New York State Department of Health

Health Equity Impact Assessment Template

Refer to the Instructions for Health Equity Impact Assessment Template for detailed instructions on each section.

SECTION A. SUMMARY

1. Title of project	NYC Health + Hospitals and Maimonides Health Transaction Note: Maimonides Health defined as Maimonides Medical Center, Maimonides Midwood Community Hospital and their ambulatory clinics and offices
2. Name of Applicant	NYC Health + Hospitals
3. Name of Independent Entity, including lead contact and full names of individual(s) conducting the HEIA	Manatt, Phelps & Phillips, LLP ("Manatt") • *Lead Contact* ○ **Michael Siao Tick Chong**, Senior Manager msiao@manatt.com, (212) 790-4514 • *Other Team Members* ○ **Olivia Dunn**, Manager odunn@manatt.com ○ **Sean Pomory**, Manager spomory@manatt.com ○ **Gabriella Garcia**, Consultant ggarcia@manatt.com ○ **Rei Marshall**, Summer Consultant rmarshall@manatt.com
4. Description of the Independent Entity's qualifications	Manatt is a multidisciplinary, integrated national professional services firm with extensive experience advising safety-net health systems, public sector entities, and community-based providers. Manatt brings more than three decades of experience supporting New York State (NYS) and New York City (NYC) health system initiatives, with particular expertise in Medicaid policy, safety-net hospital strategy, and health equity-related analysis. Manatt has worked closely with state agencies and health care providers across NYS to assess community needs, analyze demographic and market data, and support efforts to improve access to care for medically underserved populations. The HEIA was led by **Michael Siao Tick Chong**, Senior Manager, who served as Project Director and provides strategic recommendations and quantitative analysis for health systems, safety-net hospitals, foundations, and state and local government clients. He has nearly a decade of experience in

	healthcare with expertise in clinical strategy and operations, stakeholder facilitation, community benefit analysis, and the development of health equity strategies, analyses, and reports for provider organizations. **Olivia Dunn**, Manager, served as the Project Manager and focuses on community health strategy, health equity, and data-driven public health initiatives. Her background includes 6+ years in qualitative and quantitative analysis, including leading stakeholder engagement efforts such as key informant interviews, focus groups, and community survey development to inform strategic planning and Community Health Needs Assessments (CHNAs). **Sean Pomory**, Manager, brings experience in health equity, health policy, ethics, and stakeholder and community engagement. His background spans 9+ working in and advising health care organizations, including experience within a public and safety-net health system. His work has focused on public and safety-net hospitals, structural barriers to care, and the role of health care institutions in advancing community health and equity. He also has experience leading community-informed research and analysis, engaging patients and other stakeholders, and incorporating their perspectives into health system strategy and CHNAs. His commitment to equity also includes involvement in anti-racist community organizing. **Gabriella Garcia**, Consultant, supported the HEIA through research and data synthesis, drawing on 6+ years of experience in anti-racist research methods, healthy equity initiatives, and community-based work to assess potential impacts on historically marginalized groups. **Rei Marshall**, Summer Consultant, supported HEIA work through qualitative and quantitative research and analysis and stakeholder engagement. She brings 4+ years of experience in clinical health equity, with prior roles working directly with patients from racially and socioeconomically marginalized backgrounds to ensure culturally concordant healthcare delivery.
5. Date the Health Equity Impact Assessment (HEIA) started	6/15/2026
6. Date the HEIA concluded	7/24/2026

7. Executive summary of project (250 words max)

On October 16, 2025, the Governor of New York announced state investments in six new health care partnerships under the NYS Safety Net Transformation Program (NYS SNTP) aimed at stabilizing safety-net hospitals and improving care quality, including the proposed transaction between Maimonides Health and NYC Health + Hospitals. On December 29, 2025, the NYC Mayor, NYC Health + Hospitals, and Maimonides Health announced that the proposed transaction would move forward, pending legal and regulatory approval. Maimonides Health is a Brooklyn-based health system that includes Maimonides Medical Center and Maimonides Midwood Community Hospital. Its main campus is located in ZIP code 11219 in the Borough Park neighborhood of Brooklyn. Through this proposed transaction, Maimonides Health would become part of the NYC Health + Hospitals system and continue to provide the same level of patient care, maintain its workforce, and operate its teaching and training programs at its care locations. The proposed transaction is intended to support greater financial sustainability for Maimonides Health primarily by securing higher Medicaid reimbursement for services provided at its facilities, implementing a state-of-the-art electronic health record system, and increasing access to services. The proposed transaction is being supported by over $2.2 billion over five years from the NYS SNTP, which would provide $1.5 billion in operating funding, forgive $220 million in debt, and provide $500 million in capital funding for Epic implementation and other projects.

The proposed transaction and this HEIA focuses on the South Brooklyn primary service area (PSA) surrounding Maimonides Medical Center and Maimonides Midwood Community Hospital. ZIP codes include the following and match those listed in the Certificate of Need application: 11204, 11209, 11210, 11214, 11218, 11219, 11220, 11223, 11224, 11226, 11228, 11229, 11230, 11232, 11234, and 11235. It does not focus on NYC Health + Hospitals' broader PSA beyond Maimonides Health.

8. Executive summary of HEIA findings (500 words max)

The proposed transaction is expected to improve access to services and health care for all medically underserved populations listed in the HEIA by:

- Preserving Maimonides Health's existing services in and cultural commitment to Brooklyn by ensuring the health system's long-term financial sustainability.
- Expanding access to NYC Health + Hospitals' safety net infrastructure.
- Strengthening the continuum of care between primary care, specialty care, and care coordination supports.
- Extending access to financial assistance programs.

A majority of stakeholders (328 of 605) engaged throughout the assessment through interviews, focus groups, and an onsite survey were supportive of the proposed transaction. Stakeholder engagement themes include describing the proposed transaction as a positive development that could strengthen Maimonides Health's long-term financial sustainability, help ensure that trusted care remains available in the community, support implementation of Epic (including the MyChart patient portal),

and reduce financial barriers to care by expanding access to NYC Health + Hospitals' financial assistance programs to low-income and underinsured people.

Some stakeholders (53 of 605) were not supportive of the proposed transaction. In particular, members of the Jewish community expressed opposition to the project. Their concerns centered on the change in the institution's historical identity as a privately run institution built by the community and for the community to a larger municipally run institution that may not maintain the same level of culturally and religiously responsive care and accommodations currently delivered at Maimonides Health facilities. This may impact quality of care and access to care within the PSA (e.g., due to deferral of care or changes in referral pathways under the proposed transaction). Stakeholders also expressed that clinicians may prefer to work for a privately versus municipally run health system.

NYC Health + Hospitals and Maimonides Health leadership are aware of these concerns and are committed to ensuring that access, quality, and culturally and religiously responsive care and accommodations are maintained, if not enhanced, under the proposed transaction.

To ensure commitments are realized in practice, the Independent Entity recommends a mitigation plan that describes how culturally and religiously responsive care will be formally and proactively protected, leverages existing infrastructure to support cultural and religious competency training, establishes and publicly monitors success metrics, develops and executes remediation plans, fosters a bi-directional communication process, conducts targeted outreach to uninsured and underinsured individuals to increase awareness of financial assistance programs like NYC Care, and establishes clear referral and navigation pathways to connect patients with primary and specialty care close to home. The Independent Entity also recommends a monitoring plan that leverages existing and anticipated monitoring systems and establishes a public-facing accountability and communications structure to track implementation and respond to community concerns.

SECTION B: ASSESSMENT

For all questions in Section B, please include sources, data, and information referenced whenever possible. If the Independent Entity determines a question is not applicable to the project, write N/A and provide justification.

STEP 1 – SCOPING

1. **Demographics of service area: Complete the "Scoping Table Sheets 1 and 2" in the document "HEIA Data Tables". Refer to the Instructions for more guidance about what each Scoping Table Sheet requires**.

   Please see the attached spreadsheet heia_data_tables_NYCHH.xlsx

2. **Medically underserved groups in the service area: Please select the medically underserved groups in the service area that will be impacted by the project:**

Selected:

- ✓ Low-income people
- ✓ Racial and ethnic minorities
- ✓ Immigrants
- ✓ Women
- ✓ Lesbian, gay, bisexual, transgender, or other-than-cisgender people
- ✓ People with disabilities
- ✓ Older adults
- ✓ Persons living with a prevalent infectious disease or condition
- ✓ People who are eligible for or receive public health benefits
- ✓ People who do not have third-party health coverage or have inadequate third-party health coverage
- ✓ Other people who are unable to obtain health care

Not selected:

- X Persons living in rural areas

3. **For each medically underserved group (identified above), what source of information was used to determine the group would be impacted? What information or data was difficult to access or compile for the completion of the Health Equity Impact Assessment?**

This project proposes a transaction between NYC Health + Hospitals and Maimonides Health in which Maimonides Health would become a part of the NYC Health + Hospitals system. Maimonides Health is a Brooklyn-based health system that includes Maimonides Medical Center and Maimonides Midwood Community Hospital. Maimonides Health's main campus is located in ZIP code 11219 in the Borough Park neighborhood of Brooklyn.

The proposed transaction and this HEIA focuses on the South Brooklyn PSA surrounding Maimonides Medical Center and Maimonides Midwood Community Hospital. ZIP codes include the following and match those listed in the Certificate of Need application: 11204, 11209, 11210, 11214, 11218, 11219, 11220, 11223, 11224, 11226, 11228, 11229, 11230, 11232, 11234, and 11235. It does not focus on NYC Health + Hospitals' broader PSA beyond Maimonides Health.

For each medically underserved group identified, the Independent Entity analyzed utilization and market share data, Census data for the PSA, NYC data, academic literature, and relevant Community Health Needs Assessments (CHNA).

PSA data are described based on ZIP code, United Hospital Fund (UHF42) neighborhood, NYC community district, or commonly recognized South Brooklyn

neighborhood depending on availability. Similarly, comparative state, county/borough (Kings County is geographically identical to the borough of Brooklyn), and city-level data were included depending on availability. A crosswalk of PSA definitions is provided in Tables 1-3.

Table 1. Maimonides Health PSA: ZIP Codes and Corresponding Commonly Recognized Neighborhoods in South Brooklyn

ZIP Code	South Brooklyn Neighborhoods
11204	Bensonhurst
	Borough Park
11209	Bay Ridge
	Fort Hamilton
11210	Flatbush
	Midwood
11214	Bath Beach
	Bensonhurst
	Gravesend
11218	Kensington
	Windsor Terrace
11219	Borough Park
11220	Sunset Park
11223	Bensonhurst
	Gravesend
11224	Coney Island
	Sea Gate
	West Brighton
11226	Flatbush
11228	Dyker Heights
11229	Gerritsen Beach
	Homecrest
	Madison
	Midwood
	Sheepshead Bay
11230	Flatbush
	Midwood
11232	Greenwood Heights
	Sunset Park
11234	Bergen Beach
	Flatlands
	Marine Park
	Mill Basin
11235	Brighton Beach
	Manhattan Beach

ZIP Code	South Brooklyn Neighborhoods
	Sheepshead Bay

Table 2. Maimonides Health PSA: ZIP Codes and Corresponding UHF42 Neighborhoods in South Brooklyn

UHF42 Neighborhood	ZIP Codes
Bensonhurst – Bay Ridge	11209, 11214, 11228
Borough Park	11204, 11218, 11219, 11230
Flatlands and Canarsie	11234
Coney Island – Sheepshead Bay	11223, 11224, 11229, 11235
East Flatbush – Flatbush	11210, 11226
Sunset Park	11220, 11232

Table 3. Maimonides Health PSA: ZIP Codes and Corresponding NYC Community Districts in South Brooklyn

NYC Community District	ZIP Codes
Bay Ridge and Dyker Heights	11209, 11228
Bensonhurst	11214
Borough Park	11204, 11218, 11219
Coney Island	11223, 11224
East Flatbush	11210, 11226
Flatbush and Midwood	11210, 11226, 11230
Flatlands and Canarsie	11236
Sheepshead Bay	11223, 11229, 11234, 11235
Sunset Park	11220, 11232

The following section provides a detailed explanation of the findings from the data sources to identify the medically underserved groups evaluated in this HEIA.

Low-income people

2024 Census data shows nearly 40% of ZIP codes in the PSA have higher rates of families living below the Federal Poverty Level than in Kings County (15.1%).[1] In addition, more than 80% of ZIP codes in the PSA have higher poverty rates

[1] United States Census Bureau, Census Data, 2024. Available here.

than the national poverty rate (8.8%).[2] For comparative reference, the poverty rate in NYC is 14.1% and 10% in NYS.[3]

The PSA is also characterized by lower median household incomes, with 9 of 16 ZIP codes falling below the Kings County and NYC median ($80,263 and $80,483, respectively).[4] These ZIP codes include 11204, 11214, 11219, 11220, 11223, 11224, 11229, 11230, and 11235.

The median household income in NYS is $85,974 with only four ZIP codes (11209, 11218, 11232, 11234) in the PSA earning a higher median income.

Racial and ethnic minorities

According to 2024 Census data, 75% of ZIP codes in the PSA have a higher percentage of Asian residents than in Kings County (12.2%).[5] All but four ZIP codes (11234, 11224, 11210, 11226) in the PSA have a higher rate of Asian residents than NYS (9.1%), and over 50% of ZIP codes in the PSA have a higher proportion of Asian residents than NYC (14.7%). While most ZIP codes in the PSA have a majority of White, non-Hispanic residents, more than 50% of residents in ZIP codes 11210 and 11226 identify as Black or African American, and more than 50% of residents in ZIP code 11232 identify as Hispanic.[6]

Additionally, according to 2024 outpatient race/ethnicity/nationality data, Maimonides Health serves a demographically diverse patient base including Black, African American, Asian, Chinese, Bangladeshi, Pakistani, American Indian, Alaska Native, and Hispanic/Latino communities. See Tables 4-7 below for a breakdown of Maimonides Health's 2024 outpatient race/ethnicity/nationality distribution by hospital: Maimonides Midwood Community Hospital and Maimonides Medical Center.

Table 4: Maimonides Medical Center Outpatient Visits and Patients by Race/Nationality, 2024

Race/Nationality	Visits	% of Total Visits
White	402,396	44%
Other	194,402	21%
Black/African American	161,633	18%
Asian	106,039	11%
Chinese	19,838	2%
Bangladeshi	16,482	2%
Pakistani	13,069	1%

[2] Ibid.
[3] Ibid.
[4] Ibid.
[5] Ibid.
[6] Ibid.

Race/Nationality	Visits	% of Total Visits
Asian Indian	3,730	0%
Filipino	1,027	0%
American Indian/Alaska Native	918	0%
Laotian	498	0%
Hispanic	440	0%
Vietnamese	428	0%
Guamanian	319	0%
Native Hawaiian/Pacific Islander	262	0%
Korean	208	0%
Indonesian	204	0%
Middle Eastern	156	0%
Nepalese	146	0%
Malaysian	145	0%
Other Pacific Islander	144	0%
Saipanese	126	0%
Burmese	121	0%
Mid-East Indian	100	0%
Japanese	98	0%
Guamanian or Chamorro	86	0%
Cambodian	70	0%
Bhutanese	65	0%
Tongan	64	0%
Polynesian	56	0%
Sri Lankan	44	0%
Native Hawaiian	38	0%
Yapese	37	0%
Okinawan	33	0%
Maldivian	27	0%
Singaporean	21	0%
Palauan	20	0%
Thai	20	0%
Chamorro	18	0%
Hmong	17	0%
Taiwanese	10	0%
Madagascar	9	0%
Micronesian	7	0%

Race/Nationality	Visits	% of Total Visits
Kosraean	6	0%
Tahitian	6	0%
Mariana Islander	4	0%
Melanesian	4	0%
American (Indian/Alaskan)	2	0%
Papua New Guinean	2	0%
Samoan	2	0%
Chuukese	1	0%
Fijian	1	0%
Kiribati	1	0%
Pohnpeian	1	0%
Total	**923,601**	**100%**

Table 5: Maimonides Midwood Community Hospital Outpatient Visits and Patients by Race/Nationality, 2024

Race/Nationality	Visits	% of Total Visits
White	23,501	54%
Black/African American	12,505	29%
Other	5,004	11%
Asian	2,233	5%
Pakistani	159	0%
Asian Indian	78	0%
Chinese	75	0%
American Indian/Alaska Native	48	0%
Bangladeshi	26	0%
Native Hawaiian/Other Pacific Islander	7	0%
Filipino	6	0%
Laotian	3	0%
Iwo Jiman	1	0%
Korean	1	0%
Maldivian	1	0%
Polynesian	1	0%
Total	**43,649**	**100%**

Table 6: Maimonides Medical Center Outpatient Visits and Patients by Ethnicity/Nationality, 2024

Ethnicity/Nationality	Visits	% of Total Visits
Not Hispanic or Latino	635,462	69%
Other	111,807	12%
Hispanic or Latino	104,673	11%
Puerto Rican	16,532	2%
Mexican	15,130	2%
Dominican	9,380	1%
Ecuadorian	6,858	1%
Guatemalan	5,760	1%
Mexican American	3,264	0%
Honduran	2,327	0%
Columbian	2,324	0%
Salvadoran	1,858	0%
Panamanian	1,213	0%
Peruvian	951	0%
Venezuelan	846	0%
Mexicano	842	0%
Nicaraguan	764	0%
Latin American	732	0%
Cuban	510	0%
Spaniard	424	0%
Argentinean	266	0%
Canal Zone	238	0%
Costa Rican	202	0%
La Raza	180	0%
South American	150	0%
Chilean	137	0%
Uruguayan	116	0%
Central American	101	0%
Balearic Islander	94	0%
Criollo	84	0%
Asturian	72	0%
Central American Indian	54	0%
South American Indian	46	0%
Bolivian	40	0%
Mexican American Indian	30	0%

Ethnicity/Nationality	Visits	% of Total Visits
Canarian	22	0%
Chicano	22	0%
Andalusian	18	0%
Castilian	17	0%
Paraguayan	15	0%
Catalonian	13	0%
Gallego	13	0%
Spanish Basque	13	0%
Valencian	1	0%
Total	**923,601**	**100%**

Table 7: Maimonides Midwood Community Hospital Outpatient Visits and Patients by Ethnicity/Nationality, 2024

Ethnicity/Nationality	Visits	% of Total Visits
Not Hispanic or Latino	28,134	64%
Other	13,101	30%
Spanish/Hispanic	2,351	5%
Puerto Rican	15	0%
Mexican American Indian	12	0%
Mexican	8	0%
Ecuadorian	6	0%
Latin American	5	0%
Venezuelan	3	0%
Central American	2	0%
Central American Indian	2	0%
Chilean	2	0%
South American Indian	2	0%
Spaniard	2	0%
Valencian	2	0%
Bolivian	1	0%
Colombian	1	0%
Total	**43,649**	**100%**

Immigrants

According to the NYC Community Health Profiles which leverages data from the American Community Survey (2019-2023), all NYC community districts within the PSA have a higher concentration of foreign-born residents than in NYC (36%) and Brooklyn (35%) except for Borough Park.[7] Comparative state-level data was not available.

Table 8: Foreign-Born Residents in the PSA by NYC Community District, 2019-2023

NYC Community District	Prevalence of Foreign-Born Residents (%)
Coney Island	56%
Bensonhurst	55%
Sheepshead Bay	48%
East Flatbush	47%
Flatbush and Midwood	41%
Flatlands and Canarsie	40%
Sunset Park	40%
Bay Ridge and Dyker Heights	38%
Borough Park	29%

Women

According to 2024 NYS Department of Health (NYS DOH) Statewide Planning and Research Cooperative System (SPARCS) hospital inpatient market discharge data, 56% of Maimonides Health patients are women.[8] According to 2025 outpatient encounters data from Maimonides Medical Center, 61% of visits and 58% of patients are female.

Lesbian, gay, bisexual, transgender, or other-than-cisgender (LGBTQIA+) people

Data stratified by sexual orientation and gender identity were limited for the Maimonides Health's PSA, as these data are not consistently collected or publicly reported at the ZIP code, neighborhood (commonly recognized or UHF42), or NYC community district level. Additionally, a review of publicly available demographic data from an LGBTQIA+-focused health care organization did not identify any publicly available or otherwise relevant data on the prevalence of LGBTQIA+ patients by ZIP code, neighborhood, or NYC community district.[9] However, city-level data is available, with NYC reporting an

[7] NYC Community Health Profiles, based on U.S. Census Bureau, American Community Survey, 2019-2023. Available here.
[8] NYS DOH, Hospital Discharge Data (SPARCS) Public Use Files, 2024. Available here.
[9] Callen Lorde Community Health Center, 2025 Annual Report. Available here.

estimated 13.7% of adults who identified as a sexual minority and 2.0% as a gender minority in 2023.[10]

People with disabilities

According to 2024 Census data, the prevalence of adults with disabilities ranges from 6.8 to 20.5% across the ZIP codes included in the PSA.[11] 11210, 11214, 11223, 11224, 11228, 11230, 11234, and 11235 ZIP codes have a higher proportion of adults with disabilities compared to Kings County (11.5%).[12]

According to the latest 2017-2021 NYC Environmental & Health Data Portal, the prevalence of adults reporting independent living difficulty due to a physical, mental, or emotional problem are as follows. Prevalence of independent living difficulty in Coney Island – Sheepshead Bay, Bensonhurst – Bay Ridge, and Borough Park exceed that of NYC (5.8%) and Brooklyn (5.8%).[13] Comparative state-level data was not available.

Table 9: Adults Reporting Independent Living Difficulty Due to Physical, Mental, or Emotional Problem by UHF42 Neighborhood, 2017-2021

UHF42 Neighborhood	Prevalence of Adults Reporting Independent Living Difficulty (%)
Coney Island – Sheepshead Bay	9.5%
Bensonhurst – Bay Ridge	7.2%
Borough Park	6.6%
Flatlands and Canarsie	5.4%
Sunset Park	4.8%
East Flatbush – Flatbush	4.1%

Older adults

According to 2024 Census data, 10 of the 16 ZIP codes in the PSA have a higher share of adults aged 65 and older than NYC and Kings County (16.6% and 15.5%, respectively).[14] Nine out of the 16 ZIP codes in the PSA have a higher share of adults aged 65 and older than the NYS rate of 17.9%.

Table 10: Proportion of Adults Aged 65 and Older in the PSA by ZIP code, 2024

[10] BMC Public Health, NYC Neighborhood Wellness Survey: An Expansive Population-level Behavioral Health Assessment of NYC Residents, 2023. Available here.
[11] United States Census Bureau, Census Data, 2024. Available here.
[12] Ibid.
[13] NYC Environment & Health Data Portal, 2017-2021. Available here.
[14] United States Census Bureau, Census Data, 2024. Available here.

ZIP Code	Adults Aged 65 and Older (%)
11224	27.3%
11235	26.5%
11229	21.9%
11234	21.8%
11228	21.6%
11209	20.1%
11214	19.1%
11230	18.4%
11210	18.3%
11223	17.7%
11220	14.6%
11218	14.2%
11204	14.2%
11226	13.9%
11219	11.7%
11232	10.0%

According to 2024 SPARCS inpatient discharge data, nearly half (47.5%) of Maimonides Medical Center discharges were among patients age 50 and older with 30% of discharges over the age of 70.[15] At Maimonides Midwood Community Hospital, adults over the age of 50 accounted for an even larger share of discharges, at 87.5% with 61.7% over the age of 70.[16]

According to 2025 outpatient encounters data from Maimonides Medical Center, 31% of visits and 25% of patients are attributed to patients aged 65 and older. According to 2025 outpatient encounters data from Maimonides Midwood Community Hospital, 39% of visits and 36% of patients were attributed to patients aged 65 and older.

Persons living with a prevalent infectious disease or condition

Diabetes

According to the 2024 Community Health Survey conducted by the NYC Department of Health and Mental Hygiene (DOHMH), most NYC community districts in the PSA have an equal or lower share of adults diagnosed with diabetes compared to NYC (13%) and Brooklyn (12%).[17] Certain NYC community districts within the PSA, including East Flatbush (22%), Coney Island

[15] NYS DOH, Hospital Discharge Data (SPARCS) Public Use Files, 2024. Available here.
[16] Ibid.
[17] NYC DOHMH, Community Health Survey – Brooklyn, 2024. Available here.

(15%), and Bensonhurst (14%), have a higher prevalence of diabetes compared to the city, county, and borough.[18] Comparative state-level data was not available.

Table 11: Diabetes Prevalence in the PSA by NYC Community District, 2024

NYC Community District	Diabetes Prevalence (%)
East Flatbush	22%
Coney Island	15%
Bensonhurst	14%
Flatbush and Midwood	12%
Sunset Park	12%
Bay Ridge and Dyker Heights	10%
Borough Park	10%
Flatlands and Canarsie	10%
Sheepshead Bay	8%

Hypertension

More than half of the NYC community districts in the PSA have a lower prevalence of adults diagnosed with hypertension compared to Brooklyn (31%) and NYC (30%).[19] Certain NYC community districts within the PSA, including East Flatbush (40%), Flatlands and Canarsie (35%), Flatbush and Midwood (33%), and Coney Island (32%), have a higher prevalence of hypertension compared to the city, county, and borough.[20] Comparative state-level data was not available.

Table 12: Hypertension Prevalence in the PSA by NYC Community District, 2024

NYC Community District	Hypertension Prevalence (%)
East Flatbush	40%
Flatlands and Canarsie	35%
Flatbush and Midwood	33%
Coney Island	32%
Bay Ridge and Dyker Heights	27%
Borough Park	26%

[18] Ibid.
[19] Ibid.
[20] Ibid.

NYC Community District	Hypertension Prevalence (%)
Sheepshead Bay	26%
Bensonhurst	25%
Sunset Park	25%

Obesity

According to the 2024 Community Health Survey conducted by the NYC DOHMH, most NYC community districts in the PSA have a comparable or lower prevalence of adults diagnosed with obesity compared to Brooklyn (27%) and NYC (26%). Certain NYC community districts within the PSA, including Flatlands and Canarsie (36%), Bay Ridge and Dyker Heights (35%), and Coney Island (32%), have a higher prevalence of obesity compared to the city, county, and borough.[21]

Table 13: Obesity Prevalence in the PSA by Community District, 2024

NYC Community District	Obesity Prevalence (%)
Flatlands and Canarsie	36%
Bay Ridge and Dyker Heights	35%
Coney Island	32%
Bensonhurst	27%
Borough Park	27%
East Flatbush	26%
Sheepshead Bay	26%
Sunset Park	23%
Flatbush and Midwood	22%

Mental Health Concerns

Mental health encompasses the full continuum of emotional, psychological and social well-being of individuals. For the purposes of this assessment, mental health concerns are defined to include depression, serious psychological distress, psychiatric hospitalizations, and suicide.

Depression: According to the latest 2021-2022 NYC Environment & Health Data Portal, the prevalence of adult depression across the UHF42 neighborhoods that comprise the PSA are described in Table 14. Age-adjusted prevalence of depression in Sunset Park (16.4%), Bensonhurst – Bay Ridge (16.3%), and

[21] Ibid.

Coney Island – Sheepshead Bay (13.5%) exceed that of NYC (13.4%) and Brooklyn (13.1%).[22] Comparative state-level data was not available.

Table 14: Prevalence of Depression Among Adults, Age-Adjusted in the PSA by UHF42 Neighborhood, 2021-2022

UHF42 Neighborhood	Age-Adjusted Prevalence of Depression (%)
Sunset Park	16.3%
Bensonhurst – Bay Ridge	16.3%
Coney Island – Sheepshead Bay	13.5%
Flatlands and Canarsie	12.2%
East Flatbush – Flatbush	11.0%
Borough Park	9.9%

Serious Psychological Distress: According to the latest 2019-2020 NYC Environment & Health Data Portal, the prevalence of adults with serious psychological distress across the UHF42 neighborhoods that comprise the PSA are as follows. Age-adjusted prevalence of serious psychological distress in Flatlands and Canarsie (8.4%), East Flatbush – Flatbush (7.4%), Coney Island – Sheepshead Bay (6.4%), and Sunset Park (6.3%) exceed that of Brooklyn (5.9%) and NYC (5.7%).[23] Comparative state-level data was not available.

Table 15: Prevalence of Serious Psychological Distress Among Adults, Age-Adjusted in the PSA by UHF42 Neighborhood, 2019-2020

UHF42 Neighborhood	Age-Adjusted Prevalence of Serious Psychological Distress (%)
Flatlands and Canarsie	8.4%
East Flatbush – Flatbush	7.4%
Coney Island - Sheepshead Bay	6.4%
Sunset Park	6.3%
Bensonhurst – Bay Ridge	5.1%
Borough Park	3.6%

[22] NYC Environment & Health Data Portal, 2021-2022. Available here.
[23] NYC Environment & Health Data Portal, 2019-2020. Available here.

Psychiatric Hospitalizations: According to the latest 2021 NYC Environment & Health Data Portal, the rate of adult psychiatric hospitalizations across the UHF neighborhoods that comprise the PSA are as follows. Age-adjusted rate of psychiatric hospitalization in East Flatbush – Flatbush (685.9 per 100,000) exceeds that of NYC (524.5 per 100,000) and Brooklyn (488.7 per 100,000). Age-adjusted rate of psychiatric hospitalization in Flatlands and Canarsie (510.8 per 100,000) exceeds that of Brooklyn.[24] Comparative state-level data was not available.

Table 16: Rate of Psychiatric Hospitalizations Among Adults, Age-Adjusted in the PSA by UHF42 Neighborhood, 2021

UHF42 Neighborhood	Age-Adjusted Rate of Psychiatric Hospitalizations (per 100,000)
East Flatbush – Flatbush	685.9 per 100,000
Flatlands and Canarsie	510.8 per 100,000
Coney Island – Sheepshead Bay	441.0 per 100,000
Borough Park	374.3 per 100,000
Sunset Park	370.6 per 100,000
Bensonhurst – Bay Ridge	297.8 per 100,000

Suicide: According to the NYC DOHMH Bureau of Vital Statistics' 2018-2022 data, Coney Island (7.8 per 100,000), Flatbush and Midwood (6.6 per 100,000), Sunset Park (6.1 per 100,000) and Sheepshead Bay (5.1 per 100,000) are the NYC community districts in the PSA with suicide-related premature mortality rates that exceed NYC (5.4 per 100,000) and Brooklyn (4.8 per 100,000).[25] Comparative state-level data was not available.

Table 17: Suicide-related Premature Mortality in the PSA by NYC Community District, 2018-2022

NYC Community District	Suicide-related Premature Mortality (per 100,000)
Coney Island	7.8 per 100,000
Flatbush and Midwood	6.6 per 100,000
Sunset Park	6.1 per 100,000
Sheepshead Bay	5.1 per 100,000

[24] NYC Environment & Health Data Portal, 2021. Available here.
[25] NYC DOHMH, Bureau of Vital Statistics, 2018-2022. Available here.

NYC Community District	Suicide-related Premature Mortality (per 100,000)
Bay Ridge and Dyker Heights	4.8 per 100,000
East Flatbush	4.0 per 100,000
Flatlands and Canarsie	4.0 per 100,000
Bensonhurst	3.5 per 100,000
Borough Park	2.8 per 100,000

Substance Use Disorder

According to the NYC DOHMH Bureau of Vital Statistics' 2018-2022 data, Coney Island is the only NYC community district in the PSA with a drug-related premature mortality rate (29.8 per 100,000), that exceeds NYC (22.3 per 100,000) and Brooklyn (17.8 per 100,000).[26] Comparative state-level data was not available.

Table 18: Drug-Related Premature Mortality in the PSA by NYC Community District, 2018-2022

NYC Community District	Drug-related Premature Mortality (per 100,000)
Coney Island	29.8 per 100,000
East Flatbush	16.6 per 100,000
Sheepshead Bay	16.1 per 100,000
Bay Ridge and Dyker Heights	14.3 per 100,000
Flatlands and Canarsie	12.3 per 100,000
Bensonhurst	12.2 per 100,000
Flatbush and Midwood	11.8 per 100,000
Sunset Park	11.8 per 100,000
Borough Park	6.8 per 100,000

According to the 2024 Community Health Survey conducted by the NYC DOHMH, binge drinking rates in the NYC community districts in PSA are all below NYC and Brooklyn rates of 24%.[27] Comparative state-level data was not available.

[26] NYC DOHMH, Bureau of Vital Statistics, 2018-2022. Available here.
[27] NYC DOHMH, Community Health Survey – Brooklyn, 2024. Available here.

Table 19: Binge Drinking Rate in the PSA by NYC Community District, 2024

NYC Community District	Binge Drinking Rate (%)
Sheepshead Bay	23%
Bay Ridge and Dyker Heights	22%
Flatbush and Midwood	22%
Sunset Park	22%
Coney Island	21%
Flatlands and Canarsie	18%
East Flatbush	16%
Borough Park	13%
Bensonhurst	9%

Human Immunodeficiency Virus (HIV)

According to the 2024 Community Health Survey conducted by the NYC DOHMH, three NYC community districts in the PSA have a higher rate of new HIV diagnoses compared to NYC (18.9 per 100,000) and Brooklyn (18.3 per 100,000).[28] These NYC community districts are Flatlands and Canarsie (24.0 per 100,000), East Flatbush (22.8 per 100,000), and Flatbush and Midwood (20.0 per 100,000). Comparative state-level data was not available.

Table 20: New HIV Diagnoses in the PSA by Community District, 2024

Community District	New HIV Diagnoses (per 100,000)
Flatlands and Canarsie	24.0 per 100,000
East Flatbush	22.8 per 100,000
Flatbush and Midwood	20.0 per 100,000
Sunset Park	10.9 per 100,000
Coney Island	9.3 per 100,000
Sheepshead Bay	9.2 per 100,000
Bay Ridge and Dyker Heights	4.2 per 100,000
Bensonhurst	3.9 per 100,000
Borough Park	3.0 per 100,000

Tuberculosis (TB)

According to the 2025 NYC Annual TB Summary, TB rates in most UHF42 neighborhoods in the PSA fall at or below NYC and Brooklyn rates (8.4 per

[28] Ibid.

100,000). Two UHF42 neighborhoods in the PSA exceed NYC and Brooklyn rates: Sunset Park (32.5 per 100,000) and Bensonhurst – Bay Ridge (9.8 per 100,000).[29] Comparative state-level data was not available.

UHF42 Neighborhood	TB Rate (per 100,000)
Sunset Park	32.5 per 100,000
Bensonhurst – Bay Ridge	9.8 per 100,000
East Flatbush – Flatbush	8.4 per 100,000
Borough Park	8.3 per 100,000
Flatlands and Canarsie	7.2 per 100,000
Coney Island – Sheepshead Bay	5.5 per 100,000

Hepatitis C

Hepatitis C rates in several PSA ZIP codes are higher than Brooklyn (34.5 per 100,000) including Madison (67.1 per 100,000) and Homecrest (62.5 per 100,000).[30]

People who are eligible for or receive public health benefits

Based on 2024 SPARCS inpatient discharge data, Medicare and Medicaid were the primary payers for the majority of patients served by Maimonides Medical Center and Maimonides Midwood Community Hospital. These public payers account for approximately 85% of discharges combined (45% Medicaid and 40% Medicare).[31] At Maimonides Medical Center, 52% of inpatient discharges were covered by Medicaid and 35% by Medicare, representing 87% of all discharges. At Maimonides Midwood Community Hospital, Medicare accounted for 69% of discharges and Medicaid for 6%, totaling 75% of all discharges.

This is largely consistent with the 2025-2027 CHNA, over 80% of inpatients at Maimonides Health are covered through government insurance programs, including Medicaid and Medicare.[32]

Furthermore, according to 2025 outpatient encounters data from Maimonides Midwood Community Hospital, 73% of visits and 70% of patients are covered by Medicaid or Medicare. At Maimonides Medical Center, 72% of visits and 67% of patients are covered by Medicaid or Medicare.

Table 21: Maimonides Health Outpatient Visits and Patients by Payer, 2025

[29] NYC Health Department, Annual TB Summary 2025 Stop TB. Available here.
[30] NYC Health Department, Hepatitis A, B and C in NYC report, 2023. Available here.
[31] NYS DOH, Hospital Discharge Data (SPARCS) Public Use Files, 2024. Available here.
[32] Maimonides Health, CHNA and Community Service Plan, 2025-2027. Available here.

Payer	Maimonides Midwood Community Hospital				Maimonides Medical Center			
	Visits		Unique Patients		Visits		Unique Patients	
	#	%	#	%	#	%	#	%
Medicaid	16,608	36%	11,054	36%	414,977	43%	112,002	43%
Medicare	17,219	37%	10,256	34%	287,225	29%	60,775	24%
Commercial	10,917	23%	7,539	25%	238,505	24%	69,249	27%
Self Pay	1,964	4%	1,641	5%	19,091	2%	10,731	4%
Other	0	0%	0	0%	14,089	1%	4,870	2%
Total	**46,708**	**100%**	**30,490**	**100%**	**973,887**	**100%**	**257,627**	**100%**

People who do not have third-party health coverage or have inadequate third-party health coverage

According to data from the NYC DOHMH, four of the nine NYC community districts within the PSA have uninsured rates that exceed both the Brooklyn average (13%) and NYC average (12%). Notably, East Flatbush has the highest uninsured rate in the PSA at 17%.[33]

Other people who are unable to obtain health care

According to a study by the Center for Migration Studies in 2022, undocumented immigrants comprise 12.1% (Sunset Park and Windsor Terrace) and 5.2% (Bay Ridge and Dyker Heights) of the population in the PSA. Other neighborhood-level data on undocumented immigrants was not available. Undocumented immigrants often face barriers to accessing health care due to deportation and immigration concerns and lower prevalence of health insurance compared to naturalized or legal noncitizens.[34]

4. How does the project impact the unique health needs or quality of life of each medically underserved group (identified above)?

First and foremost, the proposed integration of NYC Health + Hospitals and Maimonides Health is expected to positively influence the health outcomes and quality of life of all medically underserved groups who rely on Maimonides Health by ensuring it can continue to serve as a critical community hospital and safety-net provider for Brooklyn residents. Absent the proposed transaction, Maimonides Health faces long-term sustainability challenges that threaten the hospital's ability to operate existing services, potentially requiring many patients to seek care outside their communities or borough. This proposed transaction is critical to preserving and ultimately enhancing access to the comprehensive range of services upon which the community depends. Key levers for financial

[33] Ibid.

[34] The Center for Migration Studies of New York (CMS), "Social determinants of Immigrants' Health in New York City: A study of six neighborhoods in Brooklyn and Queens." Available here.

sustainability are Maimonides Health's ability to secure higher Medicaid reimbursement for services provided at its facilities and the $2.2 billion from the NYS SNTP.

To quote one of the labor leaders interviewed: *"We need to save our hospital. We need to save our communities. This transition will only strengthen our hospital financially, we cannot afford not to have this transition. Our communities would be at a loss, as would all of Brooklyn."*

More broadly, the proposed integration is expected to strengthen access to coordinated, high-quality, and financially accessible care for all medically underserved groups by increasing access to the full continuum of care (primary and specialty services), extending access to NYC Health + Hospitals' financial assistance programs, and improving care continuity across the Brooklyn health care delivery system. These are described below with a description of key medically underserved groups that may particularly benefit from the proposed transaction.

- **Increasing access to the full continuum of care (primary and specialty services)**: The proposed transaction is expected to strengthen the continuum of care available to all medically underserved groups by linking NYC Health + Hospitals' extensive primary care infrastructure with Maimonides Health's robust specialty, tertiary, and quaternary capabilities. Interviewees described Maimonides Health as a tertiary/quaternary anchor for Brooklyn, with a depth and breadth of specialty services that many patients would otherwise have to seek outside the borough. At the same time, NYC Health + Hospitals brings an expansive and mature primary care network and care coordination infrastructure that can strengthen patient access and outcomes, particularly for those living with a prevalent infectious disease or condition, older adults, and those living with a disability. These medically underserved groups require highly coordinated primary and specialty care to prevent and address acute care episodes and ensure treatment adherence; care fragmentation can lead to delayed treatment, worse outcomes, and higher costs. Already, patients of each health system are referred to and receive services from the other. The potential integration of these enterprises would create a more cohesive and seamless system of care for these patients and medically underserved groups in South Brooklyn.

- **Extending access to financial assistance programs**: The proposed transaction is expected to improve access for all medically underserved populations, especially for uninsured and underinsured individuals and low-income people, by extending NYC Health + Hospitals' financial assistance programs and access infrastructure to Maimonides Health patients. Through the proposed transaction, eligible Maimonides Heath patients, as well as other eligible individuals in the PSA, may gain access to NYC Care, NYC Health + Hospitals' direct access program for the

uninsured. Interviewees noted that NYC Care could help address a critical gap for Maimonides Health patients who do not qualify for or cannot afford traditional health insurance, including immigrants (documented and undocumented), those who receive public benefits, low-income residents, and others who may delay or forgo care due to cost, coverage, or other barriers. Furthermore, Maimonides Health patients would be covered under NYC Health + Hospitals' inclusive financial assistance policy, including NYC Health + Hospitals Options, the sliding-scale program based on income and family size, as well as its financial counseling services, which screens patients for eligibility for affordable health insurance coverage.

- **Improving care continuity**: The implementation of Epic, a state-of-the-art electronic health record system, will further enhance the provision of quality, patient-centered care, reduce access barriers, and reinforce Maimonides Health's capacity to serve Brooklyn's most medically underserved residents. It will:
    - Improve interoperability between Maimonides Health and NYC Health + Hospitals, enabling seamless referrals and care coordination across providers and care settings. This is particularly impactful for those living with a prevalent infectious disease or condition, older adults, and those living with a disability who may require multiple appointments across multiple care settings and providers.
    - Strengthen Maimonides Health's population health data registries to better identify and address (through targeted interventions) patients' medical/social needs and disparities.
    - Support patient engagement by expanding access to health information to enable informed decision-making.
    - Offering digital tools (e.g., MyChart) that empower patients with more autonomy and flexibility to schedule and manage their appointments and connect with their providers and care teams.

Beyond its clinical and access benefits, Epic is also expected to strengthen Maimonides Health's financial sustainability by improving documentation, billing, and revenue cycle management, helping ensure appropriate reimbursement, and strengthening Maimonides Health's capacity to strategically invest in better patient care and access.

Maimonides Health has further demonstrated commitment to advancing population health across the borough. Over more than a decade, Maimonides Health has led the Brooklyn Health Home, the Community Care of Brooklyn (CCB) Performing Provider System, Brooklyn Communities Collaborative (BCC), and CCB IPA. According to leadership from both Maimonides Health and NYC

Health + Hospitals, preserving relationships, trust, institutional identity, and culturally responsive care under a new potential transaction will be critical to success. For example, BCC and CCB IPA would both continue under NYC Health + Hospitals as their sole member pursuant to Board resolutions adopted in March 2026. Leadership also emphasized that cultural competency, empathy, compassion, and respect are expected to remain foundational principles of health care delivery during and after the proposed transaction.

The proposed transaction raises important considerations for building community trust and supporting the culturally competent care that are essential to effectively address the health needs and quality of life for medically underserved groups and other stakeholders. Interviewees emphasized that Maimonides Health has longstanding and robust relationships with local communities, community-based organizations, and faith-based organizations in the PSA. Under the proposed transaction, a concerted effort to maintain and enhance that trust through frequent and bi-directional communication will be essential given stakeholders' perceptions that the institutional cultural identity, accommodations, and services will change under the proposed transaction, despite commitments assuring that they will not.

These commitments are particularly relevant for Jewish residents, including Hasidic and Orthodox communities, who may rely on Maimonides Health for care that is responsive to language, religious practice, family needs, dietary considerations, and community norms. Maintaining these competencies is also important for the broader range of immigrant, racial and ethnic, linguistic, religious, and medically underserved communities served by Maimonides Health. For example, racial and ethnic minorities and LGBTQIA+ communities have historically faced systemic discrimination in care across the nation, resulting in a broad distrust of the health care system, delayed or deferred care, and worse outcomes.[35,36,37] This is particularly important for some of the communities served by Maimonides Health that sit at the intersection of these identities that experience higher rates of stigma and discrimination in health care (e.g., Black and Hispanic LGBTQIA+ adults).[38]

In summary, these enhancements are expected to create a more integrated, equitable, and coordinated continuum of care that improves access, reduces fragmentation in care delivery, and better addresses the complex medical and

[35] Franklin, C. C. (2024). Poorer health in the LGBTQ+ community due to fear of mistreatment. *Journal of the Pediatric Orthopaedic Society of North America, 5*(Suppl. 1), 625. https://doi.org/10.55275/JPOSNA-2023-625

[36] Powell, W., Richmond, J., Mohottige, D., Yen, I., Joslyn, A., & Corbie-Smith, G. (2019). Medical mistrust, racism, and delays in preventive health screening among African American men. *Behavioral Medicine, 45*(2), 102–117. https://doi.org/10.1080/08964289.2019.1585327

[37] Casanova-Perez, R., Apodaca, C., Bascom, E., Mohanraj, D., Lane, C., Vidyarthi, D., Beneteau, E., Sabin, J., Pratt, W., Weibel, N., & Hartzler, A. L. (2022). Broken down by bias: Healthcare biases experienced by BIPOC and LGBTQ+ patients. *AMIA Annual Symposium Proceedings, 2021*, 275–284.

[38] Kaiser Family Foundation, "LGBT Adults' Experiences with Discrimination and Health Care Disparities: Findings from the KFF Survey of Racism, Discrimination, and Health". Available here.

social needs of the medically underserved communities that depend on Maimonides Health for care. Alongside these enhancements, maintaining trust, fostering strong community partnerships, and ensuring patient-centered, culturally responsive care will be essential to the success of the proposed transaction between Maimonides Health and NYC Health + Hospitals.

5. **To what extent do the medically underserved groups (identified above) currently use the service(s) or care impacted by or as a result of the project? To what extent are the medically underserved groups (identified above) expected to use the service(s) or care impacted by or as a result of the project?**

According to inpatient data from the 2024 SPARCS Public Use Files (PUF), women accounted for 56% of inpatient discharges at Maimonides Health in 2024.[39] The hospital's patient population also skews older, with 34% of patients age 70 and older and an additional 19% between the ages of 50 and 69.[40] Medicare and Medicaid were the primary payers for the majority of patients served by Maimonides Medical Center and Maimonides Midwood Community Hospital, accounting for approximately 85% of discharges combined (45% Medicaid and 40% Medicare).[41] At Maimonides Medical Center, 52% of inpatient discharges were covered by Medicaid and 35% by Medicare, representing 87% of all discharges.[42] At Maimonides Midwood Community Hospital, Medicare accounted for 69% of discharges and Medicaid for 6%, totaling 75% of all discharges.[43]

These data indicate that women, older adults, low-income people, and people eligible for or receive public health benefits currently comprise a substantial share of the patient's receiving services at Maimonides Health.

The SPARCS PUF does not include sufficient demographic or clinical information to identify patients who are immigrants, LGBTQIA+, individuals with disabilities, individuals with prevalent infectious diseases or conditions, or other medically underserved populations identified above. Consequently, the Independent Entity cannot assess the current or projected utilization of hospital services by these groups using available data.

The proposed transaction is not expected to change the scope, capacity, location, or availability of services at Maimonides Medical Center or Maimonides Midwood Community Hospital. No changes to clinical services, facilities, or staffing are anticipated. Accordingly, utilization by the medically underserved

[39] NYS DOH, Hospital Discharge Data (SPARCS) Public Use Files, 2024. Available here.
[40] Ibid.
[41] Ibid.
[42] Ibid.
[43] Ibid.

populations identified above is expected to remain generally consistent with current patterns.

Given NYC Health + Hospitals' substantial financial assistance policy and unique NYC Care program, the proposed transaction may increase access to care for patients with inadequate health coverage by making it easier for these individuals to obtain services at Maimonides Health.[44]

6. What is the availability of similar services or care at other facilities in or near the Applicant's service area?

As illustrated in Table 22, patients in the Maimonides Health PSA are served by several acute care hospitals and multiple Federally Qualified Health Centers (FQHCs) and community health centers that collectively provide a range of inpatient, emergency, specialty, primary, and preventive care services.

This list was developed by cross-referencing the NYS DOH directory of 218 hospitals with the ZIP codes of the PSA and then using the Health Resources and Services Administration's *Find a Health Center* tool to identify comparable providers within the PSA. All ZIP codes were searched but did not necessarily have similar services available.

Table 22. Availability of Similar Services in the PSA by Facility Type

Facility Name	ZIP Code
Hospitals	
Mount Sinai Brooklyn (3201 Kings Hwy)	11234
NYC Health + Hospitals / South Brooklyn Health	11235
NYU Langone Hospital—Brooklyn	11220
FQHCs and Community Health Centers	
CHI Health Center	11219
Ezra Medical Center – 15th Ave	11219
HealthCare Choices NY	11204
Lasante Health Center	11226
Premium Health, Inc.	11204
Rambam Family Health Center	11230

7. What are the historical and projected market shares of providers offering similar services or care in the Applicant's service area?

Historical market shares were calculated using 2024 SPARCS inpatient discharge data for the acute care hospitals identified within the PSA. Comparable market share estimates were not calculated for FQHCs and community health

[44] NYC Health + Hospitals, "Financial Assistance." Available here.

centers as comparable patient encounter data at the individual site level are not publicly available.

As shown in Table 23, Maimonides Medical Center accounted for approximately 35.1% of inpatient discharges among hospitals serving the PSA, while Maimonides Midwood Community Hospital accounted for an additional 6.5%.

Table 23. Current Market Share in the PSA, 2024

Hospital Name	Inpatient Discharges	Market Share
Maimonides Medical Center	32,484	35.1%
NYU Langone Hospital—Brooklyn	30,163	32.6%
NYC Health + Hospitals / South Brooklyn Health	14,117	15.2%
Mount Sinai Brooklyn (3201 Kings Hwy)	9,464	10.2%
Maimonides Midwood Community Hospital	6,018	6.5%
Total	**92,604**	**100%**

These market shares are expected to remain stable in the near term and may increase over time as the proposed transaction expands access to secondary and tertiary care, as well as financial assistance programs offered by NYC Health + Hospitals to make it easier for more New Yorkers to access care. As barriers related to affordability and concerns about immigration status are reduced due to the adoption of NYC Health + Hospitals' programs, individuals who have historically delayed or avoided seeking care may become more willing to engage with the health care system, increasing utilization and enabling the health system to reach previously underserved populations. Over time, this expanded access has the potential to strengthen Maimonides Health's patient base and market share by attracting and retaining patients who previously sought care episodically, outside the region, or not at all. Some stakeholders noted that members of the Jewish community may choose to defer care or seek care elsewhere due to perceived, potential changes in the institution's identity or the provision of culturally and religiously responsive care and accommodations. This may offset potential market share gains.

In addition to inpatient utilization and hospital bed capacity, emergency department (ED) utilization was reviewed to assess the current distribution of emergency care among hospitals serving the PSA. ED visits are an important indicator of community reliance on nearby hospitals for urgent and unscheduled care, particularly for medically underserved populations that may face barriers to

timely primary or specialty care. Table 24 summarizes 2024 ED visit volume and corresponding market share among hospitals located in or near the PSA.[45]

Table 24. Current ED Visit Market Share in the PSA, 2024

Hospital Name	ED Visits	Market Share
Maimonides Medical Center	89,603	29.2%
NYC Health + Hospitals / South Brooklyn Health	85,041	27.7%
NYU Langone Hospital—Brooklyn	78,313	25.5%
Mount Sinai Brooklyn (3201 Kings Hwy)	29,940	9.8%
Maimonides Midwood Community Hospital	23,707	7.8%
Total	**306,604**	**100%**

As shown in Table 24, ED utilization in the PSA is distributed across several high-volume hospitals. Maimonides Medical Center accounted for the largest individual share of ED visits in 2024 at 29.2%, and Maimonides Midwood Community Hospital accounted for an additional 7.8%. Together, the two Maimonides Health facilities represented 37.0% of ED visits among the hospitals analyzed, indicating that Maimonides Health is a major emergency care access point for residents of the PSA.

Because the proposed transaction is not expected to reduce ED capacity, staffing, or services at Maimonides Health, ED utilization patterns and market shares are expected to remain generally stable in the near term. Over time, expanded financial assistance pathways, improved care coordination, and integration with NYC Health + Hospitals' broader safety-net infrastructure may support continued or increased access to emergency and follow-up care for uninsured, underinsured, and medically underserved residents. As noted above, stakeholders noted that members of the Jewish community may choose to defer care or seek care elsewhere, which may offset potential market share gains.

8. **Summarize the performance of the Applicant in meeting its obligations, if any, under Public Health Law § 2807-k (General Hospital Indigent Care Pool) and federal regulations requiring the provision of uncompensated care, community services, and/or access by minorities and people with disabilities to programs receiving federal financial assistance. Will these**

[45] NYS DOH, "Emergency Department Data Type Report for Calendar Year 2024." Available here.

obligations be affected by implementation of the project? If yes, please describe.

NYC Health + Hospitals meets its obligations under Public Health Law § 2807-k and federal regulations. At its core, both NYC Health + Hospitals' Mission Statement and Principles of Professional Conduct affirm the system's commitment to providing high-quality, dignified, and comprehensive physical and mental health care, particularly for individuals least able to afford such services.[46] Indeed, the system's tagline declares "Care for NYC. No Exceptions." This commitment is directly aligned with obligations related to uncompensated care, community services, and equitable access for minorities and people with disabilities. To support this commitment, NYC Health + Hospitals maintains robust financial assistance and access pathways for patients who are uninsured, ineligible for insurance, or unable to afford coverage, including NYC Care and NYC Health + Hospitals Options.[47] NYC Care guarantees low- and no-cost services for New Yorkers who do not qualify for or cannot afford health insurance, including access to primary and specialty care, affordable medications, and services delivered through NYC Health + Hospitals. The program has reached significant scale. There are more than 130,000 active members and more than one million primary care appointments; according to NYC Care data from fiscal year 2025, NYC Care members completed 62,936 women's health appointments, 54,132 eye specialist appointments, 39,667 behavioral health appointments, 25,642 dermatology appointments, 23,258 cardiology appointments, and 19,725 cancer care appointments. Community-based organization partners in NYC Care have further expanded access by reaching more than 1.4 million New Yorkers, scheduling more than 62,000 enrollment appointments, and facilitating more than 19,000 direct enrollments. Together, these efforts demonstrate NYC Health + Hospitals' ongoing commitment to community service and equitable access to care regardless of ability to pay or immigration status.

While NYC Health + Hospitals will remain compliant with Public Health Law § 2807-k and federal regulations, its obligations would increase overall under the proposed transaction.

Consistent with applicable state and federal requirements, Maimonides Health maintains robust financial assistance policies and programs designed to support access to care regardless of a patient's ability to pay. It serves a diverse patient population that includes substantial numbers of Medicaid beneficiaries and other medically underserved populations. Through the proposed transaction, Maimonides Health patients would gain access to NYC Health + Hospitals' robust financial counseling services, which help uninsured and underinsured individuals enroll in Medicaid, the Essential Plan, Qualified Health Plans, or other financial

[46] NYC Health + Hospitals, "Missions & Values". Available here.; NYC Health + Hospitals, "Principles of Professional Conduct". Available here.

[47] NYC Health + Hospitals, "Financial Assistance." Available here.

assistance programs (e.g., NYC Care and NYC Health + Hospitals Options) for which they may be eligible. Financial counselors can engage patients before, during, and after care to support insurance enrollment, recertification, copay assistance, and continuity of coverage. In addition, patients would be able to request financial counseling services through MyChart, further streamlining access to coverage and financial assistance.

9. **Are there any physician and professional staffing issues related to the project or any anticipated staffing issues that might result from implementation of project? If yes, please describe.**

   According to interviews across leadership at Maimonides Health and NYC Health + Hospitals, the proposed transaction is not expected to result in any physician, professional, or other staffing changes. The proposed transaction between Maimonides Health and NYC Health + Hospitals is not premised on a reduction in services or personnel.

   Some stakeholders voiced concerns that clinicians may depart Maimonides Health to work at a privately run health system due to negative perceptions of public hospitals, reputational or compensation reasons, or due to uncertainty during the transition. Leadership from both hospital systems emphasized strong commitments to retaining clinical talent, preserving existing patient relationships with providers, and ensuring quality of care.

10. **Are there any civil rights access complaints against the Applicant? If yes, please describe.**

    The Applicant interprets “civil rights access complaint” to mean a complaint made to the NYS Division of Human Rights, the US Department of Health and Human Services Office of Civil Rights, or any other federal, state or local civil rights agency or court in the last ten years by a patient or employee and/or on behalf of patients alleging violations of federal, state, or local civil rights laws resulting in a person being denied access to care at a NYC Health + Hospitals acute care facility.

    The Applicant has performed a reasonable search for civil rights access complaints concerning its acute care facilities located in Kings County, New York, which include NYC Health + Hospitals/Kings County, Woodhull, and South Brooklyn Health. It did not identify any complaints to the United States Department of Health and Human Services Office of Civil Rights or United States Equal Employment Opportunity Commission, but did identify four federal or state lawsuits, none of which are presently pending, three NYS Division of Human Rights complaints, which have all been dismissed or withdrawn, and one City Commission on Human Rights complaint, which remains pending.

11. **Has the Applicant undertaken similar projects/work in the last five years? If yes, describe the outcomes and how medically underserved group(s) were impacted as a result of the project. Explain why the applicant requires another investment in a similar project after recent investments in the past.**

NYC Health + Hospitals has not undertaken a directly comparable project involving the same facilities and PSA within the past five years. The proposed project remains necessary because it is tailored to the unique needs of the affected Maimonides Health facilities and their PSA, where medically underserved populations continue to rely on hospital-based and ambulatory care and face ongoing barriers to health care access related to social determinants of health, including income, insurance coverage, language access, disability, age, and immigration status.

STEP 2 – POTENTIAL IMPACTS

1. **For each medically underserved group identified in Step 1 Question 2, describe how the project will:**
    a. **Improve access to services and health care**
    b. **Improve health equity**
    c. **Reduce health disparities**

The proposed transaction is expected to improve access to services and health care for all medically underserved populations identified in Step 1 by:

- Preserving Maimonides Health's existing services in and cultural commitment to Brooklyn by ensuring the health system's long-term financial sustainability.
- Expanding access to NYC Health + Hospitals' safety net infrastructure.
- Strengthening the continuum of care between primary care, specialty care, and care coordination supports.
- Extending access to financial assistance programs.

The potential impact on access, health equity, and health disparities for each medically underserved group is described below.

Low-income people

NYC Health + Hospitals and Maimonides Health each currently operate financial assistance programs intended to reduce cost-related barriers to care for low-income, uninsured, and under-insured patients. NYC Health + Hospitals offers both NYC Care and NYC Health + Hospitals Options for New Yorkers who are ineligible for or cannot afford health insurance.[48] These programs provide low- and no-cost services, sliding-scale fees, affordable medications, and care navigation to patients. Maimonides Health separately maintains financial assistance and charity care policies for patients who are unable to pay for medically necessary services.[49] NYC Health + Hospitals' Housing for Health initiative also helps low-income people experiencing homelessness through

[48] NYC Health + Hospitals, "Financial Assistance." Available here.
[49] Maimonides Health, "Financial Assistant Program FAQ". Available here.

housing location and placement services, medical respite, on-site social services, partnerships with community-based organizations and city agencies, and more.[50]

For low-income residents, the proposed transaction is expected to improve access by preserving local access to Maimonides Health's hospital-based, specialty, emergency, maternal health, behavioral health, and ambulatory services while expanding access to financial assistance programs offered by NYC Health + Hospitals. Interviewees emphasized that NYC Care can help address an important access gap for patients who do not qualify for or cannot afford traditional insurance and may be delaying care because of cost. By strengthening access to low- and no-cost care pathways, sliding-scale services, affordable medications, primary care, and specialty services, the project may improve health equity for low-income residents and reduce disparities associated with delayed care, unmet health needs, and reliance on episodic or emergency care.

Notably, both institutions leverage social services referral platforms (Findhelp – NYC Health + Hospital, Unite Us – Maimonides Health) to connect patients to community resources to address social determinants of health, including financial assistance, food assistance, transportation, housing, and more.

Racial and ethnic minorities

For racial and ethnic minority communities, the project is expected to improve access by maintaining Maimonides Health's ability to operate and serve as a major Brooklyn provider serving diverse communities.

Maimonides Health has longstanding relationships with local communities, community-based organizations, faith-based organizations, and culturally distinct neighborhoods that rely on the hospital not only for clinical services, but also for trusted, culturally responsive care close to home. Preserving those relationships is especially important for racial and ethnic minorities that may face barriers related to language, insurance coverage, immigration status, income, discrimination, or mistrust of the health care system.

The proposed transaction may also improve health equity by connecting these communities to NYC Health + Hospitals' broader safety-net infrastructure and equity-focused access programs. NYC Health + Hospitals' 2025 CHNA reflects a systemwide commitment to serving communities of color and other historically underserved New Yorkers through programs focused on language access, culturally responsive care, community-based outreach, chronic disease prevention and management, behavioral health, maternal health, food and housing-related needs, and financial access through programs such as NYC Care and NYC Health + Hospitals Options.[51] Together, preserving Maimonides Health's trusted local relationships while expanding connection to NYC Health + Hospitals' equity infrastructure may help reduce disparities by improving

[50] NYC Health + Hospitals, "Housing for Health." Available here.
[51] NYC Health + Hospitals, Community Health Needs Assessment 2025. Available here.

affordability, care coordination, preventive care access, and trust among Brooklyn's racially and ethnically diverse communities.

Immigrants

Maimonides Health and NYC Health + Hospitals each currently operate programs that are directly relevant to immigrant patients and other New Yorkers who face language, insurance, and affordability barriers. Maimonides Health's La Clínica is an outpatient mental health program specifically for Hispanic/Latino adults and children, with 14 Spanish-speaking psychiatrists, therapists, and case managers who served more than 700 patients in 2025, providing a lifeline for a community whose mental health needs often go untreated due to the stigma. NYC Health + Hospitals' NYC Care program similarly provides low- and no-cost services for New Yorkers who do not qualify for or cannot afford health insurance, regardless of immigration status, including primary care, specialty care, affordable medications, care coordination, and member services.

The proposed transaction is expected to improve access by expanding pathways to care for individuals who may face barriers related to insurance status, cost, language, immigration-related concerns, or unfamiliarity with the health care system. Interviewees specifically identified NYC Care as a key equity tool for immigrant health, noting that many New Yorkers are going without care and that NYC Care can serve as a pathway into primary care, affordable medications, and other services. A multilingual public awareness campaign called "Light the Way" is currently running through July 2026 with multilingual print and digital ads, social media, and a "Light the Way" truck that travels across NYC boroughs to share information about NYC Care.[52] NYC Care also partners with Ecuadorian, Guatemalan, Colombian, and Mexican consulates to provide health screenings (e.g., blood pressure), raise awareness about chronic disease prevention, and share information about NYC Care.[53]

Notably, both institutions collaborate with LegalHealth, a division of the New York Legal Assistance Group, which helps provide a wide range of legal services to support patients, including immigration matters.

Women

Maimonides Health, through the Maimonides Women's Health Institute, provides the full continuum of specialized health care services for women and is recognized as one of the state's largest obstetrics program.[54] It also provides

[52] NYC Health + Hospitals, "NYC Health + Hospitals' NYC Care Program Launches 'Light the Way' Citywide Public Awareness Campaign". Available here.
[53] NYC Health + Hospitals, "NYC Health + Hospitals' NYC Care Partners With Consulates to Promote Health Care Access and Provide Blood Pressure Screenings". Available here.
[54] Maimonides Health, "Maimonides Named Among U.S. News & World Report's Best Hospitals for Maternity Care." Available here.

comprehensive pregnancy and birth care through The Stella and Joseph Payson Birthing Center, and was named among the best hospitals in the nation for maternity care by the U.S. News & World Report in 2025.[55] It is also recognized as an NYS Regional Perinatal Center. NYC Health + Hospitals also continues to expand its perinatal and maternal health services. Its Maternal Medical Home Program offers coordinated support for pregnant and postpartum patients with complex medical, behavioral health, or social needs, including help connecting to public agencies and other resources. It recently launched an Endometriosis and Pelvic Pain program. The system has also adopted maternal safety protocols and targeted programs focused on major clinical risks such as cardiovascular disease and hypertension. Current initiatives, including the planned RISE Center at NYC Health + Hospitals/Lincoln, are intended to further integrate maternal care with behavioral health, substance use treatment, and social support services.[56] Furthermore, five NYC Health + Hospitals facilities have been recognized by U.S. News & World Report as 2026 Best Hospitals for Maternity Care (Uncomplicated Pregnancy) for avoiding unnecessary c-sections and above-average rates of vaginal birth After Cesarean: NYC Health + Hospitals/Elmhurst, Kings County, Lincoln, South Brooklyn Health, and Woodhull.[57] Additionally, all NYC Health + Hospitals acute care facilities are designated Baby-Friendly Hospitals by Baby-Friendly USA for high rates of breastfeeding.[58]

The proposed transaction is expected to improve access by preserving Maimonides Health's maternal health, obstetric, gynecologic, emergency, specialty, and hospital-based services, while strengthening access to primary care and OBGYN services through NYC Health + Hospitals' ambulatory care and maternal health network. There is also potential opportunity for cross-pollination of safety protocols, program elements, resources, and more to improve quality, access, and sustainability. Stakeholders emphasized that maintaining Maimonides Health's full range of services is important for Brooklyn residents who would otherwise need to travel outside their community to access care.

LGBTQIA+ People

NYC Health + Hospitals has a longstanding LGBTQIA+ equity strategy that includes providing gender-affirming care, community outreach, staff inclusion initiatives, and competency training across the system with a focus on Pride Centers in Brooklyn (Woodhull), the Bronx (Jacobi, Lincoln), and Manhattan (Bellevue, Gotham Health Gouverneur, Gotham Health Judson, Metropolitan) and Queens (Elmhurst).[59] In May of 2025, NYC Health + Hospitals received

[55] Ibid.
[56] NYC Health + Hospitals, "Mayor Adams Announces Plans to Open Substance Use Disorder Clinic for Expecting and Parenting Families." Available here.
[57] NYC Health + Hospitals, Five Health System Hospitals Named To U.S. News & World Report 2026 Best Hospitals For Maternity Care. Available here.
[58] Ibid.
[59] NYC Health + Hospitals, "NYC Health + Hospitals Pride Health Services." Available here.

national recognition for LGBTQIA+ inclusive policies and long-term care practices. All 18 hospitals and Gotham Health primary care sites were named 2026 LGBTQ+ Healthcare Equality Leaders by the Human Rights Campaign Foundation.[60] All five post-acute care facilities under NYC Health + Hospitals were recognized as LGBTQ+ Long-Term Care Equality Leaders in the Human Rights Campaign Foundation and SAGE's 2025 Long Term Care Equality Index.[61] The system prioritizes LGBTQIA+ health through extensive community outreach and targeted initiatives such as Trans Health Fest (as a co-sponsor), which connected transgender, gender-diverse, and non-binary New Yorkers to health care, legal, and social support resources. The system was also the first U.S. municipal health care system to mandate LGBTQIA+ training for all staff members in 2011.[62] It trains staff through LGBTQIA+ mental health, e-learning, and live training programs, supporting more culturally responsive care for LGBTQIA+ patients and communities.

Maimonides Health similarly has a longstanding history supporting the health of LGBTQIA+ community members. In 2024, it was designated an "LGBTQ+ Healthcare Equality High Performer" by the Human Rights Campaign Foundation's Healthcare Equality Index.[63] One interviewee emphasized that Maimonides Health has been very proactive in the LGBTQIA+ community, including through long-standing sponsorship of Brooklyn Pride, provision of a medical bus and health tent during Pride events, and direct distribution of health education, information, and resources to community members. Maimonides Health also operates a dedicated LGBTQIA+ mental health clinic with child/adolescent and adult services.

The proposed transaction may improve health equity by preserving these trusted community relationships while expanding access to gender-affirming care for LGBTQIA+ individuals through NYC Health + Hospitals' Pride Centers and expanding access to more affordable care for LGBTQIA+ individuals who are uninsured, underinsured, low-income, or otherwise face barriers to care through NYC Health + Hospitals financial assistance programs. There is also opportunity for both institutions to share best practices to reduce disparities by sharing staff training programs and opportunities, enhancing access to culturally responsive services, strengthening outreach in LGBTQIA+ community settings, and collaborating on existing Pride programming and events.

People with Disabilities

[60] NYC Health + Hospitals, "18 NYC Health + Hospitals Facilities Recognized as LGBTQ+ Healthcare Equality Leaders by the Human Rights Campaign Foundation." Available here.
[61] NYC Health + Hospitals, "All Five NYC Health + Hospitals Post-Acute Care Facilities Recognized as LGBTQ+ Long Term Care Equality Leaders by the Human Rights Campaign Foundation and SAGE." Available here.
[62] NYC Health + Hospitals, "Partners in LGBTQ+ Care." Available here.
[63] Maimonides Health, "Maimonides Medical Center earns 'LGBTQ+ Healthcare Equality High Performer' Designation in Human Rights Campaign Foundation's Healthcare Equality Index." Available here.

For people with disabilities, the project is expected to improve access by preserving local hospital and specialty care services in Brooklyn and supporting improved care coordination through NYC Health + Hospitals' infrastructure and implementation of Epic. While the project is not expected to immediately change the physical footprint of Maimonides Health facilities, improved data sharing, scheduling, referral management, and patient access tools may reduce administrative and logistical barriers for people with disabilities who may need to schedule, attend, and move between multiple appointments. The proposed transaction may improve health equity and reduce disparities by supporting more coordinated access to primary care, specialty care, behavioral health, chronic disease management, and hospital-based services for patients who may face higher hospitalization risk and greater difficulty navigating fragmented systems.

Notably, both institutions leverage social services referral platforms (Findhelp – NYC Health + Hospital, Unite Us – Maimonides Health) which connect patients to community resources to address social determinants of health, including disability and home health programs.

Older Adults

NYC Health + Hospitals provides specialized geriatric services for older adults across their hospitals and neighborhood health centers, with a focus on affordable primary and preventive care, chronic disease management, medication safety, fall prevention, safe discharge planning, and caregiver education. Connecting Maimonides Health patients to NYC Health + Hospitals' geriatric care infrastructure may help improve continuity of care, reduce avoidable hospitalizations, and support older Brooklyn residents in remaining healthier, safer, and more independent in their communities.

Interviewees repeatedly stated that Brooklyn residents should not have to travel to Manhattan to receive the tertiary and quaternary care that Maimonides Health provides, which is particularly relevant for older adults with mobility limitations, multiple chronic conditions, or caregiver support needs. The proposed transaction may improve health equity by supporting more coordinated care across primary, specialty, and hospital settings and may reduce disparities by improving continuity of care, medication management, chronic disease monitoring, and timely access to specialty services.

Notably, both institutions leverage social services referral platforms (Findhelp – NYC Health + Hospital, Unite Us – Maimonides Health) which connect patients to community resources to address social determinants of health, including home health programs.

Persons living with a prevalent infectious disease or conditions

For persons living with a prevalent infectious disease or conditions, including HIV, TB, Hepatitis C, diabetes, hypertension, obesity, serious mental illness, and substance use-related conditions, the project is expected to improve access by preserving local access to hospital-based and specialty services and

strengthening connections to primary care, behavioral health, community health worker supports, and care coordination resources. Maimonides Health programs that address other prevalent conditions such as the Life Forward Program for those living with HIV and AIDS are expected to continue services.[64] There may be opportunities to expand or collaborate with similar programs at NYC Health + Hospitals to strengthen impact. In particular, NYC Health + Hospitals is the largest provider of behavioral health care in NYC, providing 60% of behavioral health services city wide, and continues to advance their three-year plan to strengthen and expand behavioral health services through their Behavioral Health Blueprint.[65] Under the proposed transaction, there may be opportunity to improve access, capacity, and workforce to support behavioral health care at Maimonides Health. NYC Health + Hospitals also operates a strong street medicine program called Street Health Outreach & Wellness that deploys five mobile health units to address the needs of unhoused New Yorkers at the point of care at no cost to the patient, including screening, brief intervention, and referral for substance use disorders, physical and mental health screenings, harm reduction education, and social services.[66] Under the proposed transaction, there may be opportunity to expand mobile health opportunities for the patients and communities surrounding Maimonides Health. Interviewees also emphasized the importance of improved data infrastructure, closed-loop referrals, community health workers, and access to specialty care for managing populations effectively. The project may improve health equity by enabling more coordinated chronic disease and infectious disease management.

Notably, both institutions leverage social services referral platforms (Findhelp – NYC Health + Hospital, Unite Us – Maimonides Health) which connect patients to community resources to address social determinants of health, including case management, peer supports, supportive housing, home health care, and more.

People who are eligible for or receive public health benefits

Because Medicaid patients represent a substantial share of Maimonides Health's patient population and the proposed transaction would help enhance secure higher Medicaid reimbursement for services provided at Maimonides Health facilities, preserving essential services is itself an important access and equity benefit. The project may improve health equity and reduce disparities by supporting financial sustainability for a provider that serves a high volume of publicly insured patients and by strengthening access to primary care, specialty care, medications, behavioral health, and chronic disease management. Additionally, as a city entity, NYC Health + Hospitals has strong relationships and partnerships with the Department of Social Services and other agencies that help

[64] Maimonides Health, "Life Forward Program." Available here.

[65] NYC Health + Hospitals, "NYC Health + Hospitals Announces Second Year of Achievements Under the Behavioral Health Blueprint." Available here.

[66] NYC Health + Hospitals, "Street Health Outreach & Wellness Mobile Units." Available here; NYC Health + Hospitals, "NYC Health + Hospitals Street Health Outreach + Wellness Program Enhances Point-of-Care Medical Services." Available here.

administer public health benefits, and there may be opportunity to strengthen outreach, enrollment, and programs for Maimonides Health patients who are eligible for and do not yet receive certain public health benefits (e.g., SNAP).

Notably, both institutions leverage social services referral platforms (Findhelp – NYC Health + Hospital, Unite Us – Maimonides Health) which connect patients to community resources to address social determinants of health, including financial assistance, food assistance, health insurance enrollment, and more.

Notably, both institutions collaborate with LegalHealth, a division of the New York Legal Assistance Group, which helps provide a wide range of legal services to support patients, including securing government benefits.

People who do not have third-party health coverage or have inadequate third-party health coverage

For uninsured and underinsured people, the project is expected to improve access most directly through expansion of NYC Health + Hospitals' financial assistance programs, NYC Care and NYC Health + Hospitals Options. Interviewees noted that the proposed transaction may create immediate outpatient access for uninsured individuals and that NYC Care can provide low- or no-cost services, sliding-scale access, affordable medications, and primary care connections for people who do not qualify for or cannot afford traditional health insurance.

Notably, both institutions leverage social services referral platforms (Findhelp – NYC Health + Hospital, Unite Us – Maimonides Health) which connect patients to community resources to address social determinants of health, including health insurance enrollment.

Other people who are unable to obtain health care

Both Maimonides Health and NYC Health + Hospitals provide care to all patients regardless of immigration status. Considering NYC Health + Hospitals financial assistance programs and extensive primary care ambulatory network, the proposed transaction offers even more options for Maimonides Health patients to seek care without fear.

Notably, both institutions collaborate with LegalHealth, a division of the New York Legal Assistance Group, which helps provide a wide range of legal services to support patients, including immigration matters.

2. For each medically underserved group identified in Step 1 Question 2, describe any unintended positive and/or negative impacts to health equity that might occur as a result of the project.

The proposed transaction between NYC Health + Hospitals and Maimonides Health is expected to advance health equity by helping ensure the long-term sustainability and availability of services for the patients and communities that rely on Maimonides Health for their care. In addition, the proposed transaction is

expected to expand access to financial assistance programs for residents of Maimonides Health's PSA and strengthen the continuum of care by enhancing coordination across the NYC Health + Hospitals and Maimonides Health networks.

The Independent Entity does not anticipate any unintended positive or negative impacts on the medically underserved groups identified in Step 1 Question 2 as a result of the proposed transaction. The Applicant confirmed that staffing levels, clinical operations, and patient support services at Maimonides Health will be maintained, and no reductions in services are expected as part of the proposed transaction.

3. How will the amount of indigent care, both free and below cost, change (if at all) if the project is implemented? Include the current amount of indigent care, both free and below cost, provided by the Applicant.

The proposed transaction is not expected to reduce the amount of indigent care provided in the PSA. No reductions in services, facilities, or eligibility for financial assistance programs are currently contemplated, and uninsured and underinsured patients are expected to continue receiving care at Maimonides Medical Center and Maimonides Midwood Community Hospital under existing eligibility and financial assistance policies. From the perspective of NYC Health + Hospitals, implementation of this proposed transaction would mean that the amount of indigent care provided would increase by the amount currently provided at Maimonides Health with year-to-year variation. NYC Health + Hospitals currently provides a substantial volume of indigent and charity care across its system. For the fiscal year ending June 30, 2025, NYC Health + Hospitals reported approximately $1.45 billion in foregone charges and approximately $774.5 million in estimated expenses incurred in providing charity care.[67] For fiscal year ending December 31, 2025, Maimonides Health reported approximately $69.8 million in charity care expenses in 2025 and received approximately $8.7 million from the NYS Indigent Care Pool to offset bad debt and charity care costs.[68]

Indigent care is expected to remain available at current facilities and may be further expanded by integration with NYC Health + Hospitals' broader safety-net infrastructure, including programs such as NYC Care that provide access to low- and no-cost services for eligible New Yorkers. The primary anticipated impact of the proposed transaction is therefore preservation, continued support, and potential expansion of indigent care capacity in the PSA.

[67] New York City Health and Hospitals Corporation, "Basic Financial Statements and Supplemental Schedules." Available here.

[68] Maimonides Medical Center, Reports on Federal Awards in Accordance with Uniform Guidance, 2025. Available here.

It is worth noting that both institutions are recognized in the Top 300 of the 2026-2027 Lown Institute Hospital Index, which evaluates hospitals and health systems on their social responsibility, including health equity, patient outcomes, and value of care metrics. Maimonides Medical Center holds an "A" grade and is ranked 271st in the nation and 18th in the state among acute care facilities.[69] As a health system, Maimonides Health is ranked 52nd in the nation.[70] Several NYC Health + Hospitals acute care facilities hold an "A Grade" including NYC Health + Hospitals/Queens (ranked 140th in the nation, 7th in the state), NYC Health + Hospitals/South Brooklyn Health (ranked 150th in the nation, 9th in the state), NYC Health + Hospitals/Harlem (ranked 161st in the nation, 10th in the state), and NYC Health + Hospitals/Elmhurst (ranked 183rd in the nation, 13 in the state).[71] As a health system, NYC Health + Hospitals ranked 48th in the nation with top 10 rankings for health equity, pay equity, and community benefit.[72]

4. Describe the access by public or private transportation, including Applicant-sponsored transportation services, to the Applicant's service(s) or care if the project is implemented.

The proposed transaction is expected to preserve, and may improve, geographic access to care for Brooklyn residents. It would maintain Maimonides Health's services locally while expanding access to specialty, tertiary, and quaternary care within Brooklyn. The proposed transaction further seeks to keep patient care uninterrupted during the transition and to protect safety-net health care in Brooklyn.

Maimonides Health's current location is served by nearby public transportation. One community stakeholder interviewed noted that bus service is very close and train service is nearby. These public transportation routes will not change as a result of this proposed transaction; patients and visitors will continue to be able to reach Maimonides Medical Center by public transportation. Maimonides Health identifies the D train to Fort Hamilton Parkway and the B11 bus to Tenth Avenue and 49th Street as public transit options serving the main campus. Maimonides Health also possesses a self-parking garage and weekday valet parking for patients and visitors traveling by car.[73] Maimonides Health also operates a 1-call patient transfer center, which clinicians can use to arrange transfer services for patients.[74] Furthermore, through the Medicaid program, Maimonides provides transportation and OMNY cards to assist patients in traveling to and from their medical appointments. These services will not change under the proposed transaction.

[69] Lown Institute Hospitals Index, Rankings, 2026-2027. Available here.
[70] Maimonides Health, NYC Health + Hospitals, 2026-2027. Available here.
[71] Lown Institute Hospitals Index, Rankings, 2026-2027. Available here.
[72] Lown Institute Hospitals Index, NYC Health + Hospitals, 2026-2027. Available here.
[73] Maimonides Health, "Directions." Available here.
[74] Maimonides Health, "Contact Us." Available here.

NYC Health + Hospitals supports patient transportation needs through a variety of different approaches across its facilities to ensure transportation is not a barrier to accessing health care services. It supports connections to a variety of transport modalities through different initiatives, as described below. Under the proposed transaction, these transportation resources may be expanded and made accessible to support patient transportation in the PSA, augmenting what Maimonides Health already provides.

- Supporting access to transportation resources for Medicaid beneficiaries.
    - NYC Health + Hospitals coordinates with Medical Answering Services, the NYS DOH-contracted transportation broker, who administers non-emergency medical transportations services for patients with Medicaid. Through this collaboration, NYC Health + Hospitals supports improved coordination and collaboration between hospital facilities and identified Medicaid transportation vendors to facilitate timely and efficient access to transportation resources for eligible patients.
    - NYC Health + Hospitals facilitates provider training and education regarding available transportation resources and ordering platforms to help streamline the request process, saving staff time and supporting access to transportation for eligible patients.
    - NYC Health + Hospitals facilities participate in the NYS Medicaid Public Transportation Automated Reimbursement program to facilitate distribution of OMNY cards to eligible Medicaid beneficiaries to support access to health care services via public transportation.
- Providing grant-supported access to livery transportation services (including wheelchair accessible vehicles) across NYC Health + Hospitals facilities to support patients who may otherwise face challenges accessing cancer treatment appointments and services.
- Operating an integrated systemwide ambulance transportation system that helps support timely transport of patients between hospitals to support continuity of care and increased access to specialized services and timely discharges of patients from the hospital via ambulance (or ambulette) when medically necessary.
- Implementing other strategic initiatives that focus on increasing access and supporting continuity of care across a variety of patient populations and settings (e.g. prenatal patients, patients experiencing homelessness, behavioral health patients).

5. Describe the extent to which implementation of the project will reduce architectural barriers for people with mobility impairments.

The proposed project is not expected to relocate services currently offered at Maimonides Health or construct a new patient care site. Accordingly, the project is not expected, on its own, to materially change the architectural barriers patients currently face when accessing existing Maimonides Health facilities. However, Maimonides Health would benefit from a comprehensive set of operations, facilities, and management from NYC Health + Hospitals and access to $500 million in capital funding from the NYS SNTP, which could support any necessary future adjustments to address architectural barriers for people with mobility impairments, if needed.

The project's primary near-term impact on accessibility is expected to be the preservation of access to Brooklyn-based safety-net and specialty care services, rather than changes to the physical delivery of care or patient care spaces.

The project is also expected to support continuity and care coordination through Maimonides Health's adoption of Epic, enabling patients to access health records online through MyChart, improve scheduling, enhance referral management, enable communication with care teams digitally, and more easily obtain referrals and follow-up information. Implementation of a single and best practice electronic health record is particularly important for Maimonides Health which currently operates multiple electronic health record systems across its network (according to one interviewee, 20 electronic health record systems are in use). These efficiencies may help enable scheduling of multiple appointments at the same location on the same day, reducing the need for Maimonides Health patients with mobility impairments to travel between different locations.

Expanded access to NYC Health + Hospitals' Virtual ExpressCare, which provides 24/7 video visits for non-emergency medical and behavioral health needs and can connect patients to follow-up care, may further reduce the need for some in-person visits and improve access for patients with mobility impairments who face difficulty traveling to or navigating physical care sites.[75] Together, these digital capabilities may reduce the physical burden associated with obtaining care and related information.

6. **Describe how implementation of the project will impact the facility's delivery of maternal health care services and comprehensive reproductive health care services, as that term is used in Public Health Law § 2599-aa, including contraception, sterility procedures, and abortion. How will the project impact the availability and provision of reproductive and maternal health care services in the service area? How will the Applicant mitigate any potential disruptions in service availability?**

No reductions in obstetric, gynecologic, reproductive health, maternal-fetal medicine, or related specialty series are contemplated as part of the proposed transaction. This project is expected to have a positive impact on the availability and provision of comprehensive maternal and reproductive health care services

[75] NYC Health + Hospitals. "ExpressCare." Available here.

in Brooklyn. As previously mentioned, NYC Health + Hospitals maintains an extensive network of maternal health services that Maimonides Health patients will have access to as a result of the proposed transaction, including the Maternal Medical Home Program, Endometriosis and Pelvic Pain program, integrated protocols from the Safe Motherhood Initiative, virtual abortion care through Virtual ExpressCare and the soon-to-open RISE Center at NYC Health + Hospitals/Lincoln, which will provide integrated family centered care.[76] Furthermore, five NYC Health + Hospitals facilities have been recognized by U.S. News & World Report as 2026 Best Hospitals for Maternity Care (Uncomplicated Pregnancy) for avoiding unnecessary c-sections and above-average rates of vaginal birth After Cesarean: NYC Health + Hospitals/Elmhurst, Kings County, Lincoln, South Brooklyn Health, and Woodhull.[77] Additionally, all NYC Health + Hospitals acute care facilities are designated Baby-Friendly Hospitals by Baby-Friendly USA for high rates of breastfeeding.[78]

As previously mentioned, Maimonides Health is also a major provider of high-acuity maternal and neonatal services, including maternal-fetal medicine and care for high-risk pregnancies. According to the latest U.S. News & World Report (2025-2026), Maimonides Medical Center was ranked High Performing in Maternity Care (Uncomplicated Pregnancy).[79] It is also recognized as an NYS Regional Perinatal Center.[80]

The proposed transaction has the potential to strengthen connections across both institutions to enhance community-based primary care, prenatal care, obstetric services, reproductive health services, and advanced maternal-fetal medicine capabilities. Medically underserved populations, including Medicaid beneficiaries, low-income residents, immigrants, and other populations that experience disparities in maternal health outcomes may particularly benefit from expanded access to coordinated maternal and reproductive health services across organizations.

Some stakeholders noted that an unintended consequence of the proposed transaction may be the loss of Maimonides Health's identity and subsequently the trust of certain women, particularly Jewish women, who require maternal health care and reproductive services, which may lead to decreased utilization (e.g., increase in home v. hospital births). Leadership is committed to ensuring ongoing availability of reproductive and maternal health care services under the proposed transaction.

Meaningful Engagement

[76] NYC Health + Hospitals, Community Health Needs Assessment, 2025. Available here.
[77] NYC Health + Hospitals, "Five Health System Hospitals Named To U.S. News & World Report 2026 Best Hospitals For Maternity Care". Available here.
[78] Ibid.
[79] U.S. News & World Report 2025-2026, Maimonides Medical Center. Available here.
[80] Maimonides Health, Obstetrics: Pregnancy & Birth. Available here.

7. **List the local health department(s) located within the service area that will be impacted by the project.**

   The NYC DOHMH

8. **Did the local health department(s) provide information for, or partner with, the Independent Entity for the HEIA of this project?**

   The Independent Entity submitted the HEIA to the NYC DOHMH for review and comment on July 15, 2026. The Independent Entity met with the NYC DOHMH to discuss feedback and questions on the HEIA on July 20, 2026. The NYC DOHMH then submitted the following statement:

   "The NYC Health Department reviewed application materials for Maimonides partnership with NYC Health + Hospitals (H+H) and is generally supportive. We appreciate H+H's commitment to ongoing engagement with the Orthodox Jewish community and to maintaining all culturally specific programs, services, and facility modifications.

   We strongly recommend H+H provide additional detail in the mitigation and monitoring plans to strengthen health equity, particularly for older adults, non-English-speaking, and immigrant communities. Specifically, we recommend including a:

   - *Plan for connecting existing Maimonides patients with H+H primary care doctors, including a patient outreach strategy.*
   - *Community engagement plan with Community- and Faith-Based Organizations to:*
     - *Build trust*
     - *Share information about and directly enroll patients in NYC Care program*
     - *Inform new and existing H+H patients about access to care at Maimonides*
     - *Recruit diverse members to Maimonides' Community Advisory Board*
   - *Staffing plan to address increased patient volume and provide cultural competency training, including on medical hesitancy.*
   - *Epic transition plan for Maimonides including staff and patient training, strategies to address challenges during the transition, and process for retaining prior authorizations in the billing system.*
   - *Plan for NYC Care program outreach to community members and to manage increased enrollment, including reviewing data on uncompensated care and patient insurance status.*

   Additionally, patients receiving ongoing care outside of Maimonides or H+H should maintain their existing providers. Similarly, travel time and cultural competency should be considered for new referrals. Finally, we appreciate H+H's

plans to retain staff and recommend establishing a staff complaint and review process to address workplace equity concerns in the transition."

9. **Meaningful engagement of stakeholders: Complete the "Meaningful Engagement" table in the document titled "HEIA Data Table". Refer to the Instructions for more guidance.**

   Please see the attached spreadsheet heia_data_tables_NYCHH.xlsx

10. **Based on your findings and expertise, which stakeholders are most affected by the project? Has any group(s) representing these stakeholders expressed concern the project or offered relevant input?**

    The Independent Entity engaged more than 600 stakeholders through interviews, focus groups, and an onsite survey distributed over the course of a business week. The survey was translated in multiple languages (i.e., Arabic, Chinese, Spanish, Russian, Bengali, Yiddish) and distributed at Maimonides Medical Center's outpatient clinics and ED. Stakeholders included leadership and staff from Maimonides Health and NYC Health + Hospitals, labor representatives, community-based organizations, patients, PSA residents reflective of the community's diverse demographics, elected officials, and the NYC DOHMH.

    Most stakeholders engaged throughout the assessment were supportive of the proposed transaction, describing it as a positive development for all residents of the PSA as it could strengthen Maimonides Health's long-term financial sustainability and help ensure that trusted care remains available in the community. Many also viewed the implementation of Epic as a significant benefit, citing opportunities to improve care coordination, access an effective patient portal, and enhance clinical and administrative workflows to increase capacity compared to Maimonides Health's current electronic health record system. Additionally, some stakeholders believed the proposed transaction could help reduce financial barriers to care by expanding access to NYC Health + Hospitals' financial assistance programs to low-income and underinsured people.

    Some stakeholders noted that they lacked sufficient information about the proposed transaction and would have liked more detailed, bidirectional communication from the Applicant, including a long-term financial plan, and clearer information regarding potential changes resulting from the proposed transaction, including how existing level of services will be maintained. Some stakeholders noted that while NYC Health + Hospitals may have historically benefited from enhanced Medicaid reimbursement as a municipal health system, uncertainties in the federal funding landscape may reduce that potential benefit over the course of the proposed transaction. Several stakeholders indicated that they did not feel they had enough information to determine whether they supported or opposed the proposal.

    Stakeholders that may be negatively impacted include members of the Jewish community. Some representatives of the local Jewish community expressed

opposition to the project. Maimonides Health is viewed as a local community hospital built by the community for the community. Under the proposed transaction, stakeholders perceive that Maimonides Health would become part of a much larger bureaucratic and municipal system that could impact quality and responsiveness to local community needs. Some also noted that clinicians may depart Maimonides Health to work at a privately run health system for reputational or compensation reasons, or due to uncertainty during the transition.

These stakeholders also cited concerns that the proposed transaction could reduce access to culturally and religiously responsive care at Maimonides Health. For example, stakeholders expressed concern that Maimonides Health might no longer provide accommodations (e.g., kosher food, rabbinical support, arrangements to support care and transportation during Shabbat) and that Jewish representation in hospital governance could be diminished. Stakeholders noted that even if culturally and religiously responsive care were to continue, members of the local Jewish community who disagree with the change in the institution's identity may choose to defer care or seek care elsewhere. Stakeholders also noted that even if culturally and religiously responsive care were to continue in the short-term, it may change in the long-term under different NYC Health + Hospital leadership or due to changes in government administration, budget, and bureaucracy. Stakeholders also expressed concern that access to appointments near and close to home at Maimonides Health will be negatively impacted by additional volume and referrals from other boroughs attributed to NYC Health + Hospitals.

One assemblymember noted: *"While there is no doubt that Maimonides Medical Center requires significant structural and financial reforms, a takeover by a municipal bureaucratic agency is not the solution. For more than a century, this iconic hospital has been a cornerstone of our community. It was built and sustained by local residents who have invested millions of dollars to ensure its success. Change is necessary, but this proposal is not the answer. There are better, more effective ways to restore the hospital's financial stability while preserving and strengthening it as a community medical center that we can all be proud of."*

NYC Health + Hospitals and Maimonides Health leadership are aware of these concerns and expressed a desire and commitment to ensuring that access, quality, and culturally and religiously responsive care and accommodations are maintained, if not enhanced, under the proposed transaction.

Table 25 below summarizes the number of interviewees, focus group members, and survey respondents who expressed support for, opposition to, or neutrality toward the proposed transaction.

Table 25: Perspectives from Engaged Stakeholders

Perspective	Count
Supportive	328

Perspective	Count
Opposed	53
Neutral/No opinion	132
Did not answer	92

Twenty-eight additional stakeholders were contacted to participate in an interview or focus group; however, they either declined participation or did not respond to outreach efforts.

11. **How has the Independent Entity's engagement of community members informed the Health Equity Impact Assessment about who will benefit as well as who will be burdened from the project?**

Through interviews, focus groups, and surveys, community members shared their experiences with Maimonides Health and NYC Health + Hospitals and feedback on the proposed transaction, including anticipated benefits and concerns, potential community impacts, and recommendations for mitigation and community engagement. These insights helped clarify that all medically underserved groups stand to benefit from the proposed transaction as it will enable Maimonides Health to continue to operate in the long term. Members of the Jewish community may be burdened by the proposed transaction due to the community engagement findings described above.

12. **Did any relevant stakeholders, especially those considered medically underserved, not participate in the meaningful engagement portion of the Health Equity Impact Assessment? If so, list.**

The Independent Entity invited all populations identified as underserved or under-represented to participate as part of a comprehensive and inclusive outreach strategy to reach a diverse set of stakeholders through a series of phone calls, emails, and surveys. More than 70 individuals were invited to participate in interviews and focus groups, and the onsite survey was broadly distributed over the course of a week at Maimonides Medical Center's outpatient clinics and ED. While the Independent Entity engaged a broad range of community members and organizations, participation from the Muslim community was limited despite targeted and multiple outreach efforts. As a result, perspectives from Muslim community members may be underrepresented in the meaningful engagement process.

STEP 3 – MITIGATION

1. **If the project is implemented, how does the Applicant plan to foster effective communication about the resulting impact(s) to service or care availability to the following:**
    a. People of limited English-speaking ability
    b. People with speech, hearing or visual impairments

c. If the Applicant does not have plans to foster effective communication, what does the Independent Entity advise?

NYC Health + Hospitals is committed to providing meaningful access to care and health-related information for all patients, including people with limited English proficiency and people with speech, hearing, or visual impairments. Although NYC Health + Hospitals is not subject to Local Law 30, the system follows its underlying principles and maintains a broad language-access and communication-assistance infrastructure.

a. People with limited English-speaking ability

According to NYC Health + Hospitals language access data, NYC Health + Hospitals fulfills more than one million interpretation requests annually, representing more than 13 million interpretation minutes in over 200 languages and dialects. If the proposed transaction is implemented, the Applicant plans to use NYC Health + Hospitals' existing language-access infrastructure to communicate any resulting changes to service or care availability, including:

- Free language assistance 24 hours a day, seven days a week, 365 days a year.
- On-demand over-the-phone interpretation in more than 300 languages, video remote interpretation in more than 75 languages.
- On-site interpretation for spoken and sign languages.
- Interpreter training and language-proficiency assessments for multilingual staff.
- Translation of critical written materials into the 13 most frequently requested languages (e.g., Arabic, Mandarin, Spanish).

Maimonides Health's established relationships with community-based organizations, faith-based organizations, community leaders, and other trusted messengers may provide additional channels for disseminating information and helping patients understand forthcoming changes.

b. People with speech, hearing or visual impairments

NYC Health + Hospitals plans to communicate changes in service or care availability through its existing accessibility resources. Patients who are deaf or hard of hearing may request American Sign Language (ASL) interpretation, video remote interpretation, closed captioning, or Communication Access Realtime Translation services. Digital ASL interpretation is available 24 hours a day, seven days a week, and certain facilities also provide on-site interpreters through NYC Health + Hospital staff or contracted vendors. Video interpretation may be particularly useful because it enables direct visual interaction and eye contact between patients and interpreters. NYC Health + Hospitals also uses ASL in public forums and meetings.

Patients who are blind or have limited vision may request Braille materials and high-contrast information. Epic also provides a high-contrast theme to improve readability for patients with low vision.

c. Independent Entity advice

The Independent Entity deems the Applicant to have satisfied the requirements for the populations identified. To further enhance the proposed strategies, NYC Health + Hospitals and Maimonides Health should develop a structured communication plan that increases engagement with the community and defines clear accountabilities. This plan should build on their robust language-access and accessibility resources and continue to convene townhalls to communicate about how the proposed transaction will impact care, it would be prudent to develop a structured communication plan with accountabilities. This plan should include a process for proactively identifying anticipated or unintended changes to service or care availability and communicating them. Communications should be disseminated through both patient-facing and community-based channels and provide clear directions for requesting additional language assistance, disability-related accommodations, or information. The plan should also define standards for timely communication of changes.

2. What specific changes are suggested so the project better meets the needs of each medically underserved group (identified above)?

The Independent Entity recognizes that while the proposed transaction benefits all medically underserved groups, members of the Jewish community expressed concern that the proposed transaction with NYC Health + Hospitals could adversely affect quality of and access to care. NYC Health + Hospitals, in collaboration with Maimonides Health, should consider the following steps to address their concerns:

- **Describe how culturally and religiously responsive care will be formally and proactively protected (e.g., via policies or agreements)** through town halls, meetings with community-based organizations, and patient-facing materials to address concerns that despite commitments, there may be changes as a result of the proposed transaction.
- **Leverage NYC Health + Hospitals' existing infrastructure for cultural and religious competency training**, with enhanced emphasis on the populations that expressed the greatest concerns during the community engagement process. Supplement these efforts with targeted in-service education for clinical, operational, and administrative leaders on evidence-based practices that foster an environment of inclusion, belonging, cultural humility, and religious responsiveness.
- **Establish and publicly monitor a defined set of success metrics to ensure commitments are realized in practice:** Based on its review of NYC Health + Hospitals' established governance and accountability infrastructure—including the Health Equity Council, the Office of Diversity,

Equity and Inclusion, and existing systemwide policies and training programs—the Independent Entity is confident that the proposed transaction provides a strong foundation to support the delivery of culturally, religiously, and ethnically responsive care for all patients and communities. To ensure these commitments are realized in practice, the parties should include patient experience and satisfaction, timely access to care, utilization of culturally and religiously responsive accommodations, quality and safety outcomes, and workforce recruitment, retention, and turnover, with results stratified by demographic characteristics where appropriate. Particular attention should be given to ensuring that existing patients continue to receive culturally and religiously responsive, high-quality specialty and community-based care in locations that are geographically accessible and consistent with their established care patterns.

- **Develop and execute remediation plans** if success metrics demonstrate unintended negative impact on patient care, access, and availability of services.
- **Foster a bi-directional communication process** with increased pathways for stakeholders to share concerns or unintended changes to care or services and NYC Health + Hospitals and Maimonides Health to address them in a summary fashion. NYC Health + Hospitals and Maimonides Health should collaborate to communicate outcomes of the proposed transaction based on the success metrics to address concerns over quality, access, cultural competency, workforce turnover, etc.
- **Conduct targeted outreach to the uninsured and underinsured individuals to increase awareness of NYC Care and other financial assistance programs to support access to care**. Efforts should include culturally and linguistically appropriate education materials, partnerships with trusted community-based organizations, and enrollment assistance to help eligible individuals understand, access, and receive care.
- **Establish clear referral and navigation pathways to connect patients with primary and specialty care providers close to home.** Ensure patients are linked to a primary care provider in a timely manner, supported through patient outreach and the scheduling process, and connected to ongoing preventive and specialty care to promote continuity of services.

3. How can the Applicant engage and consult impacted stakeholders on forthcoming changes to the project?

Interviews emphasized three implementation priorities: sustained community engagement, preservation of Maimonides Health services, and workforce stability. Communications should reinforce that Maimonides Health will retain its identity, core services, trusted physicians, and specialty strengths (e.g., pediatric

emergency, cardiac, stroke care) while gaining the benefits of a larger system, greater financial stability, and improved technology and care coordination through Epic.

Engagement should include targeted outreach through community boards, local organizations, elected officials, and other trusted partners, with regular opportunities for stakeholders to receive updates, ask questions, and provide feedback through various and accessible communication channels. Key topics should include:

- **What will remain**: Maimonides Health's identity, services, physicians, quality of care, culturally and religiously responsive care and accommodations, etc.
- **What may improve**: System support, stability, technology, care coordination, patient experience, etc.
- **What communities want addressed**: Concerns over potential changes to access, services, physician relationships, and culturally and religiously responsive care and accommodations, negative perceptions of NYC Health + Hospitals, ED crowding at Maimonides Health, parking, whether there will be continued support for existing Maimonides Health LGBTQIA+ programs and services (e.g., participation in Brooklyn Pride), etc.

4. How does the project address systemic barriers to equitable access to services or care? If it does not, how can the project be modified?

The proposed transaction has the potential to address systemic barriers to equitable access in Brooklyn. Through the $2.2 billion in NYS SNTP funding and NYC Health + Hospitals' broader safety-net infrastructure and higher Medicaid reimbursement rates, the proposed transaction is expected to preserve existing services, strengthen the long-term stability of a major Brooklyn provider, and expand access to coordinated care and financial assistance resources. Community-based leaders from the Maimonides Health's PSA emphasized the importance of maintaining and expanding Maimonides Health's current services through the proposed transaction. One interviewee noted that the loss of Maimonides Health would be significant for local communities that rely heavily on its emergency and maternity care.

As cited above, the project may reduce financial and insurance-related barriers by extending access to NYC Health + Hospitals' financial assistance programs and NYC Care. Through NYC Care, eligible patients who are uninsured or unable to afford coverage may gain access to low- or no-cost primary and specialty care, affordable medications, care coordination, and navigation support. Expansion of these resources, together with financial counseling and outreach through trusted community-based and faith-based organizations, could improve earlier entry into care and reduce delays associated with cost, lack of coverage, immigration-related concerns, or difficulty navigating the health care system.

The proposed transaction may also reduce fragmentation across the care continuum. Better integration between Maimonides Health and NYC Health + Hospitals could create more seamless referral pathways, improve continuity between primary and specialty care, and expand access to services such as primary care, obstetrics and gynecology, behavioral health, and other specialty services. More coordinated care may also reduce the need for Brooklyn residents to travel outside the borough for advanced services and help preserve care closer to home. In addition, the proposed transaction has the potential to reduce outmigration among medically underserved patients currently receiving care within the NYC Health + Hospitals system by expanding access to specialty services within Brooklyn, while simultaneously providing existing Maimonides Health patients with greater access to an integrated network of primary care, co-located behavioral health services, and comprehensive social care supports. Together, these enhancements may improve care coordination, strengthen longitudinal patient relationships, and promote more equitable access to comprehensive, community-based care.

Implementation of Epic may further address operational barriers by consolidating Maimonides Health's fragmented electronic health record environment and improving scheduling, referral management, care coordination, and visibility into patient access and provider capacity. These efficiencies may help increase appointment availability, support same-day access, and expand Maimonides Health's capacity to serve additional patients without reducing access for its existing patient population.

STEP 4 – MONITORING

1. **What are existing mechanisms and measures the Applicant already has in place that can be leveraged to monitor the potential impacts of the project?**

   Both NYC Health + Hospitals as the Applicant and Maimonides Health maintain established oversight, quality, operational, and governance structures that can be leveraged to monitor implementation and identify potential issues, should they arise.

   Existing monitoring structures at NYC Health + Hospitals include routine quality and safety monitoring, Board-level oversight, accreditation review processes, workforce monitoring, access reporting, and executive leadership review. Maimonides Health leadership noted that key quality metrics, including CMS Stars, Leapfrog, Nursing Indicators, and other performance indicators, are regularly monitored and reported. Additionally, Maimonides Health currently monitors patient access on an active basis and indicated that these efforts would continue following the implementation of the proposed transaction.

   The proposed implementation of Epic will further enhance monitoring capabilities by providing greater visibility into appointment availability, referral patterns, care coordination, patient access, and service utilization across care settings. Both organizations maintain established community and stakeholder engagement

channels that provide opportunities for patients, community-based organizations, labor representatives, and other key stakeholders to raise concerns and provide feedback regarding access, quality, and patient experience.

2. **What new mechanisms or measures can be created or put in place by the Applicant to ensure that the Applicant addresses the findings of the HEIA?**

   To ensure the findings of the HEIA are effectively addressed, the Applicant should consider establishing, for a defined post-transaction period, a public-facing accountability and communications structure dedicated to monitoring implementation of the proposed transaction and responding to community concerns. Building upon NYC Health + Hospitals' existing governance framework—including its public Board reporting, transparent quality and financial performance reporting, and facility-based Community Advisory Boards—the Applicant could extend these established mechanisms to include Maimonides Health throughout the integration period. This structure should provide regular public updates on progress against key HEIA commitments, including access, quality, patient experience, equity, culturally responsive care, workforce stability, and community engagement, while creating clear avenues for patients, community organizations, faith leaders, and other stakeholders to raise concerns and provide ongoing feedback. Leveraging existing governance infrastructure in this manner would promote transparency, reinforce public trust, and ensure that the commitments identified through the HEIA remain visible, measurable, and accountable throughout implementation.

   To support this, it will be important to develop a core set of success or watch metrics that will enable the Applicant to ensure it maintains and improves access to services across medically underserved groups and other stakeholders. These metrics should include patient satisfaction, access, cultural competency, quality, and workforce turnover stratified by demographic, and be stratified by demographics to understand any potential disparities, particularly for the Jewish community.

STEP 5 – DISSEMINATION

The Applicant is required to publicly post the CON application and the HEIA on its website within one week of acknowledgement by the Department. The Department will also publicly post the CON application and the HEIA through NYSE-CON within one week of the filing.

OPTIONAL: Is there anything else you would like to add about the health equity impact of this project that is not found in the above answers? (250 words max)

---------- SECTION BELOW TO BE COMPLETED BY THE APPLICANT ----------

SECTION C. ACKNOWLEDGEMENT AND MITIGATION PLAN

Acknowledgment by the Applicant that the Health Equity Impact Assessment was reviewed by the facility leadership before submission to the Department. This section is to be completed by the Applicant, not the Independent Entity.

I. Acknowledgement

I, (APPLICANT), attest that I have reviewed the Health Equity Impact Assessment for the (PROJECT TITLE) that has been prepared by the Independent Entity, (NAME OF INDEPENDENT ENTITY).

Deborah Brown

_____

Name

Senior Vice President

_____

Title

_____

Signature

July 30, 2026

_____

Date

II. Mitigation Plan

If the project is approved, how has or will the Applicant mitigate any potential negative impacts to medically underserved groups identified in the Health Equity Impact Assessment? (1000 words max)

Please note: this narrative must be made available to the public and posted conspicuously on the Applicant's website until a decision on the application has been made.

Fostering Communication, Transparency, and Trust

The Applicant has conducted extensive community outreach to engage stakeholders and promote bi-directional communication. This includes individual and group meetings with NYC Health + Hospitals (NYC H+H) CEO and President, Dr. Mitchell Katz, and incoming NYC H+H /Maimonides and Midwood CEO, Svetlana Lipyanskaya, MPA, FACHE, who was CEO of NYC H+H/ South Brooklyn Health (SBH) for six years. Each has first-hand knowledge of safety net hospitals and diverse communities. Through her leadership of SBH, months spent working with Maimonides, and her own lived experience as an immigrant, Ms. Lipyanskaya appreciates the cultural richness, healthcare needs, and priorities of the Maimonides community. Outreach has included meetings with community leaders, elected officials, community boards, hospital staff, and other key stakeholders throughout the planning process. An overview is provided in **Appendix A**.

During the meaningful engagement process, some stakeholders indicated they would like additional information to better understand the proposed transaction, including detailing the long-term plan and anticipated changes.

To address this, the Applicant will enhance its ongoing multi-channel communication strategy targeting an array of Maimonides stakeholders. This will build on the outreach already conducted and extend through the integration period, emphasizing the continuation of existing health and community services, workforce maintenance, and anticipated benefits.

Communications will reinforce the Applicant's commitment to cultural respect, including for the Orthodox Jewish community and other diverse patients; improvements through Epic implementation; financial benefits; and NYC H+H's equity-based assistance programs, including NYC Care and Options. Applicant will provide clear information on how patients, staff, and other stakeholders can continue to ask questions, submit feedback, and receive updates.

Outreach activities will follow a defined cadence, including town halls, community meetings, and other local events. After closing, the Applicant will initiate targeted outreach about NYC Care, including education materials, collaboration with community-based organizations, enrollment assistance, and other resources. The Applicant will leverage these efforts to support older adults, non-English speaking patients, immigrant communities, and other populations facing barriers to care. The Applicant will extend advertising to the broader community to promote awareness and continuity of care.

After closing, Maimonides will be represented by a Community Advisory Board (CAB), a formalized group of neighbors, patients, and other stakeholders, who will meet monthly

with Ms. Lipyanskaya and whose Chair will join a monthly meeting with NYC H+H senior leadership. Applicant is committed to seeking diverse CAB members and to including members selected by Maimonides to reflect the Maimonides community.

Ongoing Quality Monitoring and Accountability

Post-close, Maimonides will become part of NYC H+H's quality, performance, and accountability processes, including:

- Ongoing internal measurement of census, patient population, finances, population health data, and other metrics that will allow NYC H+H to address concerns rapidly;
- The Quality Assessment and Performance Improvement (QAPI) governance framework, through which hospital and NYC H+H leadership monitor quality, patient safety, patient experience, access, and performance, and subsequently develop and implement improvement initiatives;
- NYC H+H's Board of Directors' public Strategic Planning Committee, where organizational priorities, performance metrics, and strategic initiatives are presented;
- The Mayor's Management Report (MMR), a public review measuring quality, patient safety, service access, patient experience, operational performance, and equity, among other measures. The transparent MMR enables year-over-year assessment.

Applicant will review these processes and add Maimonides-specific metrics and reports as needed, in order to provide ongoing accountability and ensure continuation of high-quality, equitable, and culturally responsive care.

Preserving Culture and Care

The Applicant recognizes Maimonides' established role as a trusted provider is central to the communities it serves. Maimonides must remain Maimonides, retaining its identity, heritage, specialty programs, and relationships. The Applicant will reiterate no changes to kosher food, Shabbat accommodations, and continued respect for end-of-life practices and other priorities for the Orthodox Jewish community. This reflects a core value of NYC H+H, which functions as a federated system with hospitals meeting the needs and values of their individual communities.

NYC H+H will also support Maimonides through existing governance structures to facilitate culturally and linguistically responsive services. These include the Board of Directors' public Committee on Equity, Diversity and Inclusion; the Office of Diversity and Inclusion; the Language Access Council; and the Equity & Access Council, all of which support equitable care delivery across the system. The Applicant also maintains training programs addressing topics including interreligious awareness, cultural sensitivity, unconscious bias, and health literacy.

For continuity of care, the Applicant has enhanced navigation and referral pathways for timely connections to primary and specialty service through an improved centralized call center, strategies to increase appointment availability, and use of e-consults. Throughout the integration, Applicant will identify opportunities to leverage this experience to better serve Maimonides patients.

The Applicant is focused on maintaining specialty services at Maimonides so Brooklyn patients will not have to travel out of borough to get high-quality care. Just as the integration will better serve low-income and uninsured New Yorkers, the Applicant is intent on preserving care and access for all patients.

Supporting Workforce Stability

The Applicant understands Maimonides must continue to provide high-quality health care, and its workforce and their trusted relationships are central to doing so. Maintaining Maimonides' excellent providers and staff will be essential. Maimonides patients will continue their provider relationships, with robust care coordination, improved IT infrastructure, and enhanced financial assistance.

The proposed integration is not predicated on reductions in personnel or services. The Applicant acknowledges that some Maimonides senior executive compensation exceeds corresponding NYC H+H salaries and will not be maintained long-term.

The Applicant will support Maimonides' workforce in Epic implementation, drawing on successful experience across its five-borough system. This multi-month transition process will include comprehensive staff training, patient education, and phased implementation to minimize disruption. The Applicant is a three-time Epic Honor Roll awardee.

The Applicant has a variety of workforce recruitment and retention strategies, including targeted advertising, extensive wellness programming, loan repayment assistance, career ladders, mentorship opportunities, and more.

Overall, Applicant will work collaboratively with Maimonides leadership, employees, and representatives to support workforce stability and maintain open communication.

Appendix A. Examples of Community Engagement Activities Related to the Proposed Partnership

Date	Engagement / Stakeholders
February 18, 2025	Meeting with Orthodox Jewish community leaders. Maimonides CEO Ken Gibbs and Douglas Jablon were in attendance.
April 8, 2025	Meeting with Muslim community leaders. Ken Gibbs and Douglas Jablon were in attendance.
May 7, 2025	Meeting with Asian community leaders. Ken Gibbs and Douglas Jablon were in attendance.
May 14, 2025	Meeting with Orthodox community leaders. Ken Gibbs and Douglas Jablon were in attendance.
September 16, 2025	Brooklyn Community Board (CB) 10 Health Committee meeting. Maimonides Community Affairs staff were in attendance.
September 29, 2025	Meeting with Maimonides Orthodox Board Members. Board Chair Gene Keilin, Ken Gibbs, and NYC Health + Hospitals President and CEO Dr. Mitchell Katz were in attendance.
October 29, 2025	Community Organization Community Outreach (COCO) meeting with Ken Gibbs and Dr. Katz.
December 9, 2025	COCO meeting and town hall meeting with Maimonides staff. Ken Gibbs and Dr. Katz were in attendance.
January 12, 2026	Meeting with Jewish community leaders and Dr. Katz.
January 20, 2026	Brooklyn CB 11 Health Committee meeting. Maimonides Community Affairs staff were in attendance.
February 9, 2026	Brooklyn CB 15 Health Committee meeting. Maimonides Community Affairs staff were in attendance.
February 18, 2026	Meeting with Orthodox Jewish community leaders. Ken Gibbs and Douglas Jablon were in attendance.
February 19, 2026	Town hall with Maimonides staff. Dr. Katz announced Svetlana Lipyanskaya as the incoming CEO of Maimonides.
	Brooklyn CB 14 Human Services Committee meeting. Maimonides Community Affairs staff were in attendance.
March 2, 2026	NYC City Council Oversight Hearing: Impacts of Maimonides Health and H+H merger. Dr. Katz testified.
March 5, 2026	Meetings with community rabbinical leaders with Svetlana Lipyanskaya and Douglas Jablon.
March 9, 2026	Meetings with community rabbinical leaders with Svetlana Lipyanskaya and Douglas Jablon.
March 19, 2026	Town hall with Maimonides staff- Ken Gibbs and Svetlana Lipyanskaya present.
March 19, 2026	COCO meeting with Ken Gibbs and Svetlana Lipyanskaya.
March 24, 2026	Brooklyn CB 7 Health Committee meeting. Maimonides Community Affairs staff were in attendance.
May 26, 2026	Meeting with leaders of the Jewish Orthodox community at City Hall. Deputy Mayor Helen Arteaga, Dr. Katz, and other City Hall staff were in attendance.