

Testimony to the New York City Council Committee on Criminal Justice

NYC Health + Hospitals/Correctional Health Services

July 28, 2025

Good morning Chair Nurse, Council Member Williams, and members of the Committee on Criminal Justice. I am Jeanette Merrill, Sr. Assistant Vice President of Communications and External Affairs for NYC Health + Hospitals/Correctional Health Services (CHS). I appreciate the opportunity to testify today on Intro 98, which would require CHS and the NYC Department of Correction (DOC) to establish medical clinics in New York City court facilities.

I'll start my testimony by describing the current practices for ensuring the medical needs of people in DOC custody – CHS' patients – are attended to prior to being transported to court and after returning to jail from court. I'll then outline our concerns with the proposed legislation.

Current procedures

Every evening, DOC sends CHS a list of people in custody who have court appearances scheduled for the following day. CHS reviews that list and identifies patients who need to be brought to clinic before leaving court the next morning or after returning from court that evening in order to receive medications that must be administered by a clinician, such as methadone, insulin, and antipsychotics. Patients in possession of self-administered "carry medications," such as asthma inhalers, ibuprofen, and anticonvulsives, bring these medications with them to court, as they would in the community.

CHS is also able to initiate the rescheduling of a court appearance for clinical reasons, such as conflict with a critical medical appointment or if a patient's treatment team determines that the individual is at high risk of medical decompensation.

Should a person in custody experience a medical emergency while in court or while being transported to or from court, a DOC or court officer would call 911 and the New York City Fire Department, Emergency Medical Services (FDNY/EMS) would respond. Medical emergencies cannot be predicted even while CHS' procedures minimize their likelihood.

Intro 98

Establishing medical clinics in every New York City court facility would present enormous logistical, operational, and fiscal challenges. In order to operate a medical clinic, there are requirements around square footage, ventilation, and plumbing and electric – all of which affect the entire infrastructure of the building – as well as requirements for waiting areas, medication dispensing, and private clinical spaces.

Even if the costs for renovation were put aside, the available space in the courthouses remains at a premium. CHS' Forensic Psychiatric Evaluation Service, which conducts court-ordered 730 psychiatric examinations to assess a defendant's mental fitness, and CHS' Enhanced Pre-Arrest Screening Service, which screens individuals in police custody, after arrest and before arraignment, to identify acute health issues that may require hospital referrals, operate in tight spaces in the courthouses. DOC faces similar challenges with limited space and challenging infrastructure.

A full complement of CHS staffing – including clinicians from Nursing, Medicine, and Mental Health and Operations staff – would be required to operate each clinic, representing a significant budgetary increase to support new professional positions for which recruitment and retention remains an exceptional challenge. Additional DOC staff would also be required to support clinic operations, and DOC is similarly experiencing immense challenges with recruitment and retention.

More important than space constraints or resource challenges, inserting a clinic visit into a court appearance isn't clinically indicated and would prove duplicative and inefficient. As previously described, patients receive their medication before and after court; if they are too ill for court, the court appointment is rescheduled; and if they experience a medical emergency in court, FDNY/EMS responds.

Furthermore, inserting a new step of a clinic visit during a court appearance could delay court production and subsequently delay the person in custody's case processing, contributing to longer stays on Rikers and an even higher jail census. Because of these concerns, we believe that the New York State Office of Court Administration should be provided the opportunity to assess how any proposed changes could affect court operations and overall case processing.

In conclusion, we agree that meeting the health care needs of our patients before, during, and after their court appearances is paramount, and we and our partners will continue to improve systems and protocols to meet those needs.

Thank you, and I am available to answer any questions you may have.