the U.S. for a patient with a rare disease to receive a proper diagnosis; and

Whereas, A patient typically visits up to eight physicians and receives two to three misdiagnoses before the correct diagnosis is made; and

Whereas, The Shire report finds that rare disease patients in the U.S. face considerable financial hardship, including 55% of survey respondents stating that direct medical expenses were not covered by insurance, 37% had to borrow money from family and/or friends to pay for expenses, 34 percent sought help from charity or public assistance and 32% reported a negative impact on their credit score; and

Whereas, The economic strains and lengthy diagnosis process, as well as the lack of treatment options, available information and resources can take a major emotional toll on patients and their caregivers; and

Whereas, Patient and caregiver respondents in the Shire study reported depression (75% for patients, 72% for caregivers), anxiety and stress (86% for patients, 89% for caregivers), isolation from friends/family (65% for patients, 64% for caregivers), and worry based on future outlook of disease (90% for patients, 97% for caregivers); and

Whereas, The Orphan Drug Act of 1983 facilitates the development and commercialization of drugs to treat rare diseases by offering federal benefits to developers of  medication designated as "orphan drugs"; and

Whereas, According to Global Genes, during the first 25 years of the Orphan Drug Act, only 326 new drugs were approved by the Food and Drug Administration and brought to market for all rare disease patients combined; and

Whereas, Global Genes also reports that approximately 50% of rare diseases do not have a dedicated foundation supporting or researching their rare disease; and

Whereas, Rare diseases with increased awareness also have an increased opportunity for research funding, as is the case with well-known but uncommon diseases such as Amyotrophic Lateral Sclerosis (ALS); and

Whereas, Rare Disease Day is an international awareness day on the last day in February organized by Eurordis, a non-governmental alliance of patient organizations and individuals focused on rare diseases in Europe, and the National Alliances, which are umbrella organizations who regroup several rare disease organizations in a given country or region; and

Whereas, The number of countries participating in Rare Disease Day grows every year with 94 countries participating in 2017; and

Whereas, The objective of Rare Disease Day is to raise awareness among the general public, policy-makers, industry representatives, researchers, and health professionals about rare diseases and their impact on patients' lives; and

Whereas, The National Organization for Rare Disorders (NORD) partnered with Eurordis to sponsor and advocate for Rare Disease Day in the U.S., with education programs in schools and a "Handprints Across America" photo campaign to raise awareness; now, therefore, be it

Resolved, That the Council of the City of New York declares the last day in February as Rare Disease Day in New York City.

CP

LS 2626/Res 475/2014

LS 719

12/22/17

Res. No. 212

Resolution calling upon the New York State Legislature to pass and the Governor to sign legislation to amend the Education Law to require more than one school staff person to be trained to administer CPR at all schools during regular school hours.

By Council Member Eugene

Whereas, The Mayo Clinic states that cardiopulmonary resuscitation (CPR) is a lifesaving technique for someone whose heart or breathing has stopped; and

Whereas, The treatment for cardiac arrest is CPR, followed by the use of an Automated External Defibrillator (AED); and

Whereas, The United States National Library of Medicine describes CPR as an emergency technique that combines rescue breathing and chest compressions to manually keep blood and oxygen flowing through the body until further advanced measures can be taken; and

Whereas, Cardiac arrest can occur because of heart disease, heart attacks, respiratory arrest, drowning or choking; and

Whereas, According to the New York State Department of Health, choking is the fourth leading cause of unintentional death in children under the age of 5; and

Whereas, An average of 12,400 children ages 0 to 14 years of age were treated in emergency departments for nonfatal food-related choking annually, which equals 34 children per day, according to a study by the American Academy of Pediatrics; and

Whereas, Without medical attention, a person in cardiac arrest will die within a few minutes; and

Whereas, According to the American Heart Association, a bystander who performs CPR immediately after a sudden cardiac arrest can double or triple a victim's chance of survival; and

Whereas, On December 5, 2011, a fourth grade student at Public School 47 in the Bronx choked on a meatball, which resulted in cardiac arrest; and

Whereas, Various media accounts of the incident raise concerns that school staff did not respond appropriately or in a timely fashion; and

Whereas, Ultimately, the child was unable to be resuscitated and died; and

Whereas, On October 21, 2015, a 7-year-old girl similarly choked during lunch, this time at PS 250 in Williamsburg; and

Whereas, According to news reports, school staff did not help the child, but instead flagged down a passing paramedic who said that five minutes likely passed before he got there and was able to provide treatment; and

Whereas, The girl suffered brain damage and died 10 days after the choking incident; and

Whereas, Currently, section 917 of the New York State Education Law requires that at least one staff person who is trained in using an AED be in each public school during school-sponsored curricular or extra-curricular events; and

Whereas, However, the law should be amended to require staff members to be certified not only in using an AED, but also in CPR, and to require more than one staff member to be certified in CPR; and

Whereas, The American Heart Association and the American Red Cross offer combination courses in CPR/ First Aid/ AED training; and

Whereas, The State of New York should take precautionary measures to avoid delays in emergency treatment to ensure the health and well-being of students in public schools; now, therefore, be it

Resolved, That the Council of the City of New York calls upon the New York State Legislature to pass and the Governor to sign legislation to amend the Education Law to require more than one school staff person to be trained to administer CPR at all schools during regular school hours.

CP

LS 1396/Res 253/2014

LS 715

12/19/2017

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Proposed Res. No. 213-A

Resolution declaring the fourth week in May as Stroke Awareness Week in the City of New York.

By Council Member Eugene

Whereas, The National Institute of Neurological Disorders and Stroke (NINDS) defines stroke, also known as a cerebrovascular accident, as an event that occurs when the blood supply to part of the brain is suddenly interrupted or when a blood vessel in the brain bursts, spilling blood into the spaces surrounding brain cells; and

Whereas, NINDS indicates that brain cells die when they no longer receive oxygen and nutrients from the blood or there is sudden bleeding into or around the brain; and

Whereas, Two million brain cells die every minute during a stroke, increasing the risk of permanent brain damage, disability or death; and

Whereas, According to the National Stroke Association, approximately 795,000 strokes occur annually, averaging one every forty seconds; and

Whereas, Stroke kills 133,000 people each year and is the leading cause of adult disability, according to the American Stroke Association (ASA); and

Whereas, Up to 80 percent of strokes can be prevented; and

Whereas, Recognizing stroke symptoms and acting fast to get medical attention can save a life and limit any potential disabilities; and

Whereas, ASA states the chance of having a stroke approximately doubles for each decade of life after age 55; and

Whereas, Prevention includes learning about lifestyle and medical risk factors that may contribute to stroke such as smoking, being overweight, drinking too much alcohol, high cholesterol, high blood pressure, heart disease, and carotid artery disease; and

Whereas, Persons over age 55, females, African-Americans, persons with diabetes, and those with a family history of stroke are at a greater risk of having a stroke; and

Whereas, Few Americans know the symptoms of a stroke, however, learning to recognize such symptoms and knowing what to do when they occur could save lives; now, therefore, be it

Resolved, That the Council of the City of New York declares the fourth week in May as Stroke Awareness Week in the City of New York.

CP/EB

LS 1395/Res 254/2014

LS 716

11/08/2018

Res. No. 215

Resolution calling upon the state of New York to provide blood pressure machines in public places throughout the state.

By Council Member Eugene

Whereas, The American Heart Association (“AHA”) warns that high blood pressure is a “silent killer” because it has no symptoms and many people are unaware of it; and

Whereas, When left untreated, high blood pressure could lead to vision loss, artery and kidney damage, stroke, heart disease and loss of life; and

Whereas, The AHA stresses the importance of monitoring one’s blood pressure through regular medical checkups with a health provider, or at home, yet many of those who are most at risk of high blood pressure, such as uninsured, lower income, senior citizen, and homeless individuals, do not have regular access to health providers or to devices that would enable them to monitor their blood pressure; and

Whereas, The Department of Health and Mental Hygiene reports that three in ten residents of New York City have been told that they have high blood pressure and that hundreds of thousands more have it but do not know they have it; and

Whereas, The New York State Department of Health reports that 31% of all adults and 62% of adults over 65 report being told by a health professional that they have high blood pressure; and

Whereas, Providing free access to automated blood pressure machines in public places could help those without access to testing resources to routinely self-monitor their blood pressure and seek potentially life-saving care in the event of high readings; now, therefore, be it

Resolved, That the Council of the City of New York call upon the state of New York to provide public automated blood pressure machines in public places throughout the state.

PLS-PLS

LS 7350/Res. 1059-2016

LS 727

12/26/17

Res. No. 216

Resolution recognizing the first week of this and every February as Heart Disease Awareness Week in New York City.

By Council Member Eugene

                     Whereas, According to the Centers for Disease Control, 610,000 people die of heart disease every year in the United States, making it the cause of one out of every four deaths; and

                     Whereas, Statistics from the Heart Foundation indicate that heart disease is the number one cause of death in the United States, the state of New York, and the city of New York and that it claims more lives than all forms of cancer combined; and

                     Whereas, The New York State Department of Health has found that 43,112 people in New York State and 16,573 people in New York City died of heart disease in 2013; and

                     Whereas, Research from the American Heart Association shows that since 1984, more women than men have died of heart disease; and

                     Whereas, The National Institutes of Health advises that individuals eat plenty of fruits and vegetables, monitor their blood pressure, and refrain from smoking to lower their risks of developing heart disease; and

                     Whereas, The United States Congress, by joint resolution approved on December 30, 1963, has requested the President to issue annually a proclamation designating February as American Heart Month, with President Obama issuing the most recent proclamation for February 2015; and

Whereas, Heart Disease Awareness Week would also present an opportunity to educate young people and adults alike about steps one can take to prevent heart disease and live in a healthy way; and

                     Whereas, The prevalence of heart disease poses grave risks to people both in New York City and nationwide; now, therefore, be it

                     Resolved, That the Council of the City of New York recognizes the first week of this and every February as Heart Disease Awareness Week.

LS# 7073/ 978-2016

LS# 723

12/28/2017

MK/ KK

Res. No. 335

Resolution calling upon the New York State Legislature to pass and fully fund, and the Governor to sign, A.5313/S.4054, legislation that would establish eight demonstration programs throughout New York State and one coordinating center to improve the care of sickle cell disease patients and educate about sickle cell trait

By Council Members Dromm, Ampry-Samuel, Van Bramer, Miller, Levine, Rivera, Richards, Constantinides, Ayala, Cumbo, Adams, Eugene, Rosenthal, Rodriguez, Grodenchik, Lander, Lancman, Powers, Holden, Maisel, Cornegy, Moya, Koslowitz, Menchaca, Rose, Salamanca, Gibson, Cabrera, Koo, Perkins, Brannan, Vallone, Levin, Torres, Barron, Reynoso, Kallos and Ulrich

Whereas, Sickle cell disease (SCD) affects approximately 100,000 Americans and is most common in those with African, Hispanic, Mediterranean and Middle Eastern ancestry; and

Whereas, Nationally, SCD occurs in approximately 1:365 Black or African American births, 1:16,300 Hispanic births and 1:80,000 White births, according to the Centers for Disease Control and Prevention (CDC); and

Whereas, In New York State (NYS) SCD occurs in 1:230 live births to non-Hispanic Black mothers, 1:2,320 births to Hispanic mothers and 1:41,647 to non-Hispanic White mothers; and

Whereas, In NYS, 1:1,146 live births have SCD, with 86% of NYS sickle cell disease births among babies with Black mothers and 12% with Hispanic mothers; and

Whereas, Higher birth rates for SCD occur in mothers who were born outside of the US; and

Whereas, In NYS, approximately 70% of all newborns with SCD were born in the NYC area; and

Whereas, Persons with sickle cell trait (SCT) are carriers of the sickle cell gene who have inherited the normal hemoglobin gene from one parent and the sickle cell gene from the other parent; and

Whereas, Approximately 3 million Americans have SCT; and

Whereas, When both parents have SCT there is a 1 in 4 chance with each pregnancy that the child will be born with SCD; and

Whereas, Most people with SCT do not have any symptoms of SCD, however, in rare cases, people with SCT might experience complications of SCD; and

Whereas, The CDC states that SCD is a major public health concern; and

Whereas, Those with SCD may exhibit complications in all parts of the body; and

Whereas, This includes, but is not limited to, severe pain episodes, entrapment of blood within the spleen, severe anemia, acute lung complications (acute chest syndrome), stroke, priapism in males and other life-threatening conditions; and

Whereas, These life-threatening complications can develop rapidly, especially stroke and infections of the blood and brain; and

Whereas, Stroke can be either silent (no overt symptoms) or clinical (with symptoms); and

Whereas, Silent strokes occur in up to 35% of children with sickle cell anemia and clinically overt strokes occur in approximately 10% of children with sickle cell anemia, often causing cognitive impairments; and

Whereas, SCD is a cumulative disease with worsening complications and damage of organs, including lungs, heart and kidneys, as patients get older; and

Whereas, In addition, with the toll of the disease on patients, particularly to their brain, mental health issues can significantly impact the SCD patient and family; and

Whereas, As a complex disease with multisystem manifestations, SCD requires specialized, comprehensive and continuous care to achieve the best possible outcomes; and

Whereas, Newborn screening, genetic counseling and education of patients, family members, schools and health care providers are critical preventative measures; and

Whereas, Early detection can decrease morbidity, and holistic care reduces emergency room visits and in-patient hospital stays, decreasing overall costs of care; and

Whereas, Community-based organizations provide a valuable service in educating their communities about sickle cell disease and trait and, because they act as a bridge between the treatment centers and the community, should be included in any program to improve care to the community; and

Whereas, While SCD patients receiving regular care have improved clinical outcomes, many young adults transitioning out of pediatrics struggle to maintain their care; and

Whereas, A.5313/S.4054, sponsored by Senator James Sanders Jr. and Assembly Member Alicia Hyndman, would create eight regional prevention  and  treatment of SCD demonstration programs throughout NYS; and

Whereas, Over five years, the demonstration programs would coordinate service delivery, provide genetic counseling, conduct community outreach, promote mental health services and train health professionals; and

Whereas, A.5313/S.4054 would also create one statewide coordinating center to provide education and assistance to each program, establish statewide goals for standards of care, collect data and monitor progress; and

Whereas, A.5313/S.4054 would improve the quality of care for SCD patients, increase the average life expectancy for SCD patients, decrease the cost of care of sickle cell disease patients and educate communities about SCT and SCD; now, therefore, be it

Resolved, That the Council of the City of New York calls upon the New York State Legislature to pass and fully fund, and the Governor to sign, A.5313/S.4054, legislation that would establish eight demonstration programs throughout New York State and one coordinating center to improve the care of sickle cell disease patients and educate about sickle cell trait.

CP

LS 5512

5/3/18

Res. No. 637

Resolution calling on the United States Department of Health and Human Services and the New York State Department of Health to create a special commission to address health emergencies and infectious diseases

By Council Member Eugene

Whereas, Diseases know no borders, and a health crisis in one country could easily spread to several countries in the blink of an eye; and

Whereas, In 2014, an Ebola Virus epidemic in Africa spread across the world over the course of the year, with 10 patients being treated in the United States; and

Whereas, New York State was monitoring the spread of Ebola and had months to make preparations, yet many isolation units were still not prepared when Ebola struck New York; and

Whereas, In recent years, the United States has seen potentially dangerous strains of avian flu and multidrug-resistant strains of tuberculosis take root in other countries; and

Whereas, Middle East respiratory syndrome, or MERS, is a contagious disease first reported in 2012 in Saudi Arabia that has killed many, though little is known about it; and

Whereas, In 2014, the U.S. experienced 23 measles outbreaks, including one large outbreak of 383 cases; and

Whereas, New diseases are constantly emerging and old ones adapt to resist current treatments; and

Whereas, The next outbreak could develop unexpectedly and the United States and New York State need to be prepared to quickly identify, treat and contain infectious diseases and other health emergencies; now, therefore, be it

Resolved, That the Council of the City of New York calls on the United States Department of Health and Human Services and the New York State Department of Health to create a special commission to address health emergencies and infectious diseases.

CP

LS# 1834

2/27/18

Res. No. 980

..Title

Resolution declaring June 19 of each year Sickle Cell Awareness Day in the City of New York.

..Body

By Council Members Miller and Barron

Whereas, Sickle cell disease (SCD) is a group of inherited red blood cell disorders; and

Whereas, Hemoglobin is a protein in red blood cells that carries oxygen throughout the body and people with SCD inherit two abnormal hemoglobin genes, one from each parent; and

Whereas, The abnormal hemoglobin gene can cause red blood cells to become sickle-shaped (crescent-shaped) and have difficulty passing through small blood vessels; and

Whereas, Those who have inherited an abnormal hemoglobin gene from one parent but a normal hemoglobin gene from the other parent have sickle cell trait (SCT); and

Whereas, People with SCT usually do not have any of the signs of the disease, but they can pass the trait on to their children; and

Whereas, According the Centers for Disease Control and Prevention (CDC), SCD is more common among people whose ancestors came from sub-Saharan Africa, Spanish-speaking regions in the Western Hemisphere, Saudi Arabia, India, and Mediterranean countries such as Turkey, Greece, and Italy; and

Whereas, The National Institutes of Health (NIH) estimates that about 2 million people in the United States have SCT, and the CDC estimates about 100,000 Americans have SCD; and

Whereas, According to the CDC, approximately one out of every 365 Black or African American babies is born with SCD, and about 1 in every 13 Black or African American babies is born with SCT; and

Whereas, According to the CDC, there were approximately 8,374 people with SCD living in New York State in 2004-2008; and

Whereas, In 2008, 197 babies were born with SCD in New York State; and

Whereas, SCD occurred among approximately 1 out of every 1,259 births, and 1 out of every 260 Black or African American births; and

Whereas, Of the 197 babies born with SCR in New York State in 2008, 89 percent were Black or African American; and

Whereas, In 2008, 56 babies were born with SCD in the Bronx, the highest number in the State, followed by 47 in Brooklyn and 23 in Queens; and

Whereas, The severity of SCD can vary widely from person to person; and

Whereas, SCD can cause organ damage and attacks of sudden and severe pain, which often requires a hospital visit; and

Whereas, The only known cure for SCD is bone marrow or stem cell transplant, and is very risky and can have serious side effects, including death; and

Whereas, Early diagnosis and regular medical care can reduce symptoms, prevent complications, and prolong life, thus making awareness of SCD and SCT crucial; and

Whereas, June 19 is recognized by the United Nations as World Sickle Cell Day; now, therefore, be it

Resolved, That the Council of the City of New York declares June 19 of each year Sickle Cell Awareness Day in the City of New York.

EB

LS 10291

03/27/19

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