NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE
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Testimony

of

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Before the

New York City Council

Committee on Health

on

Improving Access to In-Community and At-Home Health Care

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Good morning, Chair Schulman and members of the Committee. I am Dr. Duncan Maru, Assistant Commissioner for Equitable Health Systems. I am joined today by my colleagues Corinne Schiff, Deputy Commissioner for Environmental Health and Emily Ashton Assistant Commissioner for Family and Child Health Administration & Strategy.

The Health Department's mission is to protect and improve the health of all New Yorkers so that everyone can realize their full health potential, regardless of who they are, how old they are, where they are from, or where they live. Our work is broad ranging. You see us in the inspection grades at restaurants, the low-to-no-cost health clinics in your neighborhood and the birth certificates for your children. We are also behind the scenes investigating suspicious clusters of illness, studying the patterns, causes and effects of health and disease conditions in New York City neighborhoods and working to address enduring gaps in health between white New Yorkers and communities of color. Structural racism is at the root of these health inequities, which is why we have made racial justice a foundation of all the work that we do.

A key pillar in our approach is providing targeted services in the most historically marginalized communities in our city which also experiences the highest rates of illness and premature death. We have the established Neighborhood Health offices in the Tremont neighborhood of the South Bronx, in East Harlem and in Brownsville, Brooklyn. These Neighborhood Health Action Centers include co-located community-based organization and provide a one stop shop for critical services and supports that serve the needs of their neighborhoods. This includes primary and mental health care, referrals to a network of neighborhood resources, health and wellness classes, workshops, and activities. In 2021, we also launched the Public Health Corp, which strengthens the city's public health infrastructure by partnering with community groups and community health workers. The initial work of the Public Health Corps is focused on outreach and education to eliminate COVID-19 inequities. However, the work goes beyond COVID-19, providing communities with education and connections to resources on other issues, like chronic diseases. This is just a couple of ways that the Health Department is focused on providing place-based programming to address the health of our communities.

I'd like to now turn to the bills under consideration today.

Intro 975

The Health Department supports the intent of Intro 975 which would provide information on free cardiopulmonary resuscitation courses to the public. When cardiac arrest occurs outside of a hospital setting, the risk of mortality significantly increases. According to the American Heart Association (AHA), 9 in 10 people who experience Out of Hospital Cardiac Arrest (OHCA) have fatal outcomes. Fortunately, administration of cardiopulmonary resuscitation (CPR) can double or triple a person's chance of survival if performed within the first few minutes of cardiac arrest. Further, individuals from low-income, Black, and Hispanic neighborhoods are less likely to receive CPR from bystanders than people in high-income, white neighborhoods. Common barriers to

bystander-administered CPR are fear of causing additional injury or concerns about inadequate skills. We would like to highlight that the FDNY offers free hands-only CPR classes to New Yorkers through their FDNY Free CPR Program and FDNY Teens Take Heart CPR Program. We encourage New Yorkers to take advantage of this resource.

Pre-considered Intro

The Health Department supports the intent of providing people with hypertension the ability to monitor their blood pressure outside of clinic settings. Hypertension or high blood pressure is a major risk factor for cardiovascular disease and a leading cause of death in New York City. We are happy to share that we convene the city's first comprehensive, population-wide initiative focusing on preventing and controlling high blood pressure called Take the Pressure Off, NYC. The initiative is led by a coalition of faith and community-based organization, employers, health care systems, pharmacies, organized labor, health insurance payers, government agencies and other stakeholders. In regard to monitoring blood pressure, our focus has been on addressing the gaps and identifying the barriers to accessing **at home** blood pressure monitors. Cost is a major barrier for use of these machines and there has been work to address this including distribution of home blood pressure monitors to providers and residents located in Taskforce on Racial Inclusion and Equity neighborhoods to promote self-blood pressure monitoring. Expanding blood pressure kiosks is another model. However, not everyone is willing to check their blood pressure in public. And one might not always get an accurate reading in that setting because the person must rest quietly for five minutes before using the kiosk. Confirming the diagnosis and monitoring blood pressure also requires frequent checks, which can also make use of these kiosks a barrier. Because of this the Health Department is working to better addressing barriers in obtaining at home blood pressure monitors as the best patient care. We are happy to continue discussions on this bill and the best way to address blood pressure monitoring for the public.

Intro 96

Regarding Intro 96, the Department recognizes the importance of ensuring visions testing for low-incoming New Yorkers. As part of last year's budget negotiation, the Department was asked to pilot a program that would create a mobile vision program that would provide free eye exams and glasses for low-income New Yorkers. The Demonstration Project will be released shortly, and the $1.4 million contract will last for 3 years. This pilot will be evaluated to determine if the project should be continued or expanded. Health + Hospitals also provides eye care for children, adolescent and adults through eye-care clinics located throughout New York City. H+H services include address conditions like cataracts, glaucoma, retinal disorders as well as eye glass prescriptions – which are often filled on-site – and contact lens prescriptions. We are happy to discuss with Council further the intent of this legislation given that low-cost eye care is available through H+H and while the pilot is underway.

Intro 325

Regarding Intro 325 to maintain a list of pediatric emergency rooms, including information about their locations and available medical services, the Health Department

recognizes the intent of this bill however we believe that a primary care doctor remains the best resource for families to receive information regarding pediatric care facilities. A primary care provider should guide parents and guardians on where to go in the case of a true emergency - such as where the provider has a hospital affiliation to ensure continuity of care. Additionally, it would be difficult to accurately provide the "list of services" pediatric emergency rooms provide since services can change with hospital designations, available consults, and a variety of other operational reasons. We are happy to discuss further.

Intro 814

Finally, regarding Intro 814, to issue a report on the quantities and locations of automated external defibrillators placed in public places. We would like to discuss with Council the goals of this legislation and options on how to meet these goals. We would like to include our EMS colleagues since these devices are used in emergency situations. As written the bill would require resources to identify and monitor the location of AEDs in public places. There are also training considerations for AEDs to ensure that they are used properly.

I will now turn it over to Deputy Commissioner Schiff to discuss regulations around the use of x-ray equipment.

Thank you. Good morning. I am Corinne Schiff, Deputy Commissioner for Environment Health. The Health Department is charged with permitting and inspecting radiation-emitting equipment, such as x-ray machines and CT scans, in the health care setting. Exposure to radiation is a cancer risk, and the risk accumulates over a lifetime. It is important, then, for all of us individually and in public health, to reduce radiation exposure. The New York City Health Code sets out requirements that do just that, with protections for patients, workers, and others who may be in or near the facility. Of course, the x-ray is also useful for a health care provider making a diagnosis or using therapeutically, and so our goal is to balance the potentially significant risk of radiation exposure with the importance of this tool. The principle that guides this balance is to achieve an exposure that is "As Low As Reasonably Achievable," or "ALARA." In other words, at every step, the goal is ALARA – a radiation exposure that is as low as possible to meet the health care need. That is true no matter where you receive the x-ray, whether in a hospital, a stand-alone radiological facility, an urgent care, or a provider's office.

The New York City Board of Health updated the Health Code in 2019 to align its requirements with updated industry standards and following robust engagement with stakeholders, including the Greater New York Hospital Association, the New York State Radiological Society, the Greater New York Chapter of the Health Physics Society, and the Radiological and Medical Physics Society of New York. The final rule incorporated the feedback from these stakeholders.

The updated Health Code rule includes, as relevant to this hearing, limits on the use of mobile x-ray equipment. Mobile x-ray equipment creates specific risk of radiation exposure because, for example, it may be used in a room not meeting the construction mandates that control exposure, and because it tends to produce a lower quality image that can result in the provider having to take multiple images when otherwise fewer would be needed. Fewer images mean less radiation exposure.

As dictated by ALARA, the protective approach is to use mobile equipment only when needed for patient health. That is, to use equipment that can be brought to the patient only when the patient cannot reasonably be brought to the equipment. Accordingly, the Health Code limits use of mobile x-ray units to hospitals for emergency rooms, trauma centers and in-house patients who are not ambulatory, as well as for house calls and in long term health care facilities. Other locations must use fixed x-ray equipment with all the protections that accompany it.

This Health Code rule mirrors the recommendation of the Conference of Radiation Control Program Directors—the industry standard-setting non-governmental organization—and other jurisdictions, including the U.S. Food and Drug Administration and Environmental Protection Agency, and states around the country.

Thank you for your time and consideration today. We are happy to take your questions.

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