



**NEW YORK CITY DEPARTMENT OF
HEALTH AND MENTAL HYGIENE**

Ashwin Vasan, MD, PhD
Commissioner

Testimony

of

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Commissioner**

New York City Department of Health and Mental Hygiene

Before the

New York City Council

Committees on Health and Mental Health, Disabilities and Addiction

on

Fiscal Year 2024 Preliminary Budget

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Good afternoon, Chairs Schulman and Lee, and members of the committees. I am Dr. Ashwin Vasani, Commissioner of the New York City Department of Health and Mental Hygiene.

I am joined today by our Acting Chief Financial Officer, Wei Xia, and members of my senior leadership team. Thank you for the opportunity to testify today on the Department's Preliminary Budget for fiscal year 2024 (FY24).

Last week marked my one-year anniversary as the 44th Health Commissioner for the City of New York. It has been a busy year. We have continued managing the COVID-19 pandemic while responding to multiple unexpected health emergencies.

As you know, New York City led the nation in battling the Mpox outbreak. Our vaccination program was fast, accessible, and worked to balance equity and speed, with over 100,000 New Yorkers receiving the vaccine. We set the standard for the country, and an example of how to innovate as a public health crisis evolves to help as many people as possible. You all were in the trenches with us, as were so many leaders in the community. Thank you for your partnership and support.

Last summer, we met another challenge when poliovirus, a virus previously eradicated in the United States, began circulating in New York State. By raising awareness and making vaccines more accessible, we increased polio vaccination rates in the city by nearly 10% between July and January compared to the same period in 2021. We achieved even higher increases in areas with the lowest vaccination rates. This was down to shoe-leather public health, done close to community and quietly, engaging leaders, providers, parents, and community media, and putting the "public" back in public health.

We have moved as decisively to address non-communicable diseases as we did communicable ones. Earlier this month, I was proud to stand with the Mayor as we released our new strategy to

address the mental health crisis, “Care, Community, and Action: A Mental Health Plan for New York City.”

This ambitious plan recognizes the serious mental health challenges we face as we come out of the worst public health crisis in a century, and the ripple effects that will be felt for years to come. It makes mental health a core pillar of our public health agenda now, and into the future.

I am proud of the Department’s leadership and coordinating role in developing such a comprehensive strategy to improve youth mental health, decrease overdoses, and better address serious mental illness, the three main drivers of mental health challenges for the most vulnerable and marginalized people in our city.

I want to thank Chairs Shulman and Lee for joining us at the launch event and for supporting this critical work throughout. We look forward to working with the Council on this important and foundational effort in the coming years.

I know, and I’m sure you agree, that every New Yorker is healthier when they live in a city that’s healthy. But right now, our health is on the decline. In fact, we are experiencing the most dramatic declines in life expectancy in more than a century. And it’s not all due to COVID-19.

Factors include the mental health crisis, increases in chronic diseases, birth inequity, health emergencies, and violence. The simple truth is that people are suffering too much and dying too soon. That hurts every facet of this city — our families, our businesses, our schools, and our workforce.

Addressing these interconnected health issues is the core tenet of public health, and of our work at the Department. We need a city-wide, all-hands-on-deck response to reverse these trends. The Health Department is leading that response by developing evidence-based strategies and directing resources to equitably address health challenges. The Mayor has talked openly about de-siloing

government. There is not a more interconnected and interdependent issue, that demands de-siloing, than health. And the time is now.

Our goal is to ensure that New Yorkers in every borough, every neighborhood, and every household live long, healthy lives. We can't wait to dive into this work with you in the coming months.

Our experience with COVID-19 has, frankly, raised the expectations for our public health responses and for public communication. At the same time, dedicated federal funding to pandemic response is coming to an end.

Moving forward, we must ensure that public health initiatives are adequately funded into the future. We must invest in population health data across our city, so that we can organize our responses, plan strategies, and respond to threats more effectively. And we must give local health departments, our first lines of defense, everything they need to protect and care for people in health emergencies.

And this will also benefit our work to make this city healthier in non-emergent times. In sum: We need funding to expand the parts of our COVID-19 response that worked, improve the parts that didn't, and address the biggest drivers of health decline that we see in the data right now.

Before I discuss our budget for the upcoming year, I want to take a moment to thank my team. That includes those with me here today, my senior leadership team and the staff who helped prepare for this hearing. It also includes those back at our offices and those on the ground running everything from medical and vaccination clinics to health inspections, community health work, and disease investigations.

It has been another challenging year, but my colleagues make me proud to come to work every day. Misinformation-fueled mistrust in science and expertise is at an all-time high and morale in our

field is at an all-time low. Yet we continue to do this work because we are passionate about making sure that every New Yorker can live a healthy life.

I just wanted to give our staff the recognition they deserve. Thank you all.

City

Now, I will take a few moments to speak to our Preliminary Budget. The Department has approximately 7,000 employees and an operating budget of \$1.9 billion for fiscal year 2024, of which \$932 million is City Tax Levy (CTL). The remainder is Federal, State, and private funding.

With this preliminary budget, we invested in two important public health initiatives in the City's Housing Blueprint: Be a Buddy and Medicaid Together to Improve Asthma.

The Be a Buddy program protects New Yorkers from the impacts of extreme weather by pairing vulnerable residents with volunteers who connect them to city services and conduct wellness checks. Programs like this one are growing in importance as extreme heat, driven by climate change, increases risk.

We also invested in Medicaid Together to Improve Asthma, which works by reducing children's exposure to pests and allergens in their homes. In 2018, about 2,000 New York City children, insured by Medicaid or Child Health Plus were hospitalized for asthma, so this program has the potential to improve thousands of lives.

Together, these investments total approximately \$1.3 million of new funding for the Department in fiscal year 2024.

The Department also recognized \$17.2 million in savings in the Preliminary Budget, primarily through the City's vacancy reduction initiative.

State

Now I'll turn to the State budget. The Governor's fiscal year 2024 executive budget proposes significant investments in mental health. It also includes important policy changes for reproductive health, tobacco control, and Medicaid. However, the budget fails to address several areas that undermine New Yorkers' health and our public health infrastructure.

Most critically, neither the Governor's budget *nor* the Assembly and Senate's One House budget bills restore the State's contribution to public health funding in New York City, also known as Article 6.

Four years ago, the State cut public health funding to New York City from a 36% match on the dollar to 20%. This cut was to New York City only and at the time decreased State public health funds by \$60 million dollars, with that number increasing year on year. Today, if parity were restored for Article 6 for New York City, we project to receive an additional \$90 million of State revenue.

That is \$90 million dollars that fund core public health services and activities. These include sexual and reproductive health programs, disease surveillance, control of infectious diseases like tuberculosis, and prevention of future outbreaks through vaccinations. It includes naloxone distribution to prevent overdoses, and community maternal health work like doulas. It is troubling, and dissonant, to me, that at the same time that we are reckoning with the end of the Federal Public Health Emergency, and at a time where legislators are asking for money to launch new health initiatives, that we would not restore these cuts back to their mandated level, and give back tens of millions of dollars in support to New York City's communities. There have been many lessons learned across government from COVID-19, but at the very top of the list is the urgent need for more, not less, investment in public health infrastructure.

You cannot tell me you care about health and not fund this city and our Health Department at the same rate as every other county in this state. The State has an obligation to support the health of *all* New Yorkers — including those who live in the five boroughs.

Today, I am asking all of you to request to your State colleagues to reinstate New York City's Article 6 reimbursement in the State's adopted budget.

Beyond Article 6 funding, we have several concerns about the proposed State budget. These include its cut to the Childhood Lead Poisoning Primary Prevention Program for New York City. We are also concerned about the omission of insurance coverage for all New Yorkers in the State's upcoming 1332 waiver request to the federal government. And finally the 340B carve out from Medicaid Managed Care, which is estimated to cost H+H, FQHCs, Ryan White clinics and community health centers more than \$300 million in lost revenue.

My team is happy to provide you with more details on any of these items.

Federal

Finally, I'll make a few comments on the federal budget. We thank President Biden, Vice President Harris, Health and Human Services Secretary Becerra, for their support of New York in our COVID-19 response and ongoing commitment to public health. However, we are concerned with long-term funding from the federal government to support public health infrastructure.

We continue to advocate for resources for the Public Health Emergency Preparedness (PHEP) and Hospital Preparedness programs (HPP). These help health departments and health care system partners respond to disease threats and prepare for other disasters like hurricanes and bioterrorism.

During COVID-19, this funding enabled us to deploy nurses to overwhelmed hospitals. It also helped us quickly ramp up surveillance and laboratory capacity to better understand and respond to the

virus. However, both of these funding streams have been significantly reduced over the last two decades.

Later this year, Congress will look to reauthorize PHEP and HPP, as well as other essential preparedness programs, in the Pandemic and All Hazards Preparedness Act. This is an opportunity to invest in public health infrastructure so that we can more effectively respond to future emergencies.

On May 11, the federal public health emergency set in place during the pandemic will end. The COVID-19 virus is here to stay, but we now have the tools we need to mitigate the worst health outcomes. I'm glad to say that as of today we are at the lowest rates of recorded COVID-19 transmission, hospitalization, and death that we have seen since mid-2021. This is a product of a collective effort, with all New Yorkers stepping up to protect themselves and each other.

Over the past three years, the city has received billions of dollars from the Federal Emergency Management Agency. This money enabled us to share important information on TV, streaming platforms, radio, newspapers, social media, other digital platforms, billboards, and subway ads in the 13 languages most commonly spoken in New York City. It helped us to set up public health vaccine clinics in all five boroughs, administering almost 20 million vaccine doses. It funded our contact tracing program and free testing network.

Each of these efforts was the largest of their kind in the country and saved countless lives. In the coming weeks, we will be communicating to New Yorkers how they will still be able to access free or low-cost tests, treatment, and vaccines as the Federal emergency ends.

As I wrap up, I want to once again thank the staff at the Health Department for their steadfast commitment to the health of this city. I am confident that we have the team and the tenacity to make this city healthier.

I thank Mayor Adams for the resources dedicated to the Department in his Preliminary Budget, and for his continued commitment to public health.

Thank you to the Speaker, Chairs, and members of the committees for your partnership and dedication to the health and wellbeing of all New Yorkers.

I am happy to take your questions.