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Testimony of Senator Liz Krueger
Before the New York City Council Subcommittee on Zoning and Franchises
Regarding Lenox Hill Hospital's Application to Modernize and Expand the Hospital Facility
July 16, 2025

My name is Liz Krueger and I am the State Senator representing the 28th State Senate District, which includes the Upper East Side, Midtown, Roosevelt Island, and Lenox Hill neighborhoods of Manhattan, the latter of which is the subject of the proposed zoning changes. I appreciate this opportunity to comment on Lenox Hill Hospital's application to rezone its site to upgrade the hospital facilities and add patient rooms.

I join Community Board 8, Committee to Protect Our Lenox Hill Neighborhood, Inc., Friends of the Upper East Side Historic Districts, the New York Landmarks Conservancy, Carnegie Hill Neighbors, CIVITAS, and thousands of community members in strongly urging the New York City Council to reject Lenox Hill Hospital's application unless all of the modifications recommended by Community Board 8 are made. Due to the extensive scope of the proposed hospital expansion project under Envelope 1 or Envelope 2, there are significant impacts to the community and to city hospital infrastructure that must be considered when evaluating the rezoning application before the New York City Council.

I am proud to have included in my district the incredibly talented and dedicated members of Community Board 8, in whose boundaries this rezoning is being proposed. The board worked diligently to analyze and assess this rezoning proposal, including Envelopes 1 and 2, since it was first proposed in 2019, which has included holding public meetings and considering testimony from hundreds of community members and stakeholder groups. With a unique understanding of the character of the neighborhood, as well as of the district that is home to multiple hospital facilities, the determination of the board to disapprove the zoning application as presented should carry significant weight in the Uniform Land Use Review Procedure (ULURP) process.

The zoning application would authorize a protracted hospital expansion project that proposes to modernize and enlarge Lenox Hill Hospital far beyond what is permitted under current zoning. My opposition to this zoning application does not reflect the integral role that Lenox Hill Hospital has served for decades, providing critical hospital care to New Yorkers and working tirelessly during the Coronavirus pandemic. The hospital has provided care in its current location since approximately 1905 and under the name of Lenox Hill Hospital since 1918. I appreciate the need for renovation in order to meet current standards of healthcare delivery, as well as Northwell Health's participation in meetings

with community members. However, in spite of hearing extensive and detailed concerns about the duration and impacts of the expansion project under Envelope 1 and Envelope 2, the modifications that have been made to the project fail to address the concerns of community members. Furthermore, adoption of this expansive proposal is not justified and could have detrimental implications to city hospital infrastructure. Below, I highlight some of my primary concerns about the proposed hospital expansion project.

Scope of the Hospital Expansion Project

The Lenox Hill Hospital expansion project is extensive, in that it aims to upgrade the hospital's emergency department, surgical suites, clinical spaces, and patient rooms, as well as make additional renovations to the ambulance bay and maternity unit. Envelopes 1 and 2 would both involve prolonged periods of construction during and outside of business hours, as well as adding an uncharacteristically and excessively high tower, as per community zoning standards, to the current hospital facility. As Community Board 8 concluded in its resolution, the applicant's proposed FAR of 12.5 is unprecedented for a hospital campus in Manhattan.

The plan to upgrade patient rooms warrants particularly close scrutiny, as the size of the upgraded patient rooms significantly impacts the scope of the expansion project. The full complement of single- and double-bedded patient rooms would be modified, resulting in 475 larger sized single-patient rooms, all of which could be converted to critical care units. Although Lenox Hill Hospital would only gain 25 additional hospital beds, authorization to upzone has been requested to accommodate the additional space needed for these larger single-patient rooms.

Northwell Health representatives have stressed the need to make these renovations so that Lenox Hill Hospital will meet industry standards. There is overall consensus and support for necessary upgrades being made to the hospital's emergency department, surgical suites, and clinical spaces, as well as moderate patient room modifications. However, the plan for patient room transformation goes beyond what industry standards require.

The most recently available *Facility Guidelines Institute's (FGI) Guidelines for Design and Construction of Health Care Facilities* provides recommended dimensions for two types of single-bedded rooms: single-patient rooms and patient/family-centered care rooms. While both types of patient rooms are single-bedded, patient/family centered care rooms are notably larger. Recommended dimensions are also provided for intermediate care units (ICUs) and critical care units, the latter of which are larger in size. Based on my understanding from review of the guidelines and consultation with public health experts, the upgraded patient room size under the Lenox Hill Hospital expansion plan would be close to the maximum recommended size for single-bedded and critical care units.

Based on the high volume of hospital beds and low patient-to-bed ratio on the Upper East Side, the plan to upgrade all patient rooms to meet recommendations for patient/family-centered care rooms and critical care units is ambitious but may also be viewed as extravagant and unwarranted. The *Facility Guidelines Institute's (FGI) Guidelines for Design and Construction of Health Care Facilities* provides standards for the size of patient rooms, but my understanding is that industry standards do not predicate that all patient rooms must be single bedded and convertible to critical care units. Furthermore, Northwell Health faces undertaking a massive construction project at a time when the costs of construction are significantly inflated due to tariffs on steel and aluminum. As reported by Crain's New York Business on July 10th¹, the new federal landscape will likely require health care systems to scale back on expansion projects. Lenox Hill Hospital should reconsider this aspect of the

¹ Geringer-Sameth, Ethan. "Hospitals slash jobs, stall growth amid Trump cuts." Crain's New York Business, 10 July 2025, <https://www.crainsnewyork.com/health-pulse/new-york-hospitals-downsize-under-federal-pressure>.

proposed expansion project and opt for a more moderate patient room configuration.

How Would the Hospital Expansion Project Improve Health Equity?

The purpose of the ULURP process is to provide a standardized and transparent review process for important land use decisions. In the case of this application, at a time when health equity is an issue of significant concern, and because Northwell Health seeks rezoning authorization to undertake an extensive hospital expansion project that would be detrimental to the Lenox Hill community, as well as impact city hospital infrastructure, it is imperative to consider whether the requested land use would improve health equity in New York City.

New York City is home to world-renowned, highly-respected hospitals that excel in providing emergency, surgical, OB-GYN, and specialized health care services. Yet, there are millions of residents of New York City who have inequitable access to hospital care due to where they live or their health insurance. Health inequities are further exacerbated by the current state of our citywide hospital infrastructure; namely, that as a result of hospital consolidation, closures, and bed de-certifications, there is a citywide shortage of hospital beds. Although we are fortunate to have quality hospitals, there are gross disparities in where hospitals are situated throughout the five boroughs, which is due in part to hospital closures. A prime example of this exists in my district, where there is a conglomeration of community and specialty hospitals located on the Upper East Side, while there are individuals and families living throughout the city who must travel long distances to receive the hospital care they need.

We need more hospital beds in New York City, but not on the Upper East Side, which has the lowest patient-to-bed ratios in the city. There are shortages of hospital care in Brooklyn, Queens, and the Bronx, and the recent closure of Mount Sinai Beth Israel left residents of the Lower East Side of Manhattan and parts of Brooklyn without a full service hospital in their communities. Under these circumstances, the scope and duration of this rezoning application cannot be justified. The hospital expansion project will not address a critical unmet public health need on the Upper East Side or make needed hospital services more accessible. Ultimately, upgraded patient rooms would increase the costs and decrease accessibility of receiving inpatient services at Lenox Hill Hospital for uninsured and underinsured New Yorkers.

I do support necessary upgrades being made to the hospital's emergency department, surgical suites, and clinical spaces, as well as moderate patient room upgrades that would adequately decrease the construction period and keep Lenox Hill Hospital within the zoning limits recommended by Community Board 8.

Impacts of a Protracted Hospital Expansion Project Timeline

Under Envelope 1 or 2, the Lenox Hill Hospital expansion project would have a minimum duration of at least nine years. Such a prolonged project timeline would be highly disruptive to the community and could have implications for citywide hospital infrastructure.

Community members surrounding Lenox Hill Hospital have voiced strong opposition to the hospital expansion project, as devised under Envelopes 1 and 2, based on concerns about the impacts of such a prolonged project timeline on residents and businesses in the community. Some of these include: prolonged noise pollution, including outside of usual permit work hours, caused by project construction, air pollution due to dust and debris from construction, traffic congestion, loss of natural light, and loss of revenue for local businesses.

The concerns about protracted community disruption have been voiced throughout the ULURP

process by Community Board 8, the Manhattan Borough President, and the City Planning Commission. Votes on the expansion project were accompanied by consistent calls for Lenox Hill Hospital to decrease the size of the expansion project and shorten the construction timeline. I strongly urge the New York City Council to act on these recommendations and require a reasonable reduction in the scope of the hospital expansion that will result in a meaningful curtailment of the project construction period, while still allowing for necessary hospital modernization.

We learned many lessons from the COVID-19 pandemic, including the crucial role of hospitals in treating large volumes of patients, and the importance of their ability to quickly implement hospital surge protocols. Even the Hospital for Special Surgery treated Coronavirus patients, and the former Mount Sinai Beth Israel Hospital, which had been providing inpatient care to a lower daily patient census, opened up beds out of necessity. Furthermore, it became necessary to direct all hospitals in the State to increase their bed capacity by 25%. Should another pandemic or epidemic strike, such as influenza A subtype H5N1 or measles, a protracted project timeline could compromise NYC hospital infrastructure, decreasing citywide hospital capacity to treat a large scale of infected patients, in addition to patients with other health issues. Even though Lenox Hill Hospital would remain open, prolonged work on patient rooms and surgical suites would reduce hospital capacity for a concerning period of time.

We must also consider the current status of hospital capacity in New York City and the looming cuts in federal funding when evaluating the appropriateness of the rezoning application and project timeline at hand. Since the COVID-19 public health emergency expired, there have been reports of long waiting periods to be seen at most hospital Emergency Departments and to be admitted, as well as high inpatient occupancy rates. Even though Lenox Hill Hospital's inpatient occupancy rates have been trending lower than rates of other Manhattan hospitals, when one hospital's bed capacity decreases, this causes the inpatient occupancy rates of other hospitals to increase, especially for those hospitals that are in closer vicinity. Most recently, Bellevue and NYU Langone have experienced increases in Emergency Department visits as a result of Mount Sinai Beth Israel closing.

Furthermore, hospital associations and think tanks nationwide, including in New York, are raising the alarm regarding the implications of the federal funding cuts included in H.R.1 for hospitals, particularly safety nets and other hospitals that are fiscally vulnerable. Anticipated impacts in New York include 34,000 lost hospital jobs, 1.5 million individuals losing their health insurance, and some hospital closures.² These conditions will further jeopardize NYC hospital infrastructure and exacerbate the impacts of a protracted expansion project that will decrease bed capacity at Lenox Hill Hospital during construction.

Implications for Health Care Costs

Healthcare affordability is an issue of increasing concern as commercial and Medicare health insurance premiums, as well as out-of-pocket health care costs continue to rise. The primary cause of this trend are increases in hospital costs.

Northwell Health representatives have asserted that health care costs will not increase as a result of the conversion to a full complement of larger sized single-patient rooms: currently, single-bedded patient rooms are not billed differently than double-bedded rooms unless a patient requests a single-bedded room without there being medical necessity.

² "By the Numbers: The Republican 'Big Ugly Bill' Would Have Devastating Impacts on New York Health Care Providers, Patients, Employees and Communities." Office of Governor Kathy Hochul, 1, July, 2025, <https://www.governor.ny.gov/news/numbers-republican-big-ugly-bill-would-have-devastating-impacts-new-york-health-care-providers>.

While this billing policy could remain in effect throughout the duration of the proposed expansion project, there most certainly would be implications for health care costs upon its completion if not sooner. A full complement of larger sized single-patient rooms would provide added leverage to negotiate higher inpatient reimbursement rates with insurance providers and to raise the cost of inpatient care for patients who are paying out of pocket.

When speaking about rising health care costs, people in the industry frequently say that patients will not be impacted. I must respectfully disagree. As hospital and other health care costs increase, so do health insurance premiums. My office receives calls every year from constituents who are deeply concerned about the premium rate increases they face and whether they will be able to maintain their health insurance coverage. These concerns are further exacerbated by the massive federal funding cuts that are looming. The implications for health care costs is yet another reason that I am opposed to such an extensive rezoning and expansion project. The current application should be rejected, with the recommendation that Northwell Health modify the project to conduct more moderate upgrades to Lenox Hill Hospital.

The application before the New York City Council today addresses the need for renovations at Lenox Hill Hospital in order to meet current standards of healthcare delivery. However, the proposed expansion project is unjustifiably extensive, would negatively impact city hospital infrastructure, and would unnecessarily disrupt the neighborhood for a decade. Although Lenox Hill Hospital representatives have met with and heard extensive and detailed concerns from community members, the project modifications that have been made fail to address community concerns related to the project duration and community impact, including protracted disruption to the community and the addition of a high tower that is inappropriate given the zoning in the surrounding community. Increased construction costs and upcoming cuts in federal funding are additional factors that must be considered in the evaluation of this application. I strongly urge the New York City Council to reject Lenox Hill Hospital's application unless all of the modifications recommended by Community Board 8 are made.

Thank you for your time and consideration of my comments.