



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

Testimony

of

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Deputy Commissioner of Environmental Health
New York City Department of Health and Mental Hygiene

before the

New York City Council
Committee on Health

on

Int. 1172-2025, Int. 895-2024, Int. 1041-2024, Int. 1042-2024, Int. 1043-2024, and Int. 804-2024

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Good morning, Chair Schulman and members of the Health Committee. I am Corinne Schiff, Deputy Commissioner for Environmental Health at the NYC Health Department. On behalf of Acting Commissioner Dr. Michelle Morse, thank you for the opportunity to testify today.

For 220 years, the Health Department has worked to protect and promote the health of all New Yorkers. We are celebrating this birthday and our long history of excellence and innovation at a perilous time. The public's health is protected by an interconnected system of federal, state, and local partnerships. Yet, as Commissioner Morse has testified before the Council and alerted New Yorkers, 20 percent of the Health Department's budget comes from the federal government, and those funds are at risk. Around the country, state and local health departments are facing dramatic cuts, and the federal public health agencies are being slashed. The Health Department is facing this challenge focused on our mission to serve New Yorkers and committed to advancing equity.

Turning to the legislation under consideration today:

Introduction 1172 would require the Health Department to establish a pilot pet food pantry program. The Health Department oversees a range of animal-related activities, including managing and caring for the City's population of owner-surrendered, abandoned, homeless, and lost animals. The Department carries out these responsibilities by contracting with Animal Care Centers of New York City (ACC). The Department appreciates the Council's interest in supporting pet owners who face financial stress. ACC offers a pet food pantry using grant funding when available, and we would be happy to work with ACC so they can share information with you about that program.

The Health Department also monitors the health and safety of the City's child care centers; staffs schools with nurses, working with NYC Public Schools; and addresses substance use disorders.

Introduction 895 would require child care centers and schools to stock epinephrine auto-injectors. The Department appreciates the Council's interest in ensuring this life-saving medication is available for children with allergies. The NYC Health Code already requires child care programs to maintain epinephrine auto-injectors on site and to train staff on allergy emergencies and administering the medication. The Health Department provides the auto-injectors to these providers at no cost. Also, Chancellor regulations already require school nurses to be equipped with epinephrine auto-injectors.

Next, Introduction 1042 would require the Department to report to the Council on training for child care inspectors. We conduct significant initial and ongoing training for our child care inspectors, and would like to work with the Council to ease the administrative burden of reporting on this aspect of our work.

Introduction 1041 would require the Department to conduct an outreach campaign to inform parents about their rights in relation to child care programs. The Department agrees that it is important for parents and other caregivers with children in child care to understand their rights and provider responsibilities. The Department already provides parents with this information, including in a flyer available in thirteen languages; a website where parents can search for providers and review inspection history; offers a notification system so parents can sign-up to receive updates when their child care provider has had a new inspection; and requires posting of a performance summary card. The Department would be happy to further promote these resources.

Introduction 804 would allow child care providers to request a free opioid antagonist kit from the Department for every child and staff in their program. The Department appreciates the Council's interest in ensuring access to this life-saving medication. We want to assure New Yorkers that the risks to

children in child care of exposure to opioids is extremely low. Nonetheless, the Department conducted a one-time distribution of naloxone kits, providing one to every child care center and offering free training to providers. We trained more than 1,500 child care staff.

The Department is committed to a data-driven approach to reducing overdose deaths and distributed approximately 300,000 naloxone kits at no cost to community-based programs citywide last year, prioritizing settings where opioid overdoses most frequently occur or are witnessed. Given that there are nearly 500,000 children and staff in New York City's child care programs, and the critical importance of ensuring this medication gets to those who need it most, the Department opposes this legislation because it would require us to shift limited resources away from New Yorkers at risk.

Lastly, Introduction 1043 would mandate the Department implement a public awareness strategy regarding overdose prevention and reversal training and include the Department's public health sanitarians and child care teachers as target audiences. The Department appreciates the Council's interest in promoting awareness among New Yorkers about overdose prevention and reversal training. As noted, the risks of overdose in a child care program are extremely low; the vast majority of child care providers offer children a safe and loving environment. Nonetheless, the Department already offered child care providers this training, and we continue to offer virtual trainings and a training video so providers can sign up at their convenience. The same is true for all Health Department staff, including our inspectors.

We believe the Department's current training efforts already meet the needs of child care providers and health inspectors, making this legislation unnecessary. The Department recommends that we continue to use an evidence-based approach to reducing overdose deaths, and focus our resources, including outreach efforts, on communities most at risk.

Thank you for the opportunity to testify. My colleagues and I are happy to take your questions.