



Testimony

of

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before the

New York City Council Committee on Health

on

The FY27 Executive Budget

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City Hall
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Good morning, Chair Schulman and members of the committee. I am Dr. Alister Martin, Commissioner of Health at the New York City Department of Health and Mental Hygiene. I am joined today by our Chief Financial Officer, Aaron Anderson, and members of my senior leadership team. Thank you for the opportunity to testify today on our Executive Budget as it relates to public health.

In the midst of this year's budget season, City Hall released a study that found 62% of New Yorkers cannot afford to meet their needs. That's five million people—most of whom are missed by federal poverty measures. This budget season, the Mamdani administration is putting forward a blueprint for how to care for our city and lift some of the financial weight from New Yorkers' shoulders.

We can't talk about affordability without talking about health. We are facing devastating cuts to public health and health care at the federal level, and we are bracing for the effects of HR1. Millions of New Yorkers who rely on Medicaid will soon become vulnerable to losing their coverage: that impacts nearly half our city.

We have both a responsibility and an opportunity to intervene. My mission for the Health Department is centered around three main points: the first is to solidify the foundation of our work. As we face an increasingly hostile federal environment, we are dedicated to ensuring our core local services are operating effectively.

The second is to make clear that public health is an affordability issue. Key components of this work include:

- Enrolling New Yorkers in Medicaid and keeping them covered—especially the hundreds of thousands of residents at risk under new federal work requirements.¹
- Connecting families to SNAP, WIC, EITC, and other cash benefits they've already earned but haven't claimed.
- Eliminating medical debt by both erasing it once it accrues and preventing it before it accumulates.
- And screening for housing instability at health visits and linking patients to eviction prevention services.

The third priority is to make public health's 'invisible shield' visible—because that metaphor does us a disservice. If something is hidden, it's easy to take it for granted. We cannot afford to be taken for granted, especially right now.

We are building a healthier, more affordable New York City every day. In the past three months alone, we have made extraordinary commitments to deliver for New Yorkers. That includes:

- A 20-million-dollar investment in perinatal and early childhood mental health services, as well as the expansion of our Nurse Family Partnership program;
- Another 20 million dollars toward our community-based asthma programming in the Bronx;
- A 12-million-dollar investment in the peer workforce at substance use recovery programs across New York City;
- And a Board of Health resolution condemning federal attacks on public health insurance and resolving to fight back.

Each of those is both an accomplishment and a promise of more to come, and I am proud to share them with you today.

Most recently, the Board of Health unanimously approved a resolution responding to looming cuts to Medicaid and changes to public health insurance options more broadly. That resolution also calls on New York City and State governments to mitigate the harms of federal actions and educate the public about their options.

That very same day, we launched a \$500,000 campaign advertising our free services that help New Yorkers enroll in low- and no-cost health insurance. The campaign runs through the end of June on social media, in newspapers, and on Link NYC kiosks. It is translated in 13 languages. The ads point New Yorkers directly to our health insurance enrollment services, which are free of charge and available regardless of immigration status.

Our enrollment counsellors offer guidance on coverage options and help navigating government bureaucracy. They help meet the needs of the whole person by recommending other benefit applications, including SNAP. They will also enroll people in NYC Care if that is their only health care option.

These are critical services that connect New Yorkers to programs that most of our city relies on. Right now, more than five million New Yorkers are enrolled in low- or no-cost insurance plans, including Medicaid and the Essential Plan.ⁱⁱ

Medicaid work requirements will go into effect in January 2027; additional changes like frequent eligibility redeterminations will make it harder for people to stay covered. Upcoming federal changes that impact the Essential Plan are projected to cause an estimated 233,000 New York City residents to lose their coverage as well.

At the Health Department, we are determined to intervene and keep as many New Yorkers insured as possible. That happens the same way we do so much of our work: one conversation at a time.

I have heard some of those conversations unfold, and it's those moments that crystallize the impact of our work. We are meeting people where they are and helping them navigate some of the most consequential moments of their lives—and we are doing it by the thousands.

Our direct, one-on-one services reach more than 10,000 pregnant or parenting New Yorkers every year. The Citywide Doula Initiative serves roughly 1,000 people each year. We've reached more than 3,900 people since the program launched in 2022, and there have been zero pregnancy-related deaths among participants.

Behind the numbers are New Yorkers like Masada, a doula I joined to visit a young woman who left an abusive partnership during her second pregnancy. She welcomed her son into the world this January, with Masada by her side.

Our Nurse Family Partnership (NFP) Program serves more than 2,000 people every year—and that number will go up thanks to a recent 20-million-dollar investment in the Strong Foundations

Initiative, which also supports perinatal and early childhood mental health services.

I learned of that program's impact by watching my mom, who served as an NFP nurse for nearly 15 years. It's her example of public service I seek to emulate at this agency.

Our Newborn Home Visiting Program serves more than 7,000 families every year. We dispatch community health workers to support families through the early days of parenthood—people like Wanda, who recounted what it felt like to hold a client's baby the day they came home from the NICU.

In the richest city in the richest country in the world, no family should lose a loved one to pregnancy-related causes. All of these programs are built on trust. All of them are free of charge. And all of them are making pregnancy and parenthood safer and more supported in New York City.

At the Health Department, we are committed to driving our resources according to need, no matter the subject area. This spring, City Hall announced a 20-million-dollar investment to improve childhood asthma outcomes in the Bronx. About half of that money will go toward community-based programming, and the other half will support asthma case management resources in schools. That investment would not be possible without the MTA: it is part of a larger 100-million-dollar commitment to New York City government. The money was generated by congestion pricing revenue and will go towards mitigation projects in environmental justice communities, including our asthma work.

Every day, we are building on a legacy of more than 220 years in public health. We are positioned to meet and anticipate the needs of our community members—and we will continue to do so.

I am encouraged to see increased support for our community health programming in the City's Executive Budget. That includes a three-million-dollar investment to establish the Health and Affordability Corps. That funding will support 46 employees dedicated to working with New Yorkers across our city to facilitate access to benefits, health insurance enrollment, and referrals to low- and no-cost services.

We are grateful for a 12-million-dollar investment in our Mobile Food Vending program, which will enable us to expand our capacity to conduct food safety licensing, permitting, and inspections as the city increases street food vending.

I am also reassured by the dedication of \$10 million to continue Groceries to Go, which provides food insecure New Yorkers enrolled in Health and Hospitals' NYC Care program with monthly credits to purchase groceries. That program recognizes affordability as a public health issue. Groceries to Go puts food on the table, and we are pleased to see the city budget recognize its value.

Lastly, I am very grateful to see \$11.3 million in City funding dedicated to backfilling expiring federal grants for disease control and surveillance infrastructure and staff. Filling this anticipatory funding cliff with city dollars is a relief for our agency and our city. It ensures that core disease

control infrastructure is maintained beyond the expiration of COVID-19 dollars.

There are other longstanding funding cliffs that have been structurally solved in this year's budget. We are very grateful to see our work receive the long-term stability it deserves and break out of the pattern of year-to-year funding. These programs include our Sexual Health Clinics and Stop TB NYC, both of which are crucial public services, especially as TB cases have trended upward in recent years. New Yorkers deserve reliable, stable access to these services, and we are reassured that this Council and this administration are dedicating the resources to sustain them.

At the state level, the fiscal year 2027 budget provides crucial support for public health. I am very grateful to Governor Kathy Hochul and the New York State Legislature for restoring Article 6 matching funds of 36% to New York City. This reverses several years of cuts where New York City was the only jurisdiction in the state receiving a lower state reimbursement for core public health services. Thank you to Speaker Menin, Chair Schulman, and the entire Council for their continued advocacy on this issue.

I am also pleased to see a permanent carveout of School Based Health Centers from Medicaid Managed Care in this year's budget. Our School Based Health Centers provide free primary care, including mental health and dental services, to approximately 143,000 New York City students. We are grateful to see these services supported in the state budget and I appreciate this Council's advocacy for making it happen.

Finally, I'll speak to the federal budget. About 20% of our budget is federally funded. That amounts to approximately \$500 million. As mentioned, the majority of that funding goes toward emergency preparedness and infectious disease control. While we expect the federal government to honor its commitment and maintain that funding, the reality is that we cannot rely on Washington.

The writing is on the wall for the year ahead: this will be a uniquely challenging one for public health. But in New York City, I am approaching that year with a whole lot of hope. I believe in the leadership we have across City government, including this Council. I believe in the 7,000 people who carry out our work at the Health Department every day. And I believe in our city: if there is anywhere that can turn tribulation into transformation, it is here.

Thank you for your attention. I am happy to take your questions.

ⁱ NYS DOH has published a statewide estimate of 2M subject to Medicaid work requirements, but we know that not all are truly "at risk" because many will clearly qualify for compliance/exemptions. While the exact number is difficult to pin down, "hundreds of thousands" of New Yorkers are definitively at risk.

2M state estimate is on slide 12: [Implementing H.R.1 and Preserving Health Coverage in New York State 2026-03-11.pdf](#)

ⁱⁱ Medicaid = 3,624,788

(source: https://www.health.ny.gov/health_care/medicaid/enrollment/docs/by_resident_co/current_month.htm)

CHP = 213,990

(source: https://health.data.ny.gov/Health/Child-Health-Plus-Program-Enrollment-Beginning-200/izdx-gtc9/data_preview)

Essential Plan = 985,966

(source:

<https://info.nystateofhealth.ny.gov/sites/default/files/EP%20and%20QHP%20Total%20Enrollees%20by%20Issuer%20and%20County%20April%202026%20Combined.pdf>)

QHPs = 79324 (source:

<https://info.nystateofhealth.ny.gov/sites/default/files/EP%20and%20QHP%20Total%20Enrollees%20by%20Issuer%20and%20County%20April%202026%20Combined.pdf>)

Medicare Savings Program = estimated at least 369,228 (50% of state enrollment) (source:

<https://www.kff.org/medicare/state-indicator/distribution-of-medicare-beneficiaries-enrolled-in-the-medicare-savings-programs-by-program/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>)

TOTAL = 5,174,296