Testimony

of

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before the

New York City Council
Committee on Health
Committee on Hospitals
Committee on Disabilities

on

Access to Reproductive Health Care for New Yorkers with Disabilities

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Good morning, Chair Schulman, Chair Narcisse, Chair Hanif, and members of the committees. I am Joaquin Aracena, Assistant Commissioner for the Bureau of Public Health Clinics at the New York City Department of Health and Mental Hygiene. I am joined today by Amanda Alvarado, the Health Department's Director of Accessibility and Disability Services Facilitator. Thank you for the opportunity to testify today on access to reproductive health care for New Yorkers with disabilities.

The New York City Health Department is a leader in the country in offering cutting-edge sexual and reproductive health care. Our six Sexual Health Clinics offer a suite of low to no cost sexual and reproductive health services to people ages 12 and older, regardless of insurance, immigration, or disability status. To expand access to care, we also offer telemedicine services through our Sexual Health Clinic hotline. Our sexual health services include testing and treatment for HIV and STIs, including, chlamydia, gonorrhea, syphilis, and mpox; vaccinations for HPV, hepatitis A and B, meningitis and mpox; and preventative care like HIV pre- and post-exposure prophylaxis. Our reproductive health services encompass contraception, including emergency contraception, and medication abortion. Most of our services are available without an appointment. We are always working to improve and expand our clinic services to better meet our patients' needs. Recognizing our clinics are a gateway to health care for many New Yorkers, we also offer linkage to health care providers and other resources, including through on-site licensed social workers.

Our Sexual Health Clinics are the safety net of the safety net, reaching many people who have been historically disenfranchised by health care systems. Of patients seen in 2025, over half resided in a Taskforce for Racial Inclusion and Equity neighborhood, over two-thirds reported being uninsured, and nearly three-quarters were persons of color. The Department is unwavering in our commitment to providing low- to no-cost services and creating safe, affirming spaces for all New Yorkers. Everyone deserves access to compassionate care without barriers.

Over the past several years, the NYC Health Department has made significant progress toward improving accessibility of our services to the public, as well as internal reform to make the agency more accessible to staff members with disabilities. While we have much to accomplish, we are proud to be leading these efforts, which include implementing accessible signage at Health Department facilities, developing and implementing disability awareness and accessibility trainings, and renovating buildings for enhanced accessibility.

Our Sexual Health Clinic buildings are physically accessible, meaning that we have many elements that facilitate entry and navigation within our buildings such as ramps, wheelchair lifts, automatic door buttons, braille signage, wider hallways to accommodate wheelchairs, and accessible restrooms. As we renovate and make improvements, we design for maximum accessibility and are making our buildings compliant with the Americans with Disabilities Act (ADA). The Central Harlem and Chelsea clinics are mostly ADA-compliant as they have been renovated most recently. We are currently renovating the Corona clinic's exterior and interior lobby which will enhance accessibility and make the ramp and lobby ADA-compliant. We are excited to share that work is scheduled to be completed by the end of this month.

Turning to the legislation under consideration today, Introduction 200 would require the Department to develop a Doula Bill of Rights as well as a submission form to receive feedback

from doulas. The bill would also establish a doula advisory council to study the work of doulas in the city. We support the intent of this legislation and share the Council's goals. We are still assessing the implementation needed for this legislation and its operational impact. We look forward to continuing the conversation.

Introduction 211 would require us to conduct a public education and outreach campaign on fertility treatment, including insurance coverage. The Health Department is committed to ensuring that New Yorkers have access to accurate, timely information and services that support their sexual and reproductive health. While the Department plays an important role in connecting New Yorkers to reproductive care, services are delivered through external health care providers, health systems, and insurance plans. The Department does not provide fertility services nor have expertise to provide information to the public. Additionally, insurance coverage and eligibility requirements can vary significantly across Medicaid managed care plans and private insurers, creating challenges in providing this information to the public. We are happy to discuss this further after the hearing.

Next, Introduction 941 would require us to create a disability competency and accessibility training program as well as educational resources for health care providers and patients regarding disability-related health care rights and resources. The Department supports the intent of this legislation; however, we have no oversight role of health care providers in New York City, as they are regulated by the State. Further, the development of comprehensive, evidence-informed training curricula, stakeholder engagement processes, and ongoing program administration would require subject matter expertise that we do not have. We are committed to continuing to collaborate with MOPD and disability community leaders.

Lastly, Introduction 953 would require us to provide medication abortion at no cost to patients at all our Sexual Health Clinics. Medication abortion is currently available at four of our six Sexual Health Clinics. We support expanding access to medication abortion for New Yorkers, alongside our full suite of sexual and reproductive health services. We do have operational concerns that we hope to discuss with the Council, including hiring challenges and constraints on physical space.

We thank the Council for your commitment to supporting and improving reproductive health care for New Yorkers with disabilities.

Thank you for your attention. We are happy to take your questions.