

**Testimony of Councilwoman Carlina Rivera, Chair of the Council's  
Committee on Hospitals, Before the Joint New York State Senate and  
Assembly Hearing on the Impacts of COVID-19 in New York Hospitals**

Hello, my name is Carlina Rivera, I am a member of the New York City Council and Chair of the Council's Committee on Hospitals. I want to thank the Committee Chairs for giving me the opportunity to provide testimony at today's hearing. As Hospitals Chair, I saw just as all of you did the disaster of the COVID-19 pandemic's worst days unfold right before my eyes in communities across our State.

My team and I spent late nights and countless hours on the phone this spring with hospital administrators, front-line workers, and advocates. While I'm thankful that our state's new COVID case counts are at record lows - thanks to the hard work of so many healthcare workers and everyday New Yorkers - I'm also thankful that we are holding a State hearing today to examine the one hard truth we still have not solved.

Simply put, our initial, massive failure in responding to the pandemic, which resulted in a COVID-19 death rate that no other state has matched to this date, could have been lessened if the unequal systems that have been in our hospitals for decades were addressed through legislative and regulatory changes at the State level.

There is no doubt that due to the lack of support from the federal government and the Trump administration, New York was forced to go it alone without the federal resources one would normally expect during a pandemic of this magnitude. And there were certainly challenges none of us could have foreseen.

But these base inequities in public and private hospital financing, in workplace protections and resources, and in where patients can afford to receive care, played an outsized role in thousands of patient deaths in New York State hospitals.

I know you have already heard from and questioned our State Health Commissioner, Dr. Howard Zucker, before hearing my testimony. I know Dr. Zucker defended the response from the State and hospitals, and I respect his efforts during a rapidly-evolving crisis. I also know he left many questions unanswered and only committed to "explore" some ideas on how his agency could better prepare for a second wave.

But I'd prefer to focus in my testimony on what you, our state Legislators, can potentially do to help us compel the State and hospitals to act now to prevent a future COVID-19 surge and permanently address the inequities in our healthcare system.

For the remainder of the COVID-19 crisis, the State Legislature must pass legislation to:

- Mandate resource pooling and fairer distribution of PPE and medical supplies across all hospitals and medical facilities, with contracting done through the State or another centralized entity that can maximize purchasing power.

- Institute a more concrete and transparent system-wide emergency response plan - not just in name only - with clear and public organizational frameworks, chains of command outlining roles between the State, local municipalities, hospitals, and hospital associations, and more express directives on how to handle COVID-19 patient care during a surge with limited resources.
- Ensure any plan also includes requirements for and streamlining of rules for proactive out-of-system patient transfers, so that public hospitals or those that are not part of a major network are not overwhelmed at any point during a second surge.
- Ensure that visitation and patient advocacy policies reflect not only the safety of front-line workers but also the need for mental support and a voice for patients and families
- Require all hospitals and medical facilities to proactively work with contact tracing teams by sharing an equal load in testing responsibilities, as well as requiring testing for anyone who visits a hospital or outpatient facility for any level of care or for a long period of time
- Temporarily halt the closure of any hospital facilities that were slated to occur through the Certificate of Need process
- Require more stringent reporting on access to hospital emergency rooms and beds for under- or uninsured patients
- Require hospitals to provide data and reporting on their surge capacity and how it is being maintained, both structurally and in terms of workforce
- Ensure all COVID-19 data is transparent and accurately measures impacts to the hardest hit communities
- Mandate that hospitals provide real mental health and supportive resources to frontline workers beyond one-size-fits-all approaches
- And pass new revenue generators, such as a pied-a-terre tax, a wealth tax, and the closure of corporate loopholes, to restore Medicaid cuts passed in the FY 2021 State budget, starting with cuts that most acutely affect enhanced safety-net hospitals.

In the long-term, the State must:

- Pass legislation to restore the State's community planning process for hospitals and health care facilities that existed through the 1980s and integrate it into a modernized Certificate of Need process that has more patient representation and public input as well as a Health Equity Impact Assessment.
- Pass strong safe staffing laws to ensure that emergency rooms and other medical services are safe for both patients and staff at all times.
- Expand on reforms to the way Medicaid reimbursement and Indigent Care funds are distributed to safety-net hospitals, particularly to ensure that funds are going to healthcare facilities serving immigrants and communities of color.
- Mandate nation-leading training and instruction on implicit bias and structural racism in the healthcare sector.
- Require the State Department of Health to review the non-profit status of any hospitals that engage in operations more in line with for-profit entities, such as the provision of 10 figure salaries to executives, massive advertising budgets, and a primary focus on increasing net

revenues through increased market share, expansion of the most lucrative patient and health services over necessary but expensive or low-cost considerations for the local community.

- And pass the New York Health Act to ensure all New Yorkers have equal and affordable or free access to hospitals across the State, no matter the owner.

COVID-19 has clearly reinforced the structural racism and inequality of our healthcare system, and now is the time for us to act, not just to prevent a second deadly wave of COVID-19, but also to restore a strong social safety net to permanently improve the social determinants of health and strengthen health outcomes in New York's most underserved neighborhoods.

This means shoring up the weakest parts of our health system and ensuring that the most vulnerable New Yorkers have access to the highest quality care. This means focusing on our public hospitals and rural hospitals, which have been neglected for far too long. And this means ending the greed, cruelty and dysfunction of our for-profit healthcare system by creating a universal health care for all program in New York State.

While my committee has oversight authority to question and examine New York City's public and voluntary hospital systems, you all have ultimate authority to pass legislation to address the failures of our State Department of Health as it relates to the regulation and coordination of hospitals. It is our collective responsibility to make sure we respond and never allow the disaster that occurred this spring to happen again. Thank you.