NYC HEALTH+ HOSPITALS

50 Water Street ▪ New York, NY ▪ 10004

BOARD OF DIRECTORS MEETING
THURSDAY, SEPTEBER 24, 2026
A•G•E•N•D•A•

CALL TO ORDER - 1:30 PM	Mr. Pagán
1. **Executive Session | Facility Governing Body Report** **Medical Staff Credentialing Initial Appointments, Reappointments and Changes of Privileges** ➢ September 2026 **Facility Governing Body Report** ➢ NYC Health + Hospitals l Sea View Nursing and Rehabilitation Center **2025 Performance Improvement Plan and Evaluation (Written Submission Only)** ➢ NYC Health + Hospitals | Cumberland - Gotham Center **Semi-Annual Governing Body Report (Written Submission Only)** ➢ NYC Health + Hospitals | Coler Long-Term Care Facility ➢ NYC Health + Hospitals | Gouverneur Skilled Nursing Facility	Mr. Pagán
2. **OPEN PUBLIC SESSION - 3:00 PM**	Mr. Pagán
3. **Adoption of the Board Meeting Minutes – July 30, 2026**	Mr. Pagán
4. **Chair's Report**	Mr. Pagán
5. **President's Report**	Dr. Katz
6. **Information Item: Fiscal Year 2026 Annual Public Meetings Responses**	Ms. Brown
ACTION ITEMS	
7. Adopting the attached Mission Statement, Performance Measures and additional information to be submitted on behalf of New York City Health and Hospitals Corporation ("NYC Health + Hospitals") for **Fiscal Year 2026 to Office of the State Comptroller's Authorities Budget Office (the "ABO")** as required by the Public Authorities Reform Act of 2009 (the "PARA"). (Presented Directly to the Board: 09/24/2026) **Vendex: NA / EEO: NA**	Mr. Pagan
8. Authorizing and approving the adoption of the resolution entitled **"Supplemental Resolution to the Amended and Restated General Resolution of the New York City Health and Hospitals Corporation" providing for changes to clarify the intent of certain provisions of the General Resolution in connection with current and future changes in Generally Accepted Accounting Principles ("GAAP")** and changes from time to time in rules and standards adopted by the Governmental Accounting Standards Board ("GASB") (Presented to the Finance Committee: 09/09/2026) **Vendex: NA/ EEO: NA**	Ms. Wang

9. Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to execute a contract with **Sweet Group of New York LLC (the "Contractor"), to undertake the OTxHU Sallyport Construction at NYC Health + Hospitals/North Central Bronx Hospital**, for a contract amount of $43,735,841.07, with a 15% project contingency of $6,560,376.16, to bring the total cost not to exceed $50,296,217.23, and an anticipated duration of 24 months. (Presented to the Capital Committee: 09/09/2026) **Vendex: Approved / EEO: Pending**	Mr. Pagán
10. Authorizing New York City Health and Hospitals Corporation **to amend its Affiliation and Asset Transfer Agreement with Maimonides Health Resources, Inc., together with its Subsidiaries and Affiliates, including Maimonides Medical Center and Maimonides Midwood Community Hospital, (the "ATA") to extend the Outside Date as defined in the ATA to February 1, 2027.** (Presented Directly to the Board of Directors: 09/24/2026) **Vendex: NA / EEO: NA**	Dr. Katz
11. Authorizing New York City Health and Hospitals Corporation (the "System") **to commit to fund an escrow account and certain reserves for Maimonides Medical Center upon the close of the transaction, subject to the System's satisfaction of funding commitments associated with the transaction.** (Presented to the Board of Directors: 09/24/2026) **Vendex: NA / EEO: NA**	Dr. Katz
COMMITTEE AND SUBSISIDIARY REPORTS	
➢ Community Relations Committee ➢ Capital Committee ➢ Finance Committee ➢ Equity Diversity and Inclusion Committee ➢ MetroPlus Health Subsidiary	Ms. Rowe Adams Mr. Pagán Ms. Wang Dr. Marthone Ms. Hernandez-Piñero
>>**Old Business**<< >>**New Business**<< >>**Adjournment**<<	Mr. Pagán

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION

A meeting of the Board of Directors of New York City Health and Hospitals Corporation was held in room 1701 at 50 Water Street, New York, New York 10004 on the **30th day of July, 2026** at 2:00 P.M., pursuant to a notice, which was sent to all of the Directors of New York City Health and Hospitals Corporation and which was provided to the public by the Corporate Secretary. The following Board of Directors participated in person:

Dr. José A. Pagán
Dr. Michell Katz
Jorge Fanjul
Freda Wang
Dr. Vincent Calamia
Dr. William Fisher
Dr. Alister Martin - Left at 3:10p.m.
Erin Dalton – Left at 3:10p.m.
Karen St. Hilaire – Joined at 3:12p.m.
Anita Kawatra
Sally Hernandez-Piñero
Dr. Michael Espiritu
Dr. Patricia Marthone
Tricia Taitt – Left at 4:16
Joel Eisdorfer

José Pagán, Chair of the Board, called the meeting to order at 2:01 p.m. Mr. Pagán chaired the meeting and Colicia Hercules, Corporate Secretary, kept the minutes thereof.

Mr. Pagán noted for the record, that Jorge Fanjul is representing Deputy Mayor, Dr. Helen Arteaga-Landaverde and Dr. William Fisher is representing Dr. Jorge Petit – both in a voting capacity.

EXECUTIVE SESSION

Upon motion made and duly seconded, the members voted to convene in executive session because the matters to be discussed involved confidential and privileged information regarding patient medical information relating to a particular patient, matters relating to proposed or actual litigation, and the medical, financial or credit history of a particular person or corporation.

OPEN SESSION

The Board reconvened in public session at 3:12 p.m.

Mr. Pagán noted for the record, Jorge Fanjul is representing Deputy Mayor Helen Arteaga Landaverde, Karen St. Hilaire is representing Erin Dalton, and Dr. William Fisher is representing Dr. Jorge Petit – all in a

voting capacity.

ACTION ITEM 3 – ADOPTION OF THE MINUTES

The minutes of the Board of Directors meeting held on June 25, 2026 were presented to the Board. Then, on motion duly made and seconded, the Board unanimously adopted the minutes.

RESOLVED, that the minutes of the **Board of Directors Meeting held on June 25, 2026** copies of which have been presented to the Board be, and hereby are, adopted.

ITEM 4 - CHAIR'S REPORT

GOVERNING BODY

Mr. Pagán advised that during the Executive Session, the Board received and approved NYC Health + Hospitals Medical Staff Credentialing Initial Appointments, Reappointments, and Changes of Privileges for the month of July 2026.

The Board received and approved the governing body oral and written reports from NYC Health + Hospitals/Queens.

The Board also received and approved the 2025 performance improvement and evaluation plan- written submission from NYC Health + Hospital/Segundo Ruiz Belvis, Gotham Center.

The Board received and approved the semi-annual written governing body report for NYC Health + Hospitals/Henry J. Carter Specialty Hospital and; Henry J. Carter Nursing and Rehabilitation Center.

BOARD ENGAGEMENT

Mr. Pagán acknowledged and thanked the Board members' engagement in activities around the System.

- Dr. Espiritu for participating in Bellevue's Joint Commission survey on June 26.
- Ms. Rodriguez and Ms. Hernandez-Piñero for participating in the River Commons housing project ground breaking ceremony on June 29, 2026.
- Ms. Rowe Adams, for hosting the Marjorie Matthews volunteer event on July 16 at Jacobi hospital.
- Ms. Hernandez-Piñero, Ms. Wang, Ms. Rodriguez, Dr. Espiritu, Ms. Rowe-Adams and Ms. Taitt who along with Mr. Pagan, conducted a site visit to Bellevue and the Outposted Therapeutic Housing unit on July 22. Mr. Pagan noted what a great learning experience it was.

VENDEX APPROVALS

Mr. Pagán noted there were 13 items on the agenda requiring Vendex approval, six of which have that approval. There are 10 items from previous Board meetings pending Vendex approval.

The Board will be notified as outstanding Vendex approvals are received.

ACTION ITEM 6:

Dr. Calamia read the resolution

> Authorizing the New York City Health and Hospitals Corporation (the "System") **to authorize a Best Interest Contract Renewal for its existing contract with New York Legal Assistance Group ("NYLAG") for services in connection with the System's Medical Legal Partnership Program** at a not to exceed amount of $23,711,170, which includes a 15% contingency for an initial contract term of five (5) years and two (2) one-year renewal options exercisable at the discretion of NYC Health + Hospitals.
> (Presented to the Medical & Professional Affairs / Informational Technology Committee: 07/13/2026)

Emily Foote, Senior Director, Social Medicine Clinical Services & Population Health, presented background information on the proposed best-interest renewal of NYC Health + Hospitals' long-standing Medical-Legal Partnership with the New York Legal Assistance Group (NYLAG), which provides health-related legal assistance to patients, staff education, as well as patient-level reporting, noting improved access and data capabilities through EMR integration. The best-interest renewal rationale, she explained, is based on NYLAG's excellent performance, specialized capabilities, comprehensive response to a 2023 market assessment, the absence of another known qualified vendor, and the program's clinical and financial benefits, including helping eligible uninsured patients obtain Medicaid coverage. Ms. Foote explained, the proposed agreement would preserve existing services and a total not-to-exceed value of $23.71 million, including a 15 percent contingency for potential labor increases, expanded legal support for patients in or awaiting skilled nursing facility placement and an estimated 13% return on investment.

In response to questions from the Board, Ms. Foote confirmed that while the System is a significant client, NYLAG also serves other major New York City hospital systems.

She further clarified that the data analysis regarding the program's financial return, examined Medicaid enrollment among previously uninsured patients, Social Security Disability assistance, and expedited hospital discharges.

In response to questions regarding the longer contract term, Dr. Nichola Davis, Vice President and Chief Population Health Officer stated that NYLAG's consistent strong performance, long-standing relationship with the System, and minimal cost increases supported the decision for a longer contract term.

After discussion, upon motion duly made and seconded, the Board unanimously approved the resolution.

ACTION ITEM 7:

Dr. Calamia read the resolution

Authorizing New York City Health and Hospitals Corporation (the "System") **to enter into a clinical services agreement with City Orthopedics, PLLC (the "Provider Group") to provide orthopedic services at New York City Health + Hospitals/Metropolitan** for a contract amount of $14,566,699, with a 20% contingency of $2,913,339, to bring the total cost not to exceed of $17,480,038 for an initial term of two (2) years with two (2) one-year options to extend.
(Presented to the Medical & Professional Affairs / Informational Technology Committee: 7/13/2026)

Dr. Anitha Srinivasan, Chief Medical Officer at NYC Health + Hospitals/ Metropolitan, provided an overview of the proposal to contract directly with City Orthopedics for continued orthopedic services, including outpatient care, operating room coverage, and 24/7 emergency coverage. Dr. Srinivasan explained that replacing the existing PAGNY subcontract would eliminate its 3% administrative fee, allow the System to retain professional billing revenue, and establish direct oversight through quality performance measures, while maintaining the same experienced providers without additional risk or administrative burden. Dr. Srinivasan explained the contract terms. Metropolitan would join South Brooklyn Health's existing contract in its second year, with a total not-to-exceed value of approximately $17.48 million.

Dr. Katz emphasized that direct contracting would simplify oversight and allow Metropolitan to manage the services it uses, while clarifying that the change did not reflect dissatisfaction with PAGNY, which would remain a valued physician affiliate. He noted that the full administrative fee may not be eliminated because Metropolitan will need sufficient staff and infrastructure to manage the contract effectively.

In response to questions about Metropolitan's orthopedic practice, Dr. Srinivasan highlighted its strong joint-replacement program and expertise in hip replacement surgery.

The Board questioned whether the change would generate savings after accounting for contract-management resources, and Dr. Katz responded that the retained professional billing revenue and lower management costs were expected to produce an overall financial benefit.

After discussion, upon motion duly made and seconded, the Board unanimously approved the resolution.

ACTION ITEM 8:

Dr. Calamia read the resolution

Authorizing New York City Health and Hospitals Corporation (the

"System"), **upon receiving final approval from the New York State Office of Mental Health, to close the Partial Hospitalization Program at NYC Health + Hospitals/North Central Bronx and reallocate the clinical and operational resources and physical space currently dedicated to the Partial Hospitalization Program to expand its Mental Health Outpatient Treatment and Rehabilitative Services program capacity.**
(Presented to the Medical & Professional Affairs / Informational Technology Committee: 7/13/2026)

Christopher Mastromano, Chief Executive Officer at NYC Health + Hospitals/Jacobi and North Central Bronx was joined by Dr. Haseen Sharma-Cooper, Chairperson of Behavioral Health at NYC Health + Hospitals/Jacobi and North Central Bronx provided an overview of the Partial Hospitalization Program and the requested approval to transition North Central Bronx's underutilized Partial Hospitalization Program into expanded outpatient behavioral health services. They explained that the program currently has a census of 10, a high no-show rate, and approximately 175 monthly visits, while outpatient services have a 60-day waitlist. The transition is expected to increase capacity to approximately 1,100 visits per month. Existing patients would complete treatment, future patients requiring intensive services would be referred to Jacobi's three-day Intensive Outpatient Program, and an Intensive Outpatient Program would eventually be established at North Central Bronx, subject to final approval by the Office of Mental Health.

Dr. William Fisher supported the transition, stating that redirecting resources from the underutilized Partial Hospitalization Program to higher-demand outpatient services was appropriate.

In response to questions from the Board, Dr. Sharma-Cooper explained that the transition would provide a larger space and transfer qualified staff, including an additional psychiatrist and two therapists, to outpatient care, allowing the backlog to be cleared in approximately one month.

In response to Ms. Kawatra's question regarding outcomes, Dr. Sharma-Cooper noted that the Partial Hospitalization Program improves outpatient engagement from approximately 60% to 90%, but benefits only a small number of patients and does not produce substantially different clinical outcomes. Dr. Katz supported the change and reflected on why regulatory approval was required to replace an underutilized program with services for which significant unmet demand exists.

After discussion, upon motion duly made and seconded, the Board unanimously approved the resolution.

ACTION ITEM 9:

Mr. Pagán read the resolution

Authorizing New York City Health and Hospitals Corporation (the "System") **to execute a construction contract with JRM Construction Management (the "Contractor") for the Magnetic Resonance Imaging (the "MRI") Suite Project at NYC Health + Hospitals/Lincoln ("Lincoln")**, for

a total contract amount of $18,110,548, plus a 15% project contingency of $2,716,582.00, resulting in a total authorized project budget not to exceed $20,827,130 and an estimated project duration 18 months.
(Presented to the Capital Committee: 07/13/2026)

Manuel Saez, Senior Vice President, Office of Facilities Development (OFD) presented a proposed MRI suite renovation at Lincoln Hospital, explaining that its existing MRI equipment has exceeded its useful life and the current layout cannot efficiently support the diagnostic needs of the Level I Trauma Center. He also explained the scope of work for the contract. Mahendranath Indar, Assistant Vice President, Office of Facilities Development (OFD) provided an overview of the procurement process. The $18.1 million contract includes 37% M/WBE participation and a 15% contingency for potential unforeseen conditions, bringing the total project budget to approximately $20.8 million. Construction is expected to begin in October 2026 and continue for 18 months.

Following questions from the board, Mr. Saez confirmed that funding for the new MRI machine has been identified.

In response to Ms. Hernandez-Piñero's question regarding the 18-month construction schedule, Mr. Indar explained that installation may require removal of an exterior wall and must account for equipment lead times and cooling requirements.

The Board asked whether the new MRI would improve efficiency and capacity, and Cristina Contreras, CEO of NYC Health + Hospitals/Lincoln confirmed that the upgraded model would provide faster procedures, readings, and higher-quality imaging than the hospital's antiquated equipment.

After discussion, upon motion duly made and seconded, the Board unanimously approved the resolution.

ACTION ITEM 10:

Mr. Pagán read the resolution

Authorizing New York City Health and Hospitals Corporation (the "System") **to execute a competitive lump-sum construction contract with CVM Construction Corp (the "Contractor") for the Woodhull Outposted Therapeutic Housing Units ("OTxHU") Early Works – Curtainwall Project at NYC Health + Hospitals/Woodhull ("Woodhull"),** for a contract value of $31,875,300 with a 15% contingency of $4,781,295, and a not to exceed of $36,656,595, and an anticipated contract duration of fourteen (14)
months.
(Presented to the Capital Committee: 07/13/2026)

Tim O'Leary, Senior Assistant Vice President, Correctional Health Services, presented the Woodhull Hospital curtain wall project, the first component of a broader construction plan for a secure Outposted Therapeutic Housing Unit operated by Correctional Health Services and the NYC Department of Correction. Mr. Indar explained that the project will replace the existing exterior façade on the ninth and tenth floors and install a secure curtain

wall across the ninth through eleventh floors in compliance with required security standards. CVM Construction Corp. was selected following a competitive procurement, with a 28% M/WBE commitment. The project has a total not-to-exceed value of $36.6 million, including a 15% contingency for unforeseen façade conditions, and is scheduled from October 2026 through November 2027.

Ms. Taitt asked whether CVM's three prior façade projects were comparable in cost and duration to the proposed work. Mr. Indar stated that those projects were completed for the School Construction Authority and that their cost and schedule information was not immediately available. He explained that the proposed project's cost and schedule were validated against the consultant's estimate and that the prior projects were cited primarily to demonstrate CVM's relevant experience and good standing, as this would be the contractor's first project with NYC Health + Hospitals.

After discussion, upon motion duly made and seconded, the Board unanimously approved the resolution.

ACTION ITEM 11:

Mr. Pagán read the resolution

> Authorizing New York City Health and Hospitals Corporation (the "System") **to enter into contracts with seven (7) construction management firms: Jacobs Project Management Co., STV Construction, Inc., TDX Construction Corporation, Greenway USA, LLC, Hunter Roberts Construction Group, L.L.C., AECOM USA, Inc., and LiRo Program and Construction Management, PE P.C. (collectively, the "Vendors"), to provide professional Construction Management (CM) Services on an as-needed basis for projects throughout the System**, for an initial term of three (3) years with two (2) one-year options for renewal, exercisable solely at the discretion of the System, for a total collective not-to exceed sum of $50,000,000 for all seven (7) contracts.
> (Presented to the Capital Committee: 07/13/2026)

Mr. Saez provided historical information about the vendor pool, and an overview of the request to establish a new pool of construction management firms to provide as-needed services across the System's expanding capital portfolio, including project administration, scheduling, cost control, inspections, testing, reporting, value engineering, and change-order negotiations. Mr. Indar explained procurement and vendor selection process. The proposed contracts have a combined not-to-exceed value of $50 million, a three-year base term beginning January 1, 2027, two optional one-year extensions, and M/WBE commitments of at least 30% from each vendor. The vendor performance rating ranges from good to excellent.

Following questions, Mr. Indar explained that while more vendors submitted proposals, they did not score high enough because the selected firms offered stronger pricing and overall methodologies.

After discussion, upon motion duly made and seconded, the Board unanimously approved the resolution.

ACTION ITEM 12:

Ms. Hernandez-Piñero read the resolution

> Authorizing the Executive Director of MetroPlusHealth Plan, Inc. ("MetroPlus"), **to exercise best interest extensions for additional two-year term with Bellweather LLC ("Bellweather") and Prager Creative LLC** ("Prager"), for a total combined increased spending authority of $25,000,000, including a 10% contingency, to increase the total spending authority from $35,000,000 to $60,000,000, for outsourced media buying, creative advertising and marketing, digital content and social media, and public relations services. (Presented to the MetroPlus Health Board of Directors: 06/10/2026)

Laura Santella-Saccone, Chief Marketing and Brand Officer MetroPlusHealth Plan, provided background information on the requested two-year best-interest extension through July 31, 2028, for MetroPlus Health's marketing vendors, Bellweather and Prager, with an additional $25 million in spending authority, increasing the total authorization to $60 million. Ms. Santella-Saccone explained that Bellweather provides brand strategy and creative services, while Prager manages media planning and purchasing, providing specialized expertise and accountability. She stated that retaining both vendors would preserve brand stability and support enrollment, retention, and member communication amid anticipated market and coverage changes. She highlighted strong vendor performance and measurable results, including increased brand awareness, consideration, website traffic, and more than 25,000 qualified leads.

The Board asked how the agencies support member retention. Dr. Talya Schwartz, President & Chief Executive Officer of MetroPlusHealth Plan explained that they develop member-engagement strategies, including 90-day onboarding, six- to nine-month retention campaigns, benefit and provider communications, appointment reminders, and outreach regarding available rewards, with approximately 60% of marketing spending focused on retention.

The Board praised MetroPlus Health's presentation of expenditures and return on investment, emphasizing that retention reduces acquisition costs and protects revenue.

Ms. Hernandez-Piñero stressed that anticipated coverage losses and growing confusion about healthcare eligibility would require unprecedented member education, making the investment especially necessary. Dr. Katz agreed, noting that members often attribute State or Federal coverage and formulary decisions to MetroPlus Health, underscoring the importance of clear communication during the coming period.

After discussion, upon motion duly made and seconded, the Board unanimously approved the resolution.

ITEM 5 - PRESIDENT'S REPORT – FULL WRITTEN SUBMISSION INCLUDED IN THE MATERIALS

MAYOR MAMDANI BREAKS GROUND ON RIVER COMMONS DEVELOPMENT, BRINGING 328 AFFORDABLE AND SUPPORTIVE HOMES TO THE SOUTH BRONX
Mayor Mamdani, NYC Health + Hospitals, the New York City Department of Housing Preservation and Development and development partners broke ground on River Commons, a development that will bring 328 affordable and supportive homes, an expanded public health care center, and new public green space to the South Bronx.

JOINT COMMISSION RECOGNIZES MATERNAL HOME AS A BEST PRACTICE
NYC Health + Hospitals' Maternal Home program model has been recognized by the Joint Commission as a JC SAFEST Performance Strength. The model provides coordinated, wraparound support for pregnant and postpartum patients at risk for adverse outcomes.

NYC HEALTH + HOSPITALS NAMED ON 2026 LIST OF WORLD'S TOP DISABILITY INCLUSIVE BUSINESSES
The System announced that it has been recognized as a World's Top Disability Inclusive Business based on its performance on the Disability Index, the leading global benchmark for disability inclusion in business.

KEEPING NEW YORKERS COOL DURING PERIODS OF EXTREME HEAT
In response to Code Red emergencies over two stretches of extreme heat in July, NYC Health + Hospitals — in partnership with the Department of Homeless Services (DHS) and Department for the Aging (DFTA) — launched the Cooling Outreach On-Location (COOL) initiative. The COOL program meets vulnerable New Yorkers where they are by providing critical cooling resources, including clinical assessments, access to air-conditioning, hydration, electrolytes, cooling towels, sunscreen, food, and transportation to city cooling centers, shelters, and hospitals.

NYC HEALTH + HOSPITALS/QUEENS NEONATAL INTENSIVE CARE UNIT AWARDED GOLD BEACON AWARD FOR EXCELLENCE
The Neonatal Intensive Care Unit (NICU) at NYC Health + Hospitals/Queens was honored with the prestigious Gold Beacon Award for Excellence from the American Association of Critical-Care Nurses (AACN).

NYC HEALTH + HOSPITALS/ELMHURST CELEBRATES NEW POINT-OF-CARE MRI WITH QUEENS BOROUGH PRESIDENT DONOVAN RICHARDS
NYC Health + Hospitals/Elmhurst and Queens Borough President Donovan Richards held a ribbon-cutting to celebrate a new MRI system, which will bring advanced brain imaging directly to patients' bedsides and allow clinicians to obtain critical diagnostic information without transporting patients to a traditional MRI suite.

NYC HEALTH + HOSPITALS/KINGS COUNTY SUCCESSFULLY PERFORMS ITS FIRST BREAST TUMOR CRYOABLATION PROCEDURE
NYC Health + Hospitals/Kings County successfully performed its first breast tumor cryoablation procedure, marking a significant milestone in advancing breast cancer care through an innovative, minimally invasive treatment option for eligible patients with early-stage breast cancer. As the first hospital in the NYC Health + Hospitals system to offer the procedure, Kings County Hospital continues its commitment to patient-

centered care by providing additional options that prioritize both clinical excellence and quality of life.

REAL ESTATE UPDATE

• NYC Health + Hospitals/Sea View has licensed 2,000 square feet of cafe space to the Grace Foundation of New York. The Foundation will use the space to provide food services for the facility and job training to its clients on the autism spectrum. The term is for five years with no fee. The license began April 1, 2026. This complements the health care system's patient services.

• NYC Health + Hospitals/Lincoln has licensed 3,220 square feet of café and kiosk space on the ground floor to Healthy Choice Gourmet VIII. The vendor will provide food service to the facility. The term is for five years with an annual fee of $192,600. The total will be $1,022,540. This is based on third party fair market value assessment of neighborhood commercial space.

BOARD DISCUSSION

Ms. Hernandez-Piñero asked whether Lincoln Hospital currently had a NICU and whether the proposed improvements would expand its capabilities. Dr. Katz confirmed that the hospital has a NICU but that its existing space is inadequate for current patient volume and modern neonatal care. He explained that the redesigned space would better accommodate demand while improving privacy and opportunities for parental involvement in infant care.

COMMITTEE AND THE STATEN ISLAND ANNUAL PUBLIC MEETING REPORTS

Mr. Pagán noted that the Committee and the FY 2026 Staten Island Annual Public Meeting reports were included in the e-materials for review and are being submitted into the record. Mr. Pagán welcomed questions or comments regarding the reports.

OLD BUSINESS/NEW BUSINESS

ADJOURNMENT

Hearing no old business or new business to bring before the New York City Health + Hospitals Corporation Board of Directors, the meeting was adjourned at 4:18 p.m.

Colicia Hercules
Corporate Secretary

COMMITTEE REPORTS

Medical and Professional Affairs / Information Technology Committee– July 13th 2026
As Reported by Dr. Calamia
Committee Members Present- José Pagán, Deborah Brown /Sally Hernandez-Piñero, Dr. Michael Espiritu, Dr. Patricia Marthone;

Dr. Calamia, called the meeting to order at 9:02AM.

Dr. Calamia noted for the record Ms. Deborah Brown is representing Dr. Katz in a voting capacity.

Adoption of the minutes of the April 13th, 2026 Medical and Professional Affairs/Information Technology Committee. Upon motion made, was seconded and approved.

Action Item
Nichola Davis, MD, Vice President, Chief Population Health Officer and Emily Foote, Senior Director, Social Medicine Clinical Service and Population Health, presented to the committee:

Authorizing the New York City Health and Hospitals Corporation (the "System") to authorize a Best Interest Contract Renewal for its existing contract with New York Legal Assistance Group ("NYLAG") for services in connection with the System's Medical Legal Partnership Program at a not to exceed amount of $23,711,170, which includes a 15% contingency for an initial contract term of five (5) years and two (2) one-year renewal options exercisable at the discretion of NYC Health + Hospitals.

New York Legal Assistance Group (NYLAG) is a nonprofit, civil legal services organization and they assist New Yorker across the 5 boroughs. Their Legal Health division, with whom we have partner with since 2002 provides direct legal services at clinics across NYC Health+ Hospitals system, by addressing corresponding legal needs, removing legal barriers to better health for patients with limited financial resources.

The overall Medical Legal partnership program in addition to the direct health-related legal assistance provided to patients, also provide ongoing education and support to NYC Health + Hospitals staff. The legal assistance ranges from public benefits, housing, immigration, health insurance, advance planning, income maintenance, and application for green cards or other immigration status, such as naturalization, sponsorships, visa and more. The level of service provided to patients can range from brief advice and counsel to full representation.

The overall goal is to sustain and strengthen medical-legal partnership to address health-harming legal needs of patients.
The objectives are to deliver effective, impactful health related legal services through on-site, in-person, and virtual appointment managed with in NYC Health +

Hospitals EMR system. Education will be continued to provide training to Health + Hospitals staff on health harming legal issues, and potential benefits of legal intervention to lead top hire quality referrals.
Current Contract between NYC Health + Hospitals and NYLAG provides: Delivery of health-related legal services to at least 3K patients annually via onsite attorneys

- Assistance with new SSI/SSDI applications to up to 200 patients annually
- Documentation of appointment status in electronic health record
- Provision of annual training (2 per hospital; 8 systemwide) for H+H staff to strengthen medical-legal referrals + individual consultation as needed
- Submission of regular patient-level reports
- Current Spend: $7.68M – 3-year contract

NYC Health + Hospitals Infrastructure investment: EMR architecture, dedicated staffing and data exchange have optimized the Medical Legal Partnership.

Clinical staff can place referrals in the EMR, appointments can be managed there as well. There is a dedicated team that manages these appointments. The legal staff at NYLAG have limited EMR access to the chart, only can see demographics of the patient. These changes have provided better access for the legal services. The no show rate is better, it provides update status of the appointment. It has improved to H+H staff and NYLAG across the board.

Under OP 100-05, the System can renew a contract with appropriate vendor and pricing due diligence rather than re-procure when it is in the System's best interest to do so. Intersecting funded services: MOIA – immigration legal services funded by MOIA on site at 3 NYC H+H Facilities; Immigrant Health Initiative (IHI) – additional immigration legal services funded by City Council at NYC Health + Hospitals. Pricing Due Diligence: New contract will preserve all existing services with minimal cost increases for up to seven years; Contract costs are largely covering NYLAG's PS costs, with 10% overhead. The attorneys are unionized and executed recent collective bargaining agreement.

The Board members questions/comment:

- *interested in seeing the cost benefits analysis. Response from Ms. Foote; they worked with an outside consultant from NYU Population Health, who advised them on the methods. Primarily looked at three populations, one was patients that were uninsured prior to their NYLAG intake and who were able to access Medicaid coverage, hospitalized patient with social barriers to discharge, which NYLAG helped to discharge sooner, then the patient who received assistance with social security disabilities. When that happens, it results into a risk attributed to H+H and results in a higher premium coming back to Health + Hospitals.*

- *As far as the contingency fee, and are the anticipated concerns driving the 15% contingency fee? Are there any regarding confidentiality? Ms. Foote, an initial dip in referrals as well as patients who had been referred declining to move forward with an intake appointment with NYLAG. Other, hospital systems across the City who also partner with NYLAG also saw this dip. A message Emphasizing to staff who communicate with patients that the services are completely confidential and that patients are not obligated to pursue any Legal course just because they have an initial meeting with an attorney. the referral trends start to stabilize*

again. In terms of the contingency, it's primarily for two factors. One is we don't currently have an attorney dedicated under the model supporting nursing home patients and the and the landscape there for insurance access is really complex, details haven't been worked out yet. Also, because the staff is unionized and we anticipate further collective bargaining, we want to have a little bit of a buffer there since it's a longer duration.

The resolution was duly seconded, and unanimously adopted by the Committee for consideration by the full Board.

Anitha Srinivasan, MD Chief Medical Officer, Metropolitan Hospital, presented to the committee:

> **Authorizing New York City Health and Hospitals Corporation (the "System") to enter into a clinical services agreement with City Orthopedics, PLLC (the "Provider Group") to provide orthopedic services at New York City Health + Hospitals/Metropolitan for a contract amount of $14,566,699, with a 20% contingency of $2,913,339, to bring the total cost not to exceed of $17,480,038 for an initial term of two (2) years with two (2) one-year options to extend.**

City orthopedics have been a long-time provider of care for Metropolitan. The ask is to move the contract, which is a subcontract with PAGNY over to Health + Hospitals as a vendor. There are distinct advantages to this. Previously there was a 3 % PAGNY carrying cost or administrative cost that we will be saving on, as well as the professional billing which is the part B billing, for all the doctor's services will now be held by health + hospitals as opposed to PAGNY. It will be the same positions and the group that will continue to provide care, and have been providing quality care.

This contract moving over will save us the 3 % administration fees, as well as bring in some extra revenue for Health + Hospitals with the part B professional billing services. This will also add quality KPIs, PGANY is aware of this shift and they are in agreement. The benefits, are introducing the KPIs, getting the professional billing revenue in addition, and it also eliminating the administrative fees, which was given to PAGNY for being the contract holder. The same physicians are being maintained in the group that we are very happy with, will continue the stability and the continuity of care, which will be uninterrupted

Metropolitan is entering, the contract at the start of year two, which will be in October and the contract is at 5-year (3-1-1) term year contract. The costs are $3.641,676, one 3.641 base contract and the total contract will be 14 million with a contingency reaching 17. This includes 2047 emergency coverages. It includes elective surgeries and emergencies all the time, and, about 5.5 sessions of clinic or outpatient work per week.

The Board raised a question; *Do we have a sense of with us being in control of the KPIs, how much revenue? They currently, make about 7 million already for us with their services, they're net positive. Adding the professional fee, it will bring us to about 300,000 extra.*

The resolution was duly seconded, and unanimously adopted by the Committee for consideration by the full Board.

Christopher Mastromano, Chief Executive Officer, Jacobi Hospital, and Haseen Sharma-Cooper,MD Vice Chair of Behavioral Health, presented to the committee:

> **Authorizing New York City Health and Hospitals Corporation (the "System"), upon receiving final approval from the New York State Office of Mental Health, to close the Partial Hospitalization Program at NYC Health + Hospitals/North Central Bronx and reallocate the clinical and operational resources and physical space currently dedicated to the Partial Hospitalization Program to expand its Mental Health Outpatient Treatment and Rehabilitative Services program capacity.**

The partial hospitalization program at North Central has been in existence since the early 1990s. It's set to have a census of 34 patients. It's been averaging about ten patients. It provides an added layer of care that people do not need inpatient care, but they certainly a higher level than regular outpatient. Volume over the years has continued to go down. We've seen about a 175 visits a month. No show rate's pretty consistent about 25 %. The outpatient service faces significant demand with up to a 60-day waitlist. Reassigning staff will increase outpatient census capacity from 700 to 1,000 patients.

Conversation has been had with the Office of Mental health. They support this proposed action. A resolution is needed from the Governing Body to move this forward. The program closure target date is September 8th, and any existing patients needing higher-level care can be absorbed into the intensive outpatient program (IOP) at Jacobi. Approval has been given to use the space because it was underutilized space. They can begin to see outpatient behavioral health patients. Overall there is a net increase in the number of patients that can be treated and will eventually apply for an intensive outpatient program at North Central as well.

The Board members questions/comments:

- *Do you get any argument that says you shouldn't close this? Dr. Sharma responded; That'll be hard because of the of low volume of patients we treat, and most of the patients in the Bronx don't really want that intensity. It's a six-week program Monday through Friday. It's quite difficult on the patients and very few patients actually come every day as they're opposed to. Most of the patients actually come about three times a week and the staff really have to work hard to encourage them to come. Whereas the outpatient services, there's a huge demand for that. We try to refer all our discharges from inpatient to our own outpatient program from the CPent back to them. The requirements are a little more stringent now about giving CPent patients an appointment before they leave the CPent too, it's much easier this way before we discharge them, we can give them an appointment. What this has created, despite our increase in staffing in the OPD, the waitlist has continued to climb up. When you think about the number of patients we could really help more, there is no argument there.*

- *where are you referring them to in case they're in need of this and what you currently have there. Dr Sharma responded; the frequency of visits is lower. Hours is five days a week. Whereas an IOP is between three to four days a week, usually three days a week, and it's about three to 4 hours a day, a half day program.*

- *You talk about future plans in terms of outline for the certification, inpatient, intensive outpatient program. How long does that take? Dr. Sharma-Cooper responded; we have to go back to OMH and apply for it. It doesn't take very long, it takes approximately a month or so, but we'll assess the need for it before we jump into.*

- *Do they take the certification that you already have in Jacobi and apply it to NCB? Mr. Mastromano responded; A satellite can be done, OMH licenses per site as opposed to the facility. Even though it's legally one hospital, there is two different licenses.*

- *What's your anticipation once we bring this program on board in the reduction to have census? Dr. Sharma responded Building up the census will also decrease the wait list. There isn't much of a waitlist for patients being discharged from inpatient and those patients get priority. It's the community referrals that have the waitlist. There will be two additional psychologists to add to the staff staffing model, one social worker, one psychiatrist, that will increase capacity. Right now, it if difficult providing Therapy service, 3 additional staff members will be helpful.*

- *Will there be any physical change? Mr. Mastromano responded; some minor capital work has to be done. The existing space can be used for now, but to make it more efficient, work will need to be done, and most of that work will be done in house with our existing teams.*

The resolution was duly seconded, and unanimously adopted by the Committee for consideration by the full Board.

CHIEF INFORMATION OFFICER REPORT

Dr. Kim Mendez, Senior Vice President and Corporate Chief Information Officer, provided the following highlights:

Dr. Kim Mendez presented an update on the following highlights: Unprint Initiative: The system is 35% through its five-year Unprint initiative, which has successfully achieved an overall volume and cost reduction of 23% for both black-and-white and color printing.

Dr. Michael Bouton, Chief Health Informatics Officer and Katherine Thayer Chief Application Officer, presented the update regarding the Epic Update and Failover. The upgrade is scheduled for late September, which is slightly off-cycle to align with testing for Brooklyn projects. A data center failover will also take place at this time to build system resiliency.

Ammu Menon, Chief Data and AI Officer, continued the report by discussing the Ambient AI Rollout. The system launched Abridge ambient AI technology in May for primary care physicians. The technology listens to patient encounters, transcribes them, and generates clinical notes. Over 200 physicians are currently using the tool, generating roughly 10,000 notes, which has improved the rate of same-day note closures from 50% to 77%.

The Board raised a question; *How is the system monitoring the AI to ensure the note content is accurate and free from hallucinations? Ms. Menon responded that physicians must review the notes before signing, the platform evaluates*

performance on the back end, and patient consent is required verbally for each and every encounter before the tool can be turned on.

SYSTEM CHIEF NURSE EXECUTIVE REPORT
Natalia Cineas, DNP, System Chief Nurse Executive, Office of Patient Center Care, provided the following highlights.

Nurse Residency Program: As of June 2026, 2,035 employees have enrolled in the Nurse Residency Program. The program has maintained a 95% retention rate for 2025 and has saved over $107 million in hiring costs since 2019. The goal has always been to get our nurse residency program PTAP accredited. PTAP stands for Practice Transition Accreditation Program (PTAP). Application was successful submitted to ANCC in June 2025 followed by submission of a self-study in November 2025 and a virtual visit in February 2026. The NCCP accreditation Signifies national recognition, evidence-based standards, organizational commitment to nursing excellence, and distinguishes the institution from competitors when recruiting.

NYC Health + Hospitals now has PTAP accreditation, becoming the 327th health system globally to receive it. Magnet and Excellence Designations: Both Queens and South Brooklyn hospitals successfully submitted their Magnet documents in May 2026, and with survey visits scheduled for the fall. Additionally, Queens Hospital received the PRISM designation for medical-surgical nursing. Nurses week celebrations took place 6 May through 12 May with our nurses' team a lot of great celebratory events across our entire system.

The rolled out of more certified nurse's walls at Woodhall and at Lincoln. The Hall was the 7th facility to unveil the certified nurse's wall. We had over 50 frontline staff and CEOs and physicians in attendance showing support. Also, in discussion a fireside chat on lawn forgiveness to ensure that our nurses know how to submit loan forgiveness applications.

The Board commended *the nursing team on the exceptional 95% retention rate for 2025, noting how difficult it is to retain nurses in the current climate.*

CLINICAL AFFAIRS AND BUSINESS STRATEGY REPORT
Wendy Wilcox, MD, Chief Women's Officer, System Chief Obstetrics & Gynecology provided the following highlights.

The Paragon Vigilance system, is an advanced maternal early warning system both for maternal vital signs as well as it helps our clinical teams make decisions on fetal heart rate tracings in the labor and birthing suites and our postpartum units there are many threats to patient safety. It is an early warning system, it's designed and it notifies the care teams of possible concerning maternal or fetal trends. It can help the care team with situational awareness, and it helps to reorient what is going on with both patients. It provides comprehensive patient data on one screen, and it enhances patient care delivery.

The hub board is located at all work sites, the rooms, nurses' stations, and well-designed spaces around the unit that everyone can see it. The pilot took place at North Central Bronx, now it been deployed to Metropolitan, Jacobi, Lincoln and Harlem, which just went live last week without a hitch. The next, six sites are going to happen shortly. The next step will also be to provide mobile access to providers. This is an example of how we are going to be able to deploy it so that providers can have it on their phones, and that is the next step to

add to situational awareness and if someone needs to look at it remotely that they will be able to do so.

Ambulatory Care Update
Theodore Long, MD Senior Vice President Ambulatory Care Operations, provided a written report.

METROPLUS HEALTH PLAN, INC.
Dr. Sanjiv Shah, Chief Medical Officer, MetroPlus Health System, provided the following highlights:

Medicare Advantage Stars: Prior to June 17th 2026 Metro Plus was a 3.5 star plan in Medicare advantage. As a result of litigation brought forth by a plan in Georgia for Health that went to CMS and to court to challenge how certain stars were calculated by CMS. Following the litigation that forced CMS to remove certain operational measures, MetroPlus's rating was recalculated, allowing the plan to achieve a four-star rating. This rating will result in an additional $15 million in revenue for 2027, which will be used to expand, membership, over the counter card, vision and dental benefits.

Medicaid Consumer Satisfaction: MetroPlus is currently the second-highest rated plan in New York State for consumer satisfaction. It speaks to both member experience, customer services, and also the experience our members are having their patients, particularly at New York City Health + hospitals. This ties into the eye care initiative as well. This has been duplicated in the HIV special needs plan. This is a plan that serves people living with HIV. We are significantly outperformed the other two snips in New York State. The Health and Recovery Plan (HARP) achieved a maximum 20 out of 20 points of consumers satisfaction. The proof of this collaboration is the outcomes.

Value-Based Care Collaboration: MetroPlus is closely collaborating with H+H to leverage electronic clinical data—such as continuous glucose monitors and Epic data exchange—to improve quality outcomes across lines of business. Such as work across the health and recovery plan, HIV special needs plan, Medicaid, as well as the essential plan, where these are the four big line. A central driver of their value-based care arrangement is ensuring that members get their initial appointments by live telephone calls, epic chart messaging and a lot of digital access making sure members are getting their appointment.

The Board raised a question; *Are the value-based care arrangements directly connected to money savings? Dr. Shah responded that people that are getting good primary and specialties care by keeping patients out of the hospital, costs go down, which creates a surplus that is reinvested into H+H; however, you cannot achieve that surplus by under providing care. The quality measures keep you where you need to be at. You don't see surplus savings until you reach the quality care targets in the ambulatory care space.*

Board member raised a question; *any issues challenges with the changeover in the enrollments? Dr. Shah responded; be an ongoing challenge, particularly when some of the people seek care in case where there's issues when they present for care, anything that will happen. The goal is to work again collaboratively to ensure that we are collaborating with legal agencies and others to make sure coverage is robust. July 1st 30000 people in the essential plant five had coverage issue. Some of them still don't have coverage, and that is being worked on.*

There being no further business, the meeting was adjourned 10:08.

Capital Committee Meeting – July 13, 2026
As reported by: José Pagán
Committee Members Present: Deborah Brown, Freda Wang, Jeremy Resnick, Patricia Marthone, Tricia Taitt, Vanessa Rodriguez, and Sally Hernandez-Piñero.

José Pagán called the meeting to order at 10:14 a.m. and stated for the record that Deborah Brown would be representing Mitchel Katz, MD, and Jeremy Resnick would be representing Erin Dalton, both in a voting capacity.
Mr. Pagán called for a motion to approve the minutes of the June 8, 2026, Capital Committee meeting.

Upon motion made and duly seconded the minutes of the Capital Committee meeting held on June 8, 2026, were unanimously approved.

VICE PRESIDENT REPORT

Mr. Saez provided an updated on essential infrastructure and clinical renovation projects throughout the system:

NYC H+H/Bellevue: The CT Renovation project is nearing completion. The existing CT had reached the end of its useful life and Bellevue has experienced an increase in the number of patients requiring CT diagnostic services. The 1st phase, installation of the new additional unit, has been completed and in operation. Phase 2 will replace the existing machine and renovate additional spaces such as the staff lounge, bathrooms and reading room, and provide additional storage. Phase 2 is scheduled for completion in September 2026.

NYC H+H Queens: The MRI Suite Renovation is on schedule for completion by the end of this summer. The previous MRI had reached the end of its useful life and was removed from service in January 2023. Queens relied on a temporary portable MRI machine to provide services during construction. The new MRI Suite, located on the ground floor of the Main Building, has doubled in size to 1,385 SF. The new suite includes renovations to the Patient Waiting Area, Interview Area, Gowning Room, Injection Room, and Patient Restrooms. This new layout along with the new state-of-the-art equipment will provide improved diagnostic services, efficient patient flow, and allow greater access to improved healthcare services for the Community.

We had two OFD leaders honored for their work recently. NYC H+H/Woodhull's Capital Director Kristina "Kiki" Blazevski-Charpentier, received two awards in Spring: American Institute of Architects (AIA) New York State "Excelsior Award for Design Excellence by a Public Architect"; and NYC DCAS Energy Management Division, "Agency Energy Champion". NYC H+H/Bellevue's Capital Director Yunjung Lee was recognized by CRAIN's New York Business as a 2026 notable leader in architecture, engineering and construction. Our team works tirelessly to maintain and improve our crucial facilities, and it is great to see their work celebrated.

ACTION ITEMS

Mr. Saez read the resolution into the record:

Authorizing New York City Health and Hospitals Corporation (the "System") to execute a construction contract with JRM Construction Management (the "Contractor") for the Magnetic Resonance Imaging (the "MRI") Suite Project at NYC Health + Hospitals/Lincoln ("Lincoln"), for a total contract amount of $18,110,548, plus a 15% project contingency of $2,716,582.00, resulting in a total authorized project budget not to exceed $20,827,130 and an estimated project duration 18 months.

Mr. Saez presented background information, scope of the project, overview of the procurement, summary of contract specifics, and budget.

- Mr. Pagán asked why the duration of the procurement was so lengthy, with site visits in July of 2025 and proposals due in April of 2026.
  - Mr. Saez said that there had been a few addendums issued and that could have been a cause but he'd have to get back to him with more specifics.

After discussion, upon motion duly made and seconded the resolution was approved for consideration by the Board of Directors.

Mr. Saez read the resolution into the record:

Authorizing New York City Health and Hospitals Corporation (the "System") to execute a competitive lump-sum construction contract with CVM Construction Corp (the "Contractor") for the Woodhull Outposted Therapeutic Housing Units ("OTxHU") Early Works – Curtainwall Project at NYC Health + Hospitals/Woodhull ("Woodhull"), for an contract value of $31,875,300 with a 15% contingency of $4,781,295, and a not to exceed of $36,656,595, and an anticipated contract duration of fourteen (14) months.

Mr. Saez presented background information, scope of the project, overview of the procurement, summary of contract specifics, and budget. Mr. Saez was joined by Patricia Yang, Senior Vice President, Correctional Health Services.

- Ms. Taitt said it would be helpful to see an all-encompassing overview of the OTxHU projects, at all the sites. Noting that they were all in various stages and had different components, and contracts, and vendors, and budgets, and would provide a greater level of understanding to see it all laid out. It would provide context to the numbers that are being presented.
  - Mr. Saez said that could be provided.
- Mr. Pagán noted that there were many moving parts.
  - Mr. Saez said yes, there are many phases and many components and that they will work to provide the requested information.
- Ms. Wang asked if this project required a curtain wall because it spanned multiple floors.
  - Ms. Yang said yes, both the Woodhull and NCB projects were on multiple floors.
- Ms. Wang asked if hospital functions would be affected.
  - Mr. Saez said no, other than some potential noise.

After discussion, upon motion duly made and seconded the resolution was approved for consideration by the Board of Directors.

Mr. Saez read the resolution into the record:

Authorizing New York City Health and Hospitals Corporation (the "System") to enter into contracts with seven (7) construction management firms: Jacobs Project Management Co., STV Construction, Inc., TDX Construction Corporation, Greenway USA, LLC, Hunter Roberts Construction Group, L.L.C., AECOM USA, Inc., and LiRo Program and Construction Management, PE P.C. (collectively, the "Vendors"), to provide professional Construction Management (CM) Services on an as-needed basis for projects throughout the System, for an initial term of three (3) years with two (2) one-year options for renewal, exercisable solely at the discretion of the System, for a total collective not-to-exceed sum of $50,000,000 for all seven (7) contracts.

Mr. Saez presented summary information on the current services, overview of the procurement of the new contracts, and anticipated budget.

- Ms. Taitt asked what the Satisfactory rating represented.
  - Mr. Saez said, they have done a good job. They are not excellent but are not poor. Could they make improvements, yes.
- Ms. Taitt asked what makes for a Good or Excellent rating.
  - Mr. Saez said, there are many components to a rating; are they doing the administrative work, time, budget, intuitiveness, collaboration. Excellent would be not just doing the job but doing the whole job.
- Mr. Resnick asked how the determination to complete things in house versus with a consultant is being made.
-
  - Mr. Saez said it's one of the things that we have approached with finance this year, and we've been working on over the last couple of years, but I think now we have worked closely with the facilities on establishing a sound overtime budget. It’s about planning and prioritizing and having all the tools available and finding balance.
- Ms. Hernandez-Piñero asked if the $50 million budget was in addition to the $50 million for the current pool.
  - Mr. Saez explained that this would be a not-to-exceed amount for the new pool of contracts, for the term of those contracts.
- Ms. Wang clarified that the current contracts would end at the end of the calendar year, and the new pool would replace the prior with a not-to-exceed amount of $50 million, with a start date of January 2027.
  - Mr. Saez confirmed.
- Ms. Wang asked how usage was managed.
  - Mr. Saez said it depends on the specific projects, familiarity with the sites, and other factors. We do also perform mini-RFPs and work to spread work across the available pool of consultants.
  - It was also clarified that the new incumbents were evaluated by the NYC Passport system

After discussion, upon motion duly made and seconded the resolution was approved for consideration by the Board of Directors.

There being no further business, the Committee Meeting was adjourned at 10:41 a.m.

Finance Committee Meeting – July 13, 2026
As Reported By: Freda Wang
Committee Members Present: Freda Wang, José Pagán, Patricia Marthone, Tricia Taitt, Sally Hernandez-Piñero, Deborah Brown

NYC Health + Hospitals Employees in Attendance:
Michline Farag, John Ulberg, Marji Karlin, Allison Hartmann, Megan Meagher, James Cassidy, Linda DeHart, Clifford Chen, Rafelina Hernandez, Colicia Hercules

CALL TO ORDER
Ms. Wang called the meeting of the New York City Health + Hospitals Board of Directors Finance Committee Meeting to order at 11:04 a.m.
Ms. Wang noted for the record that Deborah Brown is representing Dr. Mitchell Katz in a voting capacity.
Ms. Wang called for a motion to approve the May 11, 2026 minutes of the Finance Committee meeting.

> Upon motion made and duly seconded the minutes of the Finance Committee meeting held on May 11, 2026 were adopted.

FINANCIAL UPDATE
Mr. Ulberg opened the presentation with the FY-2026 Quarter 3 Highlights. He conveyed that June closed with $821.7M (26 days cash-on-hand). The budget underperformed by less than 1% (-0.5%) and closed Year-to-Date April (Apr YTD) with a negative Net Budget Variance of -$98.5M.

Mr. Ulberg continued that direct patient care receipts increased by $197.5M compared to the same period in FY-25. Our IP discharges are 1.2% lower than the same time last year, while our OP visits are up by 2.2% for the same period. After adjusting for the IP discharge volume decline, we are still up by $202M in inpatient care revenue as patients we serve in our inpatient settings show higher acuity (higher CMI by 4.4%), and outpatient revenue is $87M higher due to higher volume and rates. Improvements are ongoing as we continue to implement our revenue cycle best practice initiatives, negotiate better contracts and focus on strategic initiatives. The year-to-year improvement in patient care revenue is offset by -$93M, resulting from the timing impact of the FY-25 receipts due to residual/secondary billing payments from CHC delays, and timing of UPL conversion payments offset by the ACR supplementals received.

Our strategic financial initiatives are on track, with the FY-26 incremental target adjusted to reflect baselined initiatives, demonstrating consistent and reliable performance over time. Through April, we achieved $307M, compared to a financial plan target of $472M. Several areas of strong Apr YTD performance were noted. Additional areas of opportunity and focus include reducing the average length of stay for alternate level of care (ALC) patients, achieving revenue cycle best-practice performance metrics, and expanding behavioral health services.

Mr. Ulberg continued presenting the cash projections for FY-27. The System is estimated to close July with approximately $1.2 billion (38 days cash-on-hand) and expects to close August with approximately $800 million (25 days cash-on-hand). We continue to work closely with the City on our remaining liabilities due to them as we continue to closely monitor our cash position.

Mr. Ulberg continued presenting the external risks. Several areas of focus are Essential Plan changes and Medicaid presenting a financial challenge to NYC Health + Hospitals. Further, the Average Commercial Rate (ACR) State Directed Payment (SDP) benchmark presenting an opportunity to NYC Health + Hospitals.

Ms. Wang inquired on H.R.1 and ACR Year 3 approvals in regards to which entities (H+H, State, CMS) need aligned on timing.

Mr. Ulberg responded that it is all of us. CMS has regulations that puts requirements on States as payments should be prospective. We should know what we are going to get paid on the day we provide the service, we bill and we get paid. Everybody shares that goal, even though there are three of us that have to work more closely together to get timelier with promulgation of those payments.

Ms. Wang asked if this is unique to us.

Mr. Ulberg responded that it is not unique to us. The way the program is set up and the approvals that need to be received, amendments to State plans and how that factors into rates. Even as it relates to ACR, in the H.R.1. bill, there is a requirement that the States work again to have those rates be effective so many days prior to beginning of the rate year. Everyone wants to do it, it is just getting it going.

Ms. Wang asked about the implementation timing of the provisions passed in H.R.1 and if once we step down to the Medicare rate, does it remain there forever or does it have to be renewed.

Ms. DeHart responded that we will still need annual approval.

Ms. Wang added that we will need annual approval but the Federal legislation does not have an expiration date where they would reconsider these provisions again.

Mr. Ulberg agreed and added that it would require a revisiting of the current law and that would be a favorable thing for us. That is our risk but we are doing okay here.

Ms. Farag presented the financial performance highlights for FY-26 thru April Net Budget Variance. She noted that April ended with a net budget variance of -$98.5M (-0.5%). Receipts are on target (0%) as direct patient care and risk revenue continue to catch-up; offset by appeals and settlements performing better than target. Disbursement exceeded budget by $81.2M, driven by NYC Health + Hospitals staffing, overtime and Other Than Personnel Services (OTPS) catch-up payments as we continue to work through establishing staffing models.

Ms. Farag provided the FY-26 thru April performance drivers updates. Cash receipts are on track to meet budget. Cash disbursements are over budget by 1% primarily due to overtime needs and non-model staffing areas as we continue to right size our staffing models.

Ms. Wang asked on the temps, we have seen it come down which is great, how does that interact with personnel services.

Ms. Farag responded that one of the things we have been pushing for is that when we need coverage or filling for our staff, we would rather use our own staff to do overtime to fill in these gaps rather than hiring agency staff. That is what is currently driving a bit of our overtime, so we are not necessarily seeing our overtime as a negative thing, in fact, we are seeing it as a positive thing having our own staff fill in for those that go on leave. We are working on our vacancies, we do expect overtime to happen so that we can actually have the coverage and even in some of our models have vacancies that we are working on, so overtime is expected.

The revenue performance for FY-26 thru April was presented by Ms. Farag. FY-26 direct patient care revenue (IP and OP) is $197.5M higher than FY-25 actuals. Year-over-year positive variance is due to OP volume increase and higher IP and OP rates attributable to revenue cycle improvements, managed care and other strategic initiatives as well as higher CMI.

Ms. Taitt inquired on the CMI and how is it reflected based on the chart presented.
Ms. Farag responded that CMI is not separately reflected on the bar, but the scale of the bar represents the higher acuity patients so even though our inpatient volume is lower the patients we are seeing are needier in terms of health, their acuity or the level of care that they need is higher so they are more expensive and for which the reimbursement is higher. Although volume goes down and revenue goes down a bit with volume, the higher CMI produces higher payments for those patients that we continue to serve. The same number of patients but if you have higher acuity, the more revenue you will receive.

Mr. Ulberg added that the way most of our inpatient reimbursement systems work is for example, if the average is $15,000 per discharge and the weight associated with that average is usually indexed to around one point zero (1.0) so we do one-point times 15 and that is your reimbursement. However, if your CMI goes up and say it goes to 1.04 or 4% that gets multiplied by the base, the 15,000 and that drives the additional revenue that you are seeing here. That is a simplified explanation, but that is the way the method generally works. At this point, what we are seeing is not so much coding increase although there could be some of that as we continue to work on it, but underlying is more intense patients that we are serving that are sicker.

Ms. Taitt asked if we are seeing more inpatients or is it that they are staying longer.

Ms. Wang added that it would be fewer inpatients.

Ms. Farag added that it is lower volume.

Mr. Ulberg agreed and added that the length of stay is built into the payment amount, so each one will say for your diagnosis you should be here on average for 4 or 5 days that is built into the CMI but if you are staying 6-7-8 days in essence we are not getting paid as it is indexed. We are being very simple here. Ms. Farag added it would be sicker patients even though the volume is down on the inpatient side. Mr. Ulberg continued, staying longer is not necessarily a good thing and is one of our efforts when we get to next year's budget.

Ms. Meagher provided an update on the CY-2025 Healthfirst VBP Quality Program Results. NYC H+H Medicaid measures scores were improved or maintained at an 89% of average from 2024 to 2025. For Medicare, 85% of average Medicare measure scores improved or maintained from 2024 to 2025. NYC H+H incentive earnings in CY-25, with highest earnings to date at $19.060M. NYC H+H increased earnings by 28% over 2024 and 458% since 2020.

An update on the VBP Quality Program performance was presented by Ms. Meagher. H+H performance in 2024 MetroPlus VBP and P4P programs, earned $11.859M for 2024. MetroPlus earned 84% of max opportunity. Lastly, H+H employed PCPs outperform H+H Community Providers on 67% of Medicaid measures, 80% of EP measures, 83% of HARP measures and 60% of HIV SNP measures.

Ms. Wang asked regarding CY-2024 MetroPlus performance compare to prior year.

Ms. Meagher responded that it was actually slightly higher in the $12.5M range but part of that wiggle room was metrics increase and the compliments of what you are acting towards, but we are pretty much consistent.

Mr. Ulberg added that we are constantly lobbying in Albany that if the State has a dollar to spend on premium versus a dollar to be spent on quality pools, we prefer the dollar goal in the quality pool because we do better than most other plans, most other providers and it is our view that the way the program should be worked it is just get a fair rate to provide services that actually make your margin on the quality, and that is what we strive for and is our model and that is why we spend so much time and attention on this.

Ms. Farag presented an overview of the FY-27 Budget Planning Strategy – Phase III. NYC H+H continues strategizing and raising the bar in Managed Care and Revenue Cycle. Some areas of opportunity on Ambulatory Care OP Growth include provider template optimization and standardization, new patient access innovation, E-consult relaunch, primary care staffing model under development, improved VBP dollars capture and improved billing for clinic-administered medications. Business plans and new cross-facility partnerships emphasis on enterprise radiology, BH IP Model and sustainability and expanded focus on partial hospital and OP BH Models, and BH Centers of Excellence Year 4 Submission. Continued work on developing physician workforce plan budgeting and recruitment investments with focus on strengthen recruitment and retention efforts and on hard-to-fill specialties, collaboration with RCS to enhance RVU reporting, developing sustainable staffing models and standardization across all facilities and continue locums' reductions and progress toward achieving long-term workforce stabilization. Another area of focus is managing increased demand including length of stay reduction investments, overtime management, infrastructure investments, temp agency

management and optimizing economies of scale in Supply Chain. Lastly, H+H is focusing on risk mitigation strategies for Essential Plan changes and H.R.1.

Ms. Wang inquired on ALOCs.

Ms. Farag responded that these are some of the long stayers that should have an alternate level of care, so not the high acuity patients. What we want to make sure is that every patient in our bed is staying for the right level of health needs as opposed to staying for a different reason.

Ms. Wang asked what are we doing as far as investments to try to help them.

Ms. Farag answered that we have initiatives across the System to find the appropriate placement for them. There are initiatives on the front end and there are ones for the ones already reaching that status to make sure we find appropriate placement for them.

Mr. Ulberg added that we spend a lot of time from a Finance perspective trying to understand this population group and we spend over an hour of cabinet on this topic. Our clinical staff have deemed that they are no longer in need of inpatient level of care but they are not capable of going home or back to shelter.

Ms. Wang added that some of the projects we have approved to help them such as respite.

Mr. Ulberg agreed and continued, we want to build more respite, more beds, we would like to partner more with the Department of Homeless Services. Most have insurance coverage. However, partnering with DHS is in the works and we also have contracts in place with private nursing homes and we would refer to them and they do a nice job establishing insurances for people. This is a big issue as we put more pressure on bringing down the average length of stay to approach somewhere near an average for a safety net system because this is what really makes running a safety net system so difficult as where do you send the patient to and we have an obligation to make sure that they are going to be safe so more to come on this but it is a very active issue across the System and everybody is really engaged to try to make something.

Follow-up: Mr. Pagán commented that it would be good to have a conversation not only on the Finance side but also in the clinical side. It would be good to know how much does it cost us to go beyond one extra day beyond what you are supposed to do. Also, what models have we explored. John mentioned private Nursing Homes. A few years back CMS was interested in hospital at home. I am not sure we did much in that direction or if they killed the initiative anyway.

Mr. Ulberg added that the State has a plan being developed to establish Medical respite, and we are not the only system; all hospital systems are struggling with something similar here. Medical Respite is a very promising model and we would welcome a chance to come back and talk about it and we would bring the clinical team that gets very excited about the conversation.

Ms. Hernandez-Piñero inquired regarding homeless services or HPD that would pay a certain amount of money and then provide a red subsidy, and users could

go to New Jersey and in fact, quite a few of them ended up going to New Jersey as it was a good sensible project, are they still doing that or not. Mr. Ulberg agreed. Ms. Hernandez-Pinero continued, in terms of respite care, did the Federal government just freeze nursing homes or respite care as they felt it was an abusive account.

Mr. Ulberg responded that we always have to deal with that issue. Our view is of course it is not abuse, we just try to find the right location for our patients. We have a conversation later in the week with our partners at home services to see if we can come up with some sort of more innovative approach as we all recognize that these are not H+H patients, these are our patients together. Hopefully we will have some good news and we will keep this as a measure that we will report back to the Board on how we are doing.

Ms. Hernandez-Piñero added that the Mayor is very supportive of these kinds of efforts and trying to bringing housing in will take time. He is very open to these new ideas.

Mr. Ulberg added that we appreciate that too and we appreciate this new environment of collaboration and there is a lot we can do here. These patients do cut across multiple City Systems and by us coordinating together this would be a good example about how I think we can work together and that is exactly what we have been asked to do. Linda has been leading up our efforts as the Chief Savings Officer that is a current theme, where are those synergies across the City that we could take advantage of.

Ms. Taitt inquired on H+H's top three issues for the CFOs.

Ms. Farag responded that all of the above are important, but the three main focus for the CFOs as it is finance would be revenue cycle, maximizing the reimbursement for the things that we should be collecting.

Mr. Ulberg added that staffing models is another one as we have all embraced staffing models. Many years ago, we were one of the firsts to step forward and say we are embracing nursing staffing models. As budget folks, we very much endorse it as it allows us to budget resources to the bed and gives us peace of mind to know that at least there is enough money at the bedside to provide the nurses that are required for that intensity of bed or care that is being provided. Now we can do better at that, but the staffing models is something that the CFOs also will appreciate as it helps us standardize some sort of benchmark across all, it could be food service, it could be clinical, non-clinical, so they gave us a list when we first started the budget development and we have been paying attention to that list and seeing if we can build out models for each of the areas that they have identified.. We will reserve money just so we are all committed to the idea that we will have models. Marji and team have models for revenue cycle that helps, as we can see if we have to hire more, helps us try to stay ahead of the recruitment cycle as it takes a long time to go through and recruit people, the more we can get to model based, the stronger the budget is and it provides the CFOs an assurance that at least the dollars that they are requesting going into the budget are benchmarked to something. It is an interesting question, but they have their own needs, additional OTPS, frequently struggle with the pipe bursts, fixing the pipe overtime goes up so we may need to set aside funds for those events so they feel that there are resources available for

emergency maintenance that can be unpredictable, that is where overtime is a powerful tool. We are trying to modernize our infrastructure so that is Mitch's top of the list. In the middle of the night something happens and it is always costly.

Ms. Farag added that it is being standardize also through the perspective of the staffing models. As these are usually emergency projects, there is no planning but there are some preventive measures from a preventive maintenance perspective before it gets to that state, working with our facilities team and talks about the all hands-on deck so we continue.

Ms. Taitt asked regarding the preventive measures and the construction services contracts for example the broken pipes.

Ms. Wang responded that there is no money set aside for that. That is a contract approval limit. The money being held aside is in the budgets that they work with the facilities.

Ms. Farag agreed and added that the contracts we look at them as ceilings that you are spending within, but if you do not need to hit that, you do not. Given contracts spend multiple years and our budget is annual, we have to figure out what do we truly need for that year and that is what we budgeted for. Now, handling emergencies can happen through a combination of these contracts or staff, like facility staff that we have on our payroll. That is determined by our facilities group on what is more appropriate. There are some things you just have to hit a contract quickly as you may not have resources right then and there to handle it, but if we have our own teams that cannot do it, they do it through that emergency like part overtime.

Dr. Marthone asked if we are subject to the same cash-on-hand as other safety nets.

Mr. Ulberg responded that cash-on-hand for us in this year's budget is about 25 days is sort of where we operate but it fluctuates. It shows one of the challenges running a safety net system where today we can have a billion dollar in the bank and then it goes way up or goes way down. We monitor this all the time, but as a matter of reference, the more well-resourced hospitals in the City, it would not be uncommon if they run within 300 days.

Dr. Marthone inquired regarding the grants received, is there a maximum amount of cash-on-hand you can have to qualify for these.
Ms. DeHart responded that there are cash requirements that are related to exited debt test for what we are borrowing, but there are no limitations and we are not aware of any grants limitation that is driving how we end up on cash basis, it is really more to do with the nature of how our funds come in more than anything else.

Dr. Marthone clarified that we can save as much as we want and that is not a problem for funding. Mr. Ulberg agreed and added that we tend to spend pretty much every dollar we get.

Ms. Wang added that is part of the reasons we are trying to get the prospective rates, smoothing out so we don't end up all of a sudden like we have a billion dollars now as that is not usually the case.

Mr. Ulberg added that not having that stability or cushion just makes it more challenging to plan going forward in some ways. You are always trying to get a clearer picture on how that future looks like. If we did have a bolus of dollars, if we come to find as we are doing the budget, we would like to reserve some of that for future capital projects as we know we have huge demands, just take care of the basics. We have to find ways to invest more capital dollars into our system just pretty much to keep the lights on. We are always looking for those dollars to make that sort of balance.

Ms. Karlin provided an update on NYC Health + Hospitals H.R.1 Mitigation Strategies. Ensuring that H+H is raising staff and patient awareness about what is changing that includes sharing plans and information with staff via awareness sessions, RCS Hot Topics and H+H insider as well as sharing information and resources with patients via MyChart/email and website. Addressing the expiration of ACA subsidies, as of January 2026, and the changes in Essential Plan eligibility, as of July 2026, by assisting patients transitioning between coverages or into a financial assistance program. Additional mitigation strategies for changes starting in January 2027 include looking for opportunities to address reductions in retroactive Medicaid coverage by improving pre-service financial counseling rates and help our patients get enrolled prior to the receipt of services to avoid the need to apply for retroactive coverages.

Supporting patients with 6-month recertification requirements by pursuing automation to supplement financial counseling workflows, enhancing patients' self-service workflows and coordinating strategies with payer partners to ensure success. Additionally, helping patients comply with Medicaid work requirements by tracking NYS implementation of work requirements, advocating for cross-program data sharing, supporting patients with documenting compliance or exemptions, and coordinating with other City agencies on processes to support patients. Lastly, ensuring we are supporting immigrant patients by educating staff, providing scripting to help address patient questions and concerns, and referring patients to Legal Health attorneys for personalized immigration legal assistance.

An overview of the Essential Plan Changes effective July 1, 2026 was presented By Ms. Hartmann. Some of the changes H.R.1. presented was it eliminated premium tax credit eligibility for lawfully present immigrants, effectively reducing Federal funding for the Essential Plan "EP". NYS made changes to preserve coverage for EP 1-4 members but has not taken actions to preserve coverage for individuals in EP 5. The results of these changes impacts eligibility across a number of different populations including pregnant individuals that can stay continuously enrolled in either Medicaid or another EP level depending on their due date, U.S. Citizens and those lawfully present with income above 200% FPL are eligible for a Qualified Health Plan ("QHP") but will be responsible for premiums and higher cost sharing than under an EP plan, Deferred Action for Childhood Arrivals ("DACA") recipients with incomes under 138% FPL will transition to Medicaid and those with higher incomes are no longer eligible for any public health insurance programs, and individuals who are not U.S. Citizens or lawfully

present with incomes over 138% FPL are no longer eligible for any public health insurance programs. This impacts about 450,000 New Yorkers, 280,000 NYC residents, and over 35,000 H+H patients who had an encounter within the last year and a half that was covered by EP 5 and are potentially impacted by these changes.

NYC Health + Hospital mitigation strategies are multi-pronged. H+H started proactively communicating with patients since April raising awareness about the upcoming changes. Some of these efforts include sending email blasts to patients with an EP plan information on how to contact an H+H financial counselor if they received a letter indicating they are no longer eligible for coverage. Proactive outreach to patients who were enrolled by an H+H Financial Counselor and were identified as eligible for a QHP or no longer eligible for coverage. Continued outreach to patients with an EP 5 plan with upcoming appointment after July 1, 2026 while prioritizing established primary care patients. Collaboratively working with MetroPlus and exploring additional outreach to MetroPlus EP 5 members with chronic conditions to ensure continuity of care. Our goal is to help patients maintain coverage, including enrolling in a qualified health plan if they have an affordable option. Lastly, NYC Care is available to all New Yorkers who are not eligible for affordable health insurance coverage to access high quality, low-to-no-cost healthcare services in the NYC H+H network.

The Medicaid work requirements were presented by Ms. Hartmann. These changes will go into effect on January 1, 2027. Adults aged 19-64 will need to prove they are working, going to school, helping out in the community, or participating in job training for a total of 80 hours per month to keep their Medicaid coverage. Individuals who are pregnant, disabled, caretakers or guardians of children under 14 or disabled, etc. are exempt. NYS will leverage Federal, State and third-party data sources to automatically verify exemptions and compliance when possible. Otherwise, individuals will need to prove that they meet requirements through some combination of employment or other activities. Timing is very important as new applicants need to meet the requirements in the month prior to submitting their application while individuals renewing coverage will need to meet the requirement in any one month since their last redetermination. As these requirements have not gone into effect yet, H+H is focusing on gearing up to communicate with patients in order to raise awareness about the upcoming requirements by sharing information and resources with patients via MyChart, email, website and social media as details become available. Since H.R.1 was introduce H+H has focused on ongoing advocacy to CMS and State to delay start date, maximize data sharing to reduce need for manual verification, and reduce barriers to medical frailty exemption. NYC Health + Hospitals ongoing efforts to prepare to support our patients include training financial counselors and other staff to help patients who are exempt with demonstrating exemption, who are subject with demonstrating compliance by connecting patients to employment, education, training and volunteer opportunities in coordination with other City agencies. Lastly, build off existing SNAP workflows to enable clinicians to support patients with exemptions.

Ms. Wang polled the Committee for questions.

Ms. Taitt inquired of the over 35,000 H+H patients affected with this change if we foresee needing more financial counselors or just using the ones that with have overtime.

Ms. Hartmann responded that we are looking at the whole coast of H.R.1. related changes not just Essential Plan changes and what that impact is in our financial counseling workloads and what that could mean in terms of a workforce need. We are also looking at other ways to mitigate that impact including streamlining our workflows and taking advantage of various automation tools. However, we do anticipate the need to increase our financial counseling workforce, but for this particular change, we are just leveraging our existing staffing and redeploying them from other assignments to proactively outreach to the impacted population.

Ms. Taitt asked regarding automation, when we consider automation how are we accommodating the population that may be obliterate, senior, above a certain age, or not really tech savvy and that may want to speak to a person.

Ms. Karlin responded that one of the potential automations is in fact patient self-service. We are hoping to make as much as possible for patients who want to self-serve, we are hoping to foster that while recognizing that a lot of our patients need to be shepherded through the process. Some of the automation that we are looking to put in place is actually for our staff.

Mr. Ulberg noted that one of the issues discussed with cabinet was setting a goal of having individuals that are presenting to us to reschedule a visit on a non-emergent basis using this as a first step is to initiate a conversation with a financial counselor. If they call let’s say three weeks before their appointment, we want to take advantage of that insurance coverage because it is going to get more complicated and if we have three-week window to help establish their insurance, it does a couple of things; one is they know if they have coverage or they do not, we want them to have coverage or we want them to enroll in NYC Care one of those pathways we are shooting for. We also want them to have their insurance established prior to meeting their clinicians, we are not taking the patients time when they are there to see their doctor to go through the financial counseling process. We think it will help with the flow of patients through our facility and when they show up at the hospital they are there to do one thing and that is to see their provider not the problem. We are trying that at three facilities and thus far everyone likes the idea of it, it is just how do we execute.

Ms. Karlin added that we have been working at that workflow for a few years now, and have improved from single digit percentages of patients getting financially counseled prior to the point of service to about 50% at this point. We have been hovering at that 50% mark for a couple of years. We have work going into going live this week at three of our facilities to really try to move that needle off of the 50% to really have the vast majority of patients financially counseled prior to that point of service, it helps the patients, it helps the throughput in the offices, it helps the providers, it is all for good.

Ms. Hernandez-Piñero mentioned that getting people recertified after they did not have to during COVID was extraordinary and even with the State participating H+H, MetroPlus, this has to be twice as hard as they now have

to do it twice a year. The big problem for us is that their addresses are wrong or the phone numbers are wrong, and the unknown of how you can even actually do an interview, write things down, and then they still come up wrong. It is a huge challenge in front of us and a lot of what John has spoken about makes a great deal of sense and by all of us working together, agencies that do not always work hand in hand around an issue is a joint issue, and we can do it.

There being no further questions, Ms. Wang thanked the committee for their questions and commended the team for all the great work being done.

ADJOURNMENT

There being no further business to bring before this committee, the meeting adjourned at 12:05 p.m.

Mitchell H. Katz, MD
NYC HEALTH + HOSPITALS – PRESIDENT AND CHIEF EXECUTIVE OFFICER
REPORT TO THE BOARD OF DIRECTORS
July 30, 2026

MAYOR MAMDANI BREAKS GROUND ON RIVER COMMONS DEVELOPMENT, BRINGING 328 AFFORDABLE AND SUPPORTIVE HOMES TO THE SOUTH BRONX

Mayor Mamdani, NYC Health + Hospitals, the New York City Department of Housing Preservation and Development and development partners broke ground on River Commons, a development that will bring 328 affordable and supportive homes, an expanded public health care center, and new public green space to the South Bronx. Built on the campus of NYC Health + Hospitals/Gotham Health, Morrisania River Commons marks the first time NYC Health + Hospitals has integrated a health care facility into a residential building on hospital property, bringing housing, health care and community services together in one place. The new 43,000-square-foot state-of-the-art health care facility will expand access to primary care and allow the clinic to serve more patients.

JOINT COMMISSION RECOGNIZES MATERNAL HOME AS A BEST PRACTICE

NYC Health + Hospitals' Maternal Home program model has been recognized by the Joint Commission as a JC SAFEST Performance Strength. The model provides coordinated, wraparound support for pregnant and postpartum patients at risk for adverse outcomes. It embeds psychosocial, behavioral health, and social determinants of health screening into prenatal and postpartum care, and dedicated care coordinators/social workers to follow patients from enrollment through six weeks postpartum. From 2021 to 2025 the program has served 10,341 patients. It has improved continuity of care, postpartum visit attendance, and outpatient mental health treatment engagement among enrolled patients.

NYC HEALTH + HOSPITALS NAMED ON 2026 LIST OF WORLD'S TOP DISABILITY INCLUSIVE BUSINESSES

NYC Health + Hospitals announced that it has been recognized as a World's Top Disability Inclusive Business based on its performance on the Disability Index, the leading global benchmark for disability inclusion in business. This recognition reflects the System's progress towards building a workplace where all employees can contribute and drive long-term success. The Disability Index is the world's leading third-party benchmarking tool for evaluating corporate disability inclusion and is used by hundreds of leading companies across the globe.
Through educational programming, systemwide trainings, leadership development, and employee engagement initiatives, NYC Health + Hospitals continues to strengthen accessibility and foster a culture where employees with disabilities are supported, valued, and empowered to succeed.

KEEPING NEW YORKERS COOL DURING PERIODS OF EXTREME HEAT

In response to Code Red emergencies over two stretches of extreme heat in July, NYC Health + Hospitals — in partnership with the Department of Homeless Services (DHS) and Department for the Aging (DFTA) — launched the Cooling Outreach On-Location (COOL) initiative. The COOL program meets vulnerable New Yorkers where they are by providing critical cooling resources, including clinical assessments, access to air-conditioning, hydration, electrolytes, cooling towels, sunscreen, food, and transportation to city cooling centers, shelters, and hospitals.

During this initial emergency response, fifteen COOL teams were in the field across the five boroughs to conduct data-informed outreach prioritizing locations with a high concentration of homeless New Yorkers. Our teams performed over 2,000 street encounters and conducted over 1,500 clinical assessments, connecting New Yorkers to care in the moments they need it most and providing over 3,200 bottles of water, nearly 1,500 meals, as well as electrolytes, sunscreen, and cooling towels.

Six additional COOL mobile outreach teams worked alongside DFTA to respond to their case managers' referrals and conduct in-home wellness checks for vulnerable, isolated older adults. So far this summer, our teams have conducted over 150 visits, successfully connecting with patients more than 90% of the time. Nearly every completed visit included a clinical assessment, and teams have also provided more than 100 meals.

In addition to our mobile outreach effort, all 11 of our hospitals opened dedicated cooling centers to offer a cool refuge and hydration for anyone seeking relief from the heat. Over the course of the spring and summer, our cooling centers have provided over 10,000 visits for New Yorkers in need of a safe place to stay cool.

NYC HEALTH + HOSPITALS EMPLOYEE AND FACILITY RECOGNITIONS

WOMEN LEADERS OF NYC HEALTH + HOSPITALS NAMED TO BECKER HEALTHCARE'S LIST OF WOMEN CEOS

Becker's Healthcare named eight women CEOs from NYC Health + Hospitals to its 2026 list of "236 Women Hospital and Health System Presidents and CEOs to Know," highlighting their leadership in advancing equitable, high-quality care across New York City's public health system. The honorees reflect NYC Health + Hospitals' continued commitment to cultivating exceptional women leaders who are transforming healthcare for the diverse communities they serve. The leaders named in the list are NYC Health + Hospitals/Lincoln CEO Cristina Contreras, LMSW, MPA, FABC; NYC Health + Hospitals/McKinney CEO Daveth Forbes-Thomas, RN, MSN, NEA-BC, CPHQ, LNHA; NYC Health + Hospitals/Gotham Health CEO Michelle Lewis; incoming NYC Health + Hospitals/Maimonides Health and Maimonides Midwood CEO Svetlana Lipyanskaya, MPA, FACHE; NYC Health + Hospitals/Elmhurst CEO Alina Moran, FACHE, FAB; NYC Health + Hospitals/Gouverneur CEO Susan Sales, MPA, FACHE, LNHA; NYC Health + Hospitals/Woodhull CEO Sandra Sneed, MBA, FACHE; and NYC Health + Hospitals/Coler CEO Nataliya Yakovleva, LNHA, LMSW.

DANIELLE DIBARI, SENIOR VICE PRESIDENT OF BUSINESS OPERATIONS, CHIEF PHARMACY OFFICER AND CHIEF PROCUREMENT OFFICER NAMED TO BECKER'S 2026 "101 HOSPITAL AND HEALTH SYSTEM CHIEF PHARMACY OFFICERS TO KNOW" LIST

NYC Health + Hospitals announced that Danielle DiBari, Senior Vice President of Business Operations, Chief Pharmacy Officer and Chief Procurement Officer, has been named to Becker's Hospital Review's "101 Hospital and Health System Chief Pharmacy Officers to Know" list for 2026. The annual recognition honors pharmacy leaders who are advancing patient safety, strengthening medication access, improving operational efficiency, and shaping the future of pharmacy practice across the country.

Danielle DiBari is the only executive nationally to simultaneously serve as Senior Vice President of Business Operations, Chief Pharmacy Officer, and Chief Procurement Officer within a single health System. Reporting directly to the President and CEO, she leads and aligns business operations, pharmacy, and supply chain strategy to improve efficiency, reduce costs, and enhance patient care across the nation's largest public health system.

NYC HEALTH + HOSPITALS/QUEENS NEONATAL INTENSIVE CARE UNIT AWARDED GOLD BEACON AWARD FOR EXCELLENCE

The Neonatal Intensive Care Unit (NICU) at NYC Health + Hospitals/Queens was honored with the prestigious Gold Beacon Award for Excellence from the American Association of Critical-Care Nurses (AACN). This award recognizes the unit's commitment to fostering a healthy work environment, delivering outstanding patient care, and implementing effective systems for optimal outcomes. The award reflects the NICU's adherence to AACN's six standards for a healthy work environment, which emphasize communication, collaboration, and evidence-based practices.

The NICU's success is attributed to its strong focus on continuous education and collaborative initiatives, including nurse-led quality improvement processes. The team has demonstrated a commitment to ensuring that policies, procedures, and protocols are current and based on nationally recognized evidence and standards.

NYC HEALTH + HOSPITALS ANNOUNCES ALL 11 HOSPITALS AGAIN RECOGNIZED BY THE AMERICAN HEART ASSOCIATION FOR QUALITY CARE

All 11 of the health care system's hospitals were again recognized by the American Heart Association for their commitment to quality care in heart failure, heart attack, stroke, diabetes, and resuscitation. Every 40 seconds, someone in the U.S. has a stroke or heart attack, and heart disease and stroke are the No. 1 and No. 40 causes of death in the United States, respectively. Studies show patients can recover better when providers consistently follow treatment guidelines.

The American Heart Association's Get with the Guidelines and Mission: Lifeline awards recognize hospitals nationwide that adhere to science-based practices and provide the highest quality care. NYC Health + Hospitals earned these recognitions by meeting specific quality achievement measures for the diagnosis and treatment of heart failure and stroke patients at a set level for a designated period. These measures include evaluation of the proper use of medications and aggressive risk-reduction therapies. Before discharge, patients also receive education on managing their heart failure and overall health, and receive other care transition interventions.

NYC HEALTH + HOSPITALS/QUEENS RECEIVES THE PRISM AWARD FROM THE ACADEMY OF MEDICAL-SURGICAL NURSES

NYC Health + Hospitals/Queens announced that its Medical-Surgical Unit, 5B East, has received the prestigious PRISM Award from the Academy of Medical-Surgical Nurses (AMSN). This recognition signifies Premier Recognition in the Specialty of Med-Surg (PRISM), honoring exemplary medical-surgical nursing practice, outstanding patient outcomes, and a commitment to delivering safe, compassionate, evidence-based, and patient-centered care. The PRISM Award specifically acknowledges 5B East for its exemplary work in nurse communication, patient experience, care of vulnerable populations, and sustained reduction of nurse-sensitive indicators. These achievements underscore the unit's commitment to fostering a collaborative and supportive practice environment. This marks the second consecutive year that a medical-surgical unit at NYC Health + Hospitals/Queens has received this distinguished award, following last year's recognition of the B4East Medical-Surgical Unit.

NYC HEALTH + HOSPITALS/JACOBI | NORTH CENTRAL BRONX STAND UP TO VIOLENCE (SUV) PROGRAM MANAGER EDDIE MIRANDA HONORED BY CITY COUNCIL

The New York City Council honored NYC Health + Hospitals/Jacobi | North Central Bronx Stand Up to Violence (SUV) Program Manager Heriberto "Eddie" Miranda with a City proclamation issued in recognition of his more than a decade of service, advocacy, and unwavering commitment to violence prevention in the Bronx. Last month, the New York City Council brought together violence prevention leaders, advocates, artists, and community stakeholders working across New York City for a Gun Violence Awareness month event honoring their commitments to building safer communities. As a member of SUV's leadership since 2018, Eddie has helped the Stand Up to Violence program expand its community presence and impact through youth engagement initiatives, workforce development opportunities, violence awareness campaigns, community events, and programs designed to promote peace and community healing.

HEALTH CARE SYSTEM AND FACILITY ANNOUNCEMENTS

NEW CHAPLAINCY PROGRAM FOR PRENATAL AND POSTPARTUM CARE LAUNCHES AT NYC HEALTH + HOSPITALS/WOODHULL

NYC Health + Hospitals announced the launch of the Trauma-Informed Maternal Health Chaplaincy Volunteer Program, a new volunteer opportunity for seminarians and community-based clergy who are interested in the intersection of hospital chaplaincy and maternal health. Piloted at NYC Health + Hospitals/Woodhull, the two-year program offers participants the opportunity to gain hands-on experience providing trauma-informed spiritual care in a hospital setting while serving pregnant and postpartum patients and their families. Volunteer chaplains support patients experiencing spiritual distress related to pregnancy, including pregnancy loss, intimate partner violence, previous traumatic birth experiences, and other life challenges such as food insecurity, housing instability, and mental health concerns. The program is expected to expand to additional NYC Health + Hospitals facilities following the pilot at Woodhull Hospital.

NYC Health + Hospitals currently has 48 chaplains providing spiritual care across the system, and all of its hospitals and skilled nursing facilities offer spaces and programming for spiritual care.

NYC COUNCIL SPEAKER AND COUNCIL MEMBER SANCHEZ SECURE $7 MILLION CAPITAL INVESTMENT TO BUILD STATE-OF-THE-ART NEONATAL INTENSIVE CARE UNIT (NICU) AT NYC HEALTH + HOSPITALS/LINCOLN

On Wednesday, NYC Health + Hospitals/Lincoln announced a major $7 million capital budget allocation to completely modernize and renovate its Neonatal Intensive Care Unit (NICU), secured by Council Speaker Julie Menin, Council Member Justin Sanchez and the Bronx Delegation in the Fiscal Year 2027 adopted City budget. This transformative investment will replace aging infrastructure with a state-of-the-art facility to protect the South Bronx's newest and most vulnerable residents. The comprehensive redesign will focus on relocating the NICU from its current space to within the maternity unit, in order to keep mothers and their babies receiving critical care in the NICU closer together. The $7 million capital investment will fund structural expansions and technical retrofits.

NYC HEALTH + HOSPITALS/ELMHURST CELEBRATES NEW POINT-OF-CARE MRI WITH QUEENS BOROUGH PRESIDENT DONOVAN RICHARDS

NYC Health + Hospitals/Elmhurst and Queens Borough President Donovan Richards held a ribbon-cutting to celebrate a new MRI system, which will bring advanced brain imaging directly to patients' bedsides and allow clinicians to obtain critical diagnostic information without transporting patients to a traditional MRI suite. The acquisition of this new technology was made possible through a $500,000 allocation from Borough President's Office. The new equipment will be utilized in a number of key areas, including in intensive care, neurosurgery, and in other services where rapid imaging plays a vital role in clinical decision-making.

Elmhurst Hospital's new portable point-of-care MRI system marks a significant advancement in diagnostic technology for the hospital. By allowing patients to remain in their hospital beds during 30-minute, noninvasive scans, the system eliminates the risks and delays associated with transporting vulnerable patients. The open design fosters a more comfortable, family-inclusive environment while streamlining clinical decision-making for neurosurgery and trauma teams, thereby enhancing operational efficiency and staff satisfaction. With an anticipated volume of hundreds of patients annually, this machine will support timely, equitable care and directly aligns with the hospital's goal of pursuing elite clinical designations and the development of future neuroimaging fellowship training.

NYC HEALTH + HOSPITALS/METROPOLITAN AND METROPLUSHEALTH SUPPORT NEW MOTHER OF TRIPLETS

NYC Health + Hospitals/Metropolitan, in partnership with MetroPlusHealth, supported patient Doris A. Lucio Lucio through the birth of her triplets. With support in place, Lucio Lucio navigated a high-risk pregnancy and gave birth to her triplets at 30 weeks. Throughout her journey, the physicians, nurses, and clinical staff at NYC Health + Hospitals/Metropolitan provided coordinated care and support to help ensure the safe arrival of her

babies. Today, her triplets are thriving. She was recently honored at the hospital's Fourth Annual Met Baby in Bloom Spring Baby Shower. Thanks to Ronald McDonald House New York, Lucio Lucio received three cribs to support her growing family. She was among more than 50 expectant and new mothers who received gifts, including cribs and other essential baby supplies, during the event.

NORTH CENTRAL BRONX HOSPITAL POLICE SERGEANT SAVES OVERDOSE VICTIM IN PARKING LOT

A routine parking lot patrol turned into a life-saving mission at NYC Health + Hospitals/North Central Bronx, when Hospital Police Sergeant Saira Flores administered Narcan to a patient who had overdosed and helped coordinate a rapid medical response that saved the man's life.

Sgt. Flores has served at North Central Bronx Hospital for eight years. She was conducting her perimeter patrol when a driver attempted to enter the ambulance bay from the wrong direction. As she redirected him, the driver signaled frantically from his window saying that his friend was overdosing and wasn't responsive. Flores immediately asked what the patient had taken, retrieved her department-issued Narcan, and administered the first dose nasally. She simultaneously radioed the ER to dispatch medical staff. The patient was transferred to the Emergency Department. They later regained consciousness.

NYC HEALTH + HOSPITALS/KINGS COUNTY SUCCESSFULLY PERFORMS ITS FIRST BREAST TUMOR CRYOABLATION PROCEDURE

NYC Health + Hospitals/Kings County successfully performed its first breast tumor cryoablation procedure, marking a significant milestone in advancing breast cancer care through an innovative, minimally invasive treatment option for eligible patients with early-stage breast cancer. As the first hospital in the NYC Health + Hospitals system to offer the procedure, Kings County Hospital continues its commitment to patient-centered care by providing additional options that prioritize both clinical excellence and quality of life.

Unlike conventional breast surgery, cryoablation is performed through a small incision under local anesthesia and is typically completed as an outpatient procedure. Most patients are able to return home the same day and may experience less discomfort, minimal scarring, faster recovery, and excellent cosmetic outcomes while receiving effective treatment for eligible tumors.

The procedure was performed by Dr. Jaime Alberty, who is currently the only surgeon in New York City performing breast tumor cryoablation. Using the FDA-authorized ProSense Cryoablation System, cryoablation destroys cancerous tissue by freezing the tumor. During the procedure, a small probe is inserted directly into the tumor under imaging guidance. The extreme cold forms an "ice ball" around the tumor, destroying cancer cells while preserving surrounding healthy tissue.

NYC HEALTH + HOSPITALS/ELMHURST APPOINTS DR. ROBIN ULEP AS VICE CHAIR OF NEUROLOGY AND CO-DIRECTOR OF STROKE CENTER

NYC Health + Hospitals/Elmhurst appointed Robin Ulep, MD, as Vice Chair of the Department of Neurology and Co-Director of the hospital's Stroke Center. Dr. Ulep is a vascular neurologist with clinical expertise in acute stroke management, telestroke consultation, stroke prevention, rehabilitation, and recovery.
Dr. Ulep joins Elmhurst Hospital's nationally recognized stroke care team, which provides timely, coordinated, multidisciplinary care for patients experiencing stroke and supports patients and families throughout treatment, rehabilitation, and long-term recovery. Elmhurst Hospital has been recognized by the American Heart Association and by U.S. News & World Report as one of the best hospitals in the United States for the quality of its stroke care.

Dr. Ulep received her ScB from Brown University and her MD from the University of Queensland. During her residency at the University of Virginia, her community advocacy and leadership in diversity, equity, and inclusion initiatives were recognized with the University of Virginia Dr. Martin Luther King, Jr. Health System Award. She was also one of 10 residents in the country selected for the American Academy of Neurology Enhanced Resident Leadership Program.

NYC HEALTH + HOSPITALS/KINGS COUNTY CELEBRATES INAUGURAL CEREMONY OF KINGS CARES, STRENGTHENING SUPPORT FOR SURVIVORS OF DOMESTIC AND GENDER-BASED VIOLENCE

NYC Health + Hospitals/Kings County celebrated Kings CARES with an inaugural ceremony, recognizing the hospital's survivor-centered program that has expanded access to trauma-informed follow-up care and support services for survivors of domestic and gender-based violence since its launch earlier this year. Kings CARES reflects NYC Health + Hospitals/Kings County's ongoing efforts to address the complex needs of survivors by providing comprehensive support that extends beyond the initial point of care and meets the needs of every individual.

Kings CARES was established to ensure survivors of gender-based violence are able to receive coordinated, compassionate care beyond their initial medical treatment. In its first six months of operation, the Kings CARES clinic has seen nearly 50 patients. Through partnerships with healthcare providers, advocacy organizations, and community agencies, the program connects survivors with follow-up medical care, counseling, specialty referrals, and other essential resources. These integrated services are designed to support their recovery and well-being at all stages of their recuperation.

The event featured remarks from Brooklyn District Attorney Eric Gonzalez, representatives from the Mayor's Office, and leaders from NYC Health + Hospitals/Kings County, who emphasized the importance of ensuring survivors have access to comprehensive care and resources.

NYC HEALTH + HOSPITALS/BELLEVUE COMPLETES $7 MILLION MODERNIZATION OF EMERGENCY DEPARTMENT CT SUITE

NYC Health + Hospitals/Bellevue announced the completion of its new Emergency Department computed tomography (CT) suite with the installation of a second state-of-the-art CT scanner. The project completes a nearly $7 million investment to strengthen rapid diagnosis and improves patient care in one of

the country's busiest emergency departments. The completion of the project significantly expands the hospital's imaging capacity, enabling clinicians to diagnose strokes, traumatic injuries, internal bleeding, infections, and other potentially life-threatening conditions more quickly and accurately while improving patient flow. Bellevue Hospital's Emergency Department treats approximately 110,000 patients each year, many of whom require immediate diagnostic imaging. With both new scanners now operational, the hospital has greater imaging capacity and built in redundancy, helping ensure patients receive timely diagnostic imaging around the clock.

On average, the hospital performs approximately 225–250 CT scans per day. In addition to the Emergency Department scanners, the Department of Radiology operates four additional CT scanners across the department. These units primarily support inpatient and outpatient services, and are frequently utilized for specialized and higher-complexity studies including transcatheter aortic valve replacement planning, image-guided biopsies, and CT colonography, which require longer scan times and dedicated protocols.

NYC HEALTH + HOSPITALS/KINGS COUNTY SUCCESSFULLY PERFORMS ITS FIRST SENSATION-PRESERVING NIPPLE-SPARING MASTECTOMY

NYC Health + Hospitals/Kings County successfully performed the hospital's first sensation-preserving nipple-sparing mastectomy. The groundbreaking procedure was led by Dr. Jaime Alberty, Director of the Comprehensive Breast Center at Kings County Hospital and Dr. John Palu-Regan, a plastic surgeon. The procedure allows eligible patients to preserve or reconstruct sensory nerves in the breast and nipple while maintaining cancer treatment safety. Historically, patients seeking this advanced reconstructive option often had to seek care outside of the public hospital system. Bringing this procedure to Kings County Hospital expands access to innovative, patient-centered surgical care for the diverse communities it serves. Unlike a traditional mastectomy, a sensation-preserving nipple-sparing mastectomy is designed to maintain or restore feeling in the breast and nipple by identifying, protecting, and, when appropriate, reconstructing nerves during surgery. Many patients experience a significant return of sensation, with some studies indicating up to 80% of patients retaining or regaining sensitivity. The surgery was performed through close collaboration between the hospital's breast surgery and plastic and reconstructive surgery teams trained in microsurgery, reflecting a multidisciplinary approach to care that is designed to optimize both clinical outcomes and long-term quality of life for patients undergoing breast cancer treatment.

NYC HEALTH + HOSPITALS/LINCOLN LAUNCHES NEW PEDIATRIC HOSPITALITY CART TO BRING COMFORT TO HOSPITALIZED CHILDREN AND THEIR FAMILIES

NYC Health + Hospitals/Lincoln announced the official launch of its new Pediatric Hospitality Cart, a mobile care initiative designed to bring comfort and essential amenities directly to the bedsides of young patients and their loved ones. Sponsored by Ronald McDonald House – NY, the Pediatric Hospitality Cart is stocked with an assortment of grab-and-go snacks, refreshing beverages and children's activity books. The cart will make rounds through the hospital's pediatric inpatient unit and Neonatal Intensive Care Unit (NICU).

Hospital stays can be a frightening and stressful experience for young children, and long days can take a toll on visiting caregivers. The Pediatric Hospitality Cart will ensure families have access to nourishment and entertainment without having to leave their child's side. Volunteer will help to prepare and distribute goodies from the cart as it makes its rounds.

NYC HEALTH + HOSPITALS/JACOBI | NORTH CENTRAL BRONX HOSTS FACEBOOK LIVE WITH STAND UP TO VIOLENCE (SUV) TEAM MEMBERS FOR GUN VIOLENCE AWARENESS MONTH

NYC Health + Hospitals/Jacobi | North Central Bronx hosted a Facebook Live event for Gun Violence Awareness Month with Stand Up to Violence (SUV) Medical Director Dr. Noé Romo and SUV outreach team members Jonathan Kimble, Eddie Miranda, and Kwame Thompson to talk about the impacts of gun violence on health, families, and the community. As Jacobi Hospital's dedicated Hospital-based Violence Interruption Program (HVIP), SUV works to reduce gun violence in the Bronx community, respond to victims of violent trauma and impacted community members, and help mobilize community members and young people for peace. The SUV team members on the panel shared their personal experiences around the issue of gun violence, their perspectives working to prevent violence, and their reflections as fathers.

The panelists talked about how Stand Up to Violence, hospital staff, and law enforcement are not the only city leaders who play a role in reducing gun violence in the community. Faith communities, schools, and other community groups play an important role in the lives of young people and provide a safe, supportive environment. The panelists also discussed how parenting is a key source of guidance for children and teenagers to stay safe, learn what to do when not feeling safe, and to push them towards positive community spaces. The team also discussed how they support victims of gun violence beyond patients' physical health needs following discharge by providing holistic support for their mental, emotional, and social wellbeing.

NYC HEALTH + HOSPITALS/GOUVERNEUR MARKS INAUGURAL GRADUATION FOR IN-HOUSE RESIDENT EDUCATION PROGRAM

Joining graduation season, NYC Health + Hospitals/Gouverneur skilled nursing facility celebrated its inaugural class graduation of Gouverneur University, the in-house resident education program launched in October 2025. This program was designed to enrich the lives of both short-term and long-term residents, fostering intellectual stimulation and lifelong engagement through monthly classes on art, fashion, history, and New York City film and media. Twenty-five nursing home residents earned certificates of completion from Gouverneur University as part of its inaugural class.

The ceremony included a traditional graduation march with pomp and circumstance, caps, lanyards, music, and certificates of completion. The keynote address was delivered by Community School District 1 Superintendent Dr. Carry Chan-Howard, along with special remarks from NYC Council Member Christopher Marte. Valedictorian Wendy Lau and Resident Representative Robert Josen also shared their experiences participating in the program and overall living at Gouverneur.

NYC CARE UPDATE

NYC HEALTH + HOSPITALS' NYC CARE PROGRAM STARTS 'LIGHT THE WAY' TRUCK OUTREACH INITIATIVE TO PROMOTE HEALTH CARE ACCESS

NYC Health + Hospitals' NYC Care program announced the return of the City-wide 'Light the Way Truck' outreach initiative. Starting in Fordham Heights, the Bronx, the truck will make approximately 24 stops over a 12-day period, handing out multilingual flyers and brochures on NYC Care and distributing healthy snacks, lip balm, T-shirts and other branded items. Brand ambassadors received training from the NYC Care team to prepare them to engage with community members, share key messages, and raise awareness about NYC Care. Staff members were selected and dispatched to specific neighborhoods who were able to speak the common languages of each community, including several from the Taskforce for Racial Inclusion and Equity (TRIE) Neighborhood Initiative. Languages represented among staff members include English, Spanish, French, Simplified Chinese, Haitian-Creole, Arabic, Bengali, Mandarin, Urdu, and Hindi.

ARTS IN MEDICINE UPDATE

NYC HEALTH + HOSPITALS FAMILY DAY AT THE MUSEUM OF THE CITY OF NEW YORK

On Saturday, July 11 Museum of the City of New York and NYC Health + Hospitals/Arts in Medicine welcomed NYC Health + Hospitals staff and their families to a private morning with *Another Wonderland*, the exhibition of Abram Champanier's newly restored Alice Mural. Before the museum opened to the public, families shared breakfast, painted teacups to carry home, sculpted Mad Hatter hats, posed for Polaroids in a Wonderland photo booth, and marched through the galleries in a parade that ended with live music and dancing. Over 400 staff members attended with their loved ones. *Another Wonderland* is on view through September 27.

HEALING ARTS WEEK IN SCOTLAND

At Healing Arts Scotland 2026, NYC Health + Hospitals/Arts in Medicine demonstrated how integrating creative practice into healthcare environments delivers measurable impact. At the National Conference, Larissa Trinder offered a perspective on how arts and culture can address workforce burnout as a structural response inside clinical care. In Glasgow, she also presented a case study from our Community Mural Project, a co-designed mural with our Hospital Violence Interruption Programs and how the arts can illuminate public health priorities like community violence.

THREE NEW WORKS DONATED TO THE VISUAL ARTS COLLECTION

New York-based artist Alyssa Klauer recently donated three works to the Arts in Medicine visual collection:

1. Snowy Spring Valentine, 12" circumference, acrylic and oil on canvas, 2024 (Pictured Above)
2. Chalkboard Fantasy, 24x20", acrylic and oil on canvas, 2024
3. Phantom Brush II, 24x20", acrylic and oil on canvas, 2024

Her work explores "Queer Time" -- the non-linear, fragmented, and often delayed experience of time felt by many queer individuals, especially those who come out later in life and navigate a "second adolescence".

NEW MURAL BY EMMA KOHLMANN UNVEILED AT NYC HEALTH + HOSPITALS/BELLEVUE

NYC Health + Hospitals unveiled a new mural as part of the Community Mural Project run by the health system's Arts in Medicine department. The mural, *Before There was Asphalt / Gardens are Cities*, is located in the South Lobby at NYC Health + Hospitals/Bellevue, and artist Emma Kohlmann developed the mural in collaboration with staff and the community. The mural is one of over 50 murals that have been created at NYC Health + Hospitals since 2019.

Before There was Asphalt / Gardens are Cities portrays overgrown plants as worlds within themselves—apartment buildings for insects, symbols of time, and the changing seasons. Hidden within the leaves are mysteries: small lives unfolding, shadows shifting, and worlds that exist just out of sight. The mural is a city of native New York plants, reimagining Bellevue Hospital as a living ecosystem and bringing the natural world indoors through the language of flora.

HHART OF MEDICINE X BROOKLYN MUSEUM SESSION WITH NYC HEALTH + HOSPITALS/WOODHULL PEDIATRIC RESIDENTS

For the final HHArt of Medicine session with the NYC Health + Hospitals/Woodhull pediatric residents the Brooklyn Museum had participants look closely at a portrait painting by Katie Yamasaki titled "Cristine." Through observing this work the group explored themes of symbolism, representation, freedom, multiculturalism, and perception. The residents were then introduced to the process of printmaking and designed an original print expressing a food, ritual, place, plant, or activity that they have a strong connection with. The session ended with residents sharing the titles of their prints and an important piece of their own identity with their colleagues.

METROPLUSHEALTH UPDATE

METROPLUSHEALTH ACHIEVES 4-STAR MEDICARE ADVANTAGE RATING

MetroPlusHealth has achieved a significant quality milestone, earning a 4-Star Medicare Advantage Rating from the Centers for Medicare & Medicaid Services (CMS) following a recalculation of the 2026 Medicare Advantage Star Ratings. The designation applies to MetroPlusHealth's Medicare Advantage products, including the MetroPlus Advantage Plan (HMO D-SNP), MetroPlus Platinum Plan (HMO), and MetroPlus UltraCare (HMO D-SNP), serving approximately 14,000 Medicare Advantage members across New York City. The 4-Star rating reflects strong performance across measures evaluating clinical quality, care coordination, member experience, and health outcomes. The achievement builds upon several years of sustained improvement and demonstrates MetroPlusHealth's continued commitment to delivering high-quality, member-centered care for Medicare beneficiaries.

METROPLUSHEALTH ACHIEVES BEST-EVER CONSUMER ASSESSMENT OF HEALTHCARE PROVIDERS AND SYSTEMS (CAHPS) RATINGS

MetroPlusHealth, New York City's high quality, affordable health plan, today announced its strongest-ever performance in the Fall 2025 Adult CAHPS survey – an important milestone that underscores growing member trust and confidence in MetroPlusHealth and its provider network.

The Consumer Assessment of Healthcare Providers and Systems (CAHPS) is the national standard for measuring member experience, capturing – in members' own words – what it is like to be part of a health plan. Unlike internal metrics or clinical outcomes, CAHPS reflects the member's voice and enables direct comparison across plans in New York State and nationwide. The Fall 2025 survey, conducted from September 25 through December 18, 2025, included adult members enrolled in Medicaid, the Health and Recovery Plan (HARP), and the HIV Special Needs Plan (SNP).

CAHPS results span nine measures related to access, provider experience, and overall plan performance, benchmarked against statewide averages. These scores influence the State's Quality Incentive Award program and are publicly reported in the State Consumer Guide, where MetroPlusHealth earned 4 stars.

METROPLUSHEALTH EXPANDS GOLD PLAN BENEFITS FOR NEW YORK CITY EMPLOYEES AND FAMILIES

MetroPlusHealth, New York City's high quality, affordable health plan, today announced a significant expansion of its Gold Plan benefits, offering greater access, flexibility, and value for City employees and their families. Beginning July 1, 2026, Gold Plan members will no longer need referrals to see participating, in-network specialists – removing a key barrier to care and enabling faster, more seamless access to expert treatment.

As part of its commitment to advancing maternal health outcomes, MetroPlusHealth will also introduce doula coverage starting January 1, 2027. This new benefit includes up to eight prenatal or postpartum visits, plus one in-person labor and delivery support visit per pregnancy – providing personalized care shown to improve outcomes for both parents and babies.

EXTERNAL AFFAIRS UPDATE

City

The NYC FY-27 Budget has been passed at $81.6B. As part of the Adopted Budget, the System received a total of $79.5M in capital funding. The Borough Presidents contributed $6.4M, the City Council allocated $65.8M, and the Mayor's Office provided $7.2M to support NYC Health + Hospitals. City Council also contributed $2.05M in discretionary funds.

Additionally, Council Member Justin Sanchez announced a $7 million capital budget allocation, secured with Council Speaker Julie Menin and the Bronx Delegation, in the FY-27 adopted city budget to completely modernize and renovate the Neonatal Intensive Care Unit (NICU) at NYC Health + Hospitals /Lincoln. This transformative investment will replace aging infrastructure with a state-of-the-art facility to protect the South Bronx's newest and most vulnerable residents.

State

On July 8, New York State submitted its 1115 Waiver extension request to CMS. They are requesting an additional five years—the full duration of the renewal demonstration period—to spend the remaining $2.1 billion of unallocated funds to be used to continue Health Related Social Need services. This extension request primarily continues New York's existing Medicaid eligibility rules, benefits, and cost sharing requirements. H+H will be submitting a comment letter in support of the State's request as we support efforts to address health equity of Medicaid patients.

On the legislative front, of the 759 bills that passed both houses, 184 bills have been acted on thus far by the Governor. The rest of the bills will have to be delivered to and acted on by the Governor before the end of the year. This includes the majority of the health care bills we are following.

Additionally, based on the results of the NYS 2026 primary front, which occurred in June, many of State level representatives of our facility and catchment area will see changes come January when the next legislative session begins. External Affairs will reach out to these new members to ensure that they will support the needs of the system.

Federal

CMS issued an Interim Final Rule outlining the implementation of the Medicaid work requirements enacted as part of H.R. 1. This rule is effective as of July 31, and includes criteria for individual exemptions from these requirements. In the meantime, States must issue implementation plans to CMS by August 31, with additional detail on criteria for medical exemptions from work requirements.

Advocacy is ongoing to encourage this process to be as automated and expansive as possible. Advocacy is also ongoing to the NYC Congressional delegation in support of other H+H priorities, including eliminating the remaining Medicaid DSH cuts, extending telehealth flexibilities, and other key issues.

Community Affairs

The Community Affairs team hosted 30 students from the Bronx High School of Science on July 9 for a Career Exploration day. The students visited 50 Water Street and participated in a fireside chat with Ammu Menon, Chief Data and A.I. Officer and Ms. Deborah Brown, Senior Vice President, Chief External Affairs Officer, moderated by Okenfe Lebarty, AVP of Community Affairs. Brown and Menon shared their career journeys and what their role involves. The students also participated in a panel discussion which included staff from various departments at Central Office, including Marjorie Momplaisir-Ellis, MPH, Senior Director, Housing for Health; Robert Dweck, Creative Director, Communications and Marketing; and Franco Esposito, Deputy Counsel, each of whom shared insight into their career journey and words of advice to the students.

The Community Affairs team also hosted the 22nd Annual Marjorie Matthews celebration at NYC Health + Hospitals/Jacobi on July 16. While they were supposed to celebrate at NYC Health + Hospitals/Coler as they do each year for an outdoor barbecue, the teams at Central Office, Jacobi, and Coler came together the day of the event to move the event indoors due to the smog and poor air quality. Over 200 Community Advisory Board Members and Auxiliary

members attended from across the system, in addition to staff and the CEOs of some of the facilities. This year, the recipients of the Agnes Abraham Humanitarian Award, which recognizes volunteers who go above and beyond for their community, were: Rev. Patricia Graham, from NYC Health + Hospitals/Metropolitan Auxiliary, Annabell Garcia from NYC Health + Hospitals/Woodhull Community Advisory Board, and Francine Benjamin from NYC Health + Hospitals/Coler Community Advisory Board. Ms. Robin Hogans, Chair of NYC Health + Hospitals/Queens Community Advisory Board and Chair of the Council of CABs, was also presented with a Lifetime Achievement Award.

REAL ESTATE UPDATE

- NYC Health + Hospitals/Sea View has licensed 2,000 square feet of cafe space to the Grace Foundation of New York. The Foundation will use the space to provide food services for the facility and job training to its clients on the autism spectrum. The term is for five years with no fee. The license began April 1, 2026. This complements the health care system's patient services.

- NYC Health + Hospitals/Lincoln has licensed 3,220 square feet of café and kiosk space on the ground floor to Healthy Choice Gourmet VIII. The vendor will provide food service to the facility. The term is for five years with an annual fee of $192,600. The total will be $1,022,540. This is based on third party fair market value assessment of neighborhood commercial space.

NEWS FROM AROUND THE SYSTEM

- **Primera Linea:** Bellevue Reaches 200th Transcatheter Aortic Valve Replacement Procedure
- **Hoodline:** From Empty Bronx Lot To Lifeline: Highbridge Senior Tower Opens Its Doors
- **Harlem World Magazine:** NYC Health + Hospitals Launches Light The Way Truck Outreach Initiative
- **BK Reader:** Woodhull Hospital Launches Maternal Health Chaplain Volunteer Program
- **Inside Philanthropy** (attached)**:** The Future is Bright: A Leading Funder on Linking Arts, Health and Play
- **NY1:** Queens Hospital NICU receives a Gold Beacon Award
- **Popular Science:** How much fiber do you need in a day? We asked a gastroenterologist
- **USA Today:** Before you eat that salad, here's how to properly wash lettuce
- **Harlem World Magazine:** NYC Health +Hospitals Harlem Pediatrician Receives The Fresh Air Fund's Community Partner Excellence Award
- **Brooklyn Paper:** Kings County Hospital celebrates Kings CARES program, supporting survivors of domestic and gender-based violence
- **Bronx Times:** Borough President Vanessa Gibson allocates $56.3M from city budget towards Bronx education, healthcare and neighborhood upgrades
- **NY1:** Summer Sunscreen Tips As The City Heats Up
- **World News:** 18 NYC Health Hospitals Facilities Recognized as LGBTQ Healthcare Equality Leaders by the Human Rights Campaign Foundation

- **Medscape:** Monotherapy Linked to Lower Pulmonary AEs Beyond Interstitial Pneumonitis vs Chemotherapy
- **Neoyorkinos:** Lincoln Hospital in the Bronx with National Award for Lung Cancer Early Detection Programs
- **City & State New York:** Who's who in Zohran Mamdani's administration?
- **Sing Tao USA:** Flushing hosts mobile lung cancer screening; about 12 residents complete the screening
- **Becker's Hospital Review:** NYC Health + Hospitals/Kings County performs 1st breast cryoablation
- **Becker's Hospital Review:** 236 women hospital and health system presidents and CEOs to know
- **New York Post:** Hero NYC cop turns routine parking-lot patrol into life-saving 'act of courage'
- **World News:** Danielle DiBari, Senior Vice President of Business Operations, Chief Pharmacy Officer and Chief Procurement Officer named to Becker's 2026 "101 Hospital and Health system Chief Pharmacy Officers to Know" List
- **ABC7:** Mayor Mamdani Visits COOL Mobile Outreach Teams Deployed in Response to Extreme Heat
- **New York Construction Report:** $255M River Commons development breaks ground in South Bronx
- **NBC4:** Beat the heat: Pro-tips to navigate NYC's 'cooling centers' amid soaring temps this weekend (COOL vans mentioned)
- **NY1:** New Yorkers Brace For Brutal Heat Wave
- **News 12:** Health + Hospitals begins work on affordable housing project at South Bronx clinic
- **Becker's Hospital Review:** Healthcare burnout looks different now — 5 leaders explain what's driving it
- **BK Reader:** Farmers Markets Return to Two Brooklyn Hospitals
- **The New York Academy of Sciences:** What "Mystery Outbreaks" Teach Us About Public Health

NYC HEALTH+ HOSPITALS

Fiscal Year 2026
Annual Public Borough Meetings
Responses

Board of Directors Meeting

September 24, 2026

Deborah Brown
Senior Vice President
Chief External Affairs Officer

Fiscal Year 2026 Annual Public Meetings

In accordance with §7384(10) of the HHC Enabling Act, the Board of Directors of the New York City Health + Hospitals facilitated the Fiscal Year 2026 Annual Public Meetings in all five boroughs of NYC:

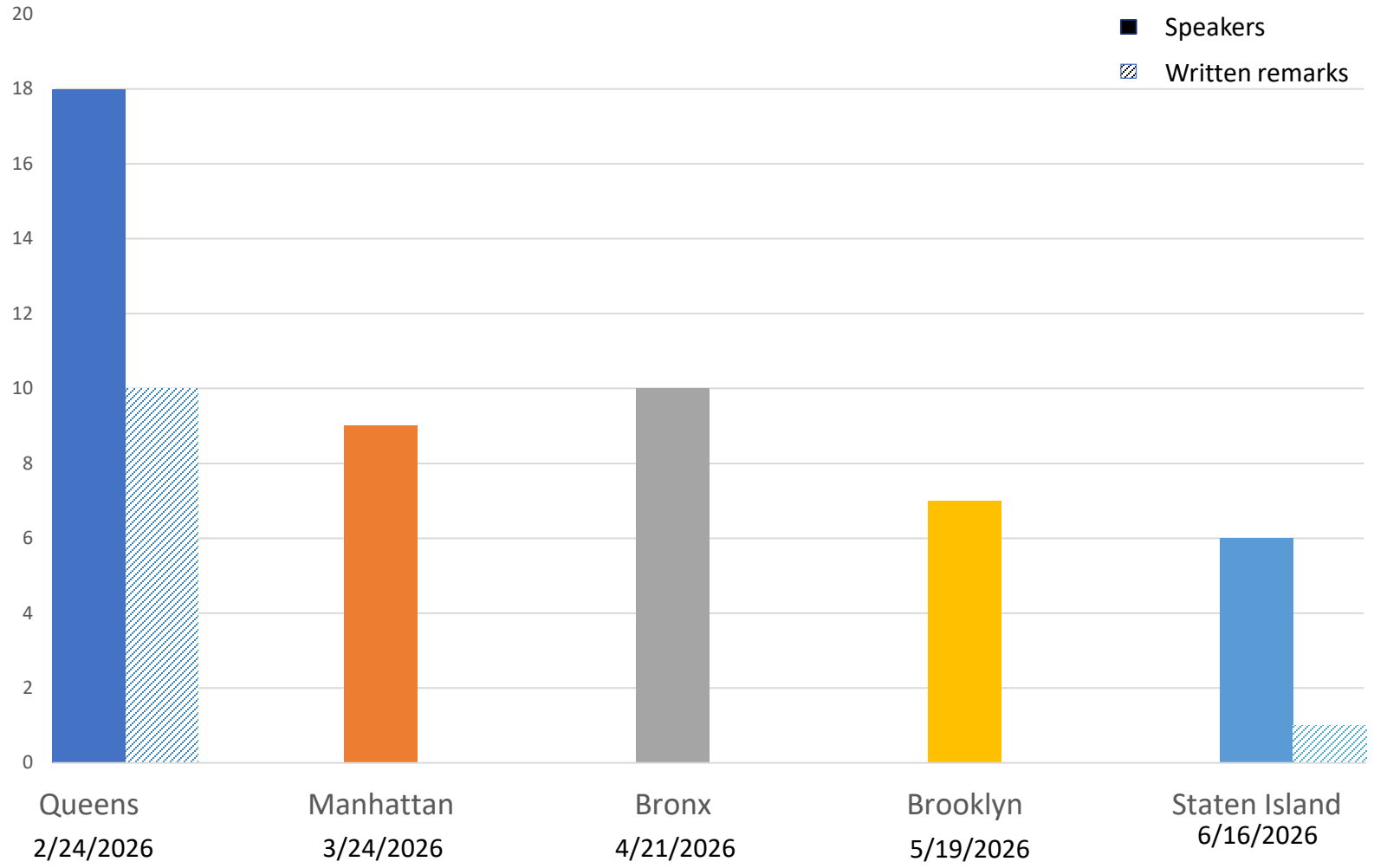
Queens	-	February 24, 2026		NYC Health + Hospitals/Queens
Manhattan	-	March 24, 2026	|	NYC Health + Hospitals/Harlem
Bronx	-	April 21, 2026	|	NYC Health + Hospitals/Lincoln
Brooklyn	-	May 19, 2026	|	NYC Health + Hospitals/Woodhull
Staten Island	-	June 16, 2025	|	NYC Health + Hospitals/Sea View

The President and CEO informed the public on the programs and plans of NYC Health + Hospitals, as well as afforded the public an opportunity to present oral and/or written testimony concerning the performance of NYC Health + Hospitals to the Board of Directors.

Compilation of questions and responses

- NYC Health +Hospitals recorded the individual questions/ concerns from each of the public meetings.
- This deck contains a comprehensive listing of questions/ concerns and responsive information.
- We will provide an overview today.
- The full deck will be posted for public review: https://www.nychealthandhospitals.org/public-meetings-notices/
- Each slide is identified with the name of the borough in which the question/ concern was raised.
- When a specific facility is referenced in the question/ concern, it is also included on the slide.

Total Speakers and Written Submissions per Borough



Main Areas of Concern Raised by the Public

INFRASTRUCTURE

- Infrastructure modernization and upgrades
- Expansion of Emergency Department

AWARENESS

- Increase awareness of quality and extent of services available at H+H facilities

HEALTHCARE ACCESS

- Impact on facilities of HR 1 and changes to Medicaid and Essential Plan
- Potential loss of coverage to patients due to recertification and eligibility requirements
- Closure of Bellevue's Program for Survivor's of Torture

NYC Health + Hospitals

Public Concern:

Community member expressed the need to expand NYC Care and NYC Care partnerships with community-based partners to ensure patients and community members who may be at risk of losing Medicare or Essential Plan coverage due to changes in the Federal budget can continue to access care.

Response:

NYC H+H and NYC Care have spent the past several months preparing both its telephonic/onsite financial counseling teams and contracted community partners to support New Yorkers experiencing health care coverage transitions in applying for NYC Care. We have also been working with NYSOH Marketplace Assistors from nonprofit organizations across the city, as well as from the NYC DOHMH, to help their clients apply for NYC Care. We have also begun working with other City Agencies with client-facing programs to better understand NYC Care and how to provide clients with appropriate referrals to NYC Care. Additionally, for about two weeks in July 2026, we ran a special marketing campaign that brought an NYC Care outreach van to communities across NYC to provide accessible information about NYC Care and how to apply.

Public Concern:

Community member asked whether special Federal funding to increase Medicaid reimbursement for NYC Health + Hospitals would mitigate the impact of Federal budget cuts to our safety-net system.

Response:

We are still fully accounting for the negative impacts of H.R. 1. Our immediate budget can partially absorb these cuts thanks to our efforts to maximize reimbursement, including the recently federally authorized State Directed Payment (SDP) arrangement, which provides enhanced reimbursement for certain Medicaid encounters but will also be diminished by H.R. 1 over time.

Public Concern:

Community member expressed concern with the proposed Maimonides merger and potential financial impact on NYC Health + Hospitals. They also expressed concern in the different strike implications in union contracts at Maimonides and NYC Health + Hospitals, as City staff would be under the Taylor Law, while Maimonides employees would be under Taft-Harley.

Response:

With respect to concerns about financial impact, this transaction is contingent on State grant support of more than $2.2 billion over five years.

With respect to concerns about unions, we manage different employment relationships and union arrangements already in the System via our affiliates. The Maimonides transaction allows the vast majority of employees to retain their employment and union relationships and will support a strong ongoing operation.

NYC Health + Hospitals

Public Concern:
Community member asked whether the tradition of the President of NYC Health + Hospitals meeting quarterly with community partners and community-based organizations can be reimplemented to improve community engagement efforts.

Response:
NYC Health + Hospitals recognizes the importance of maintaining ongoing dialogue with community partners and community-based organizations. The Office of Community Affairs supports systemwide community engagement efforts, including working with the 21 Community Advisory Boards (CABs), which serve as a direct link between H+H facilities and the communities they serve. CABs meet regularly and provide a forum for community members to raise concerns, share feedback, and remain informed about facility programs and services.

At the facility level, Community Affairs teams and CABs also engage local Community Boards, community-based organizations, elected officials, and other stakeholders through outreach, community events, meetings, and partnerships. H+H will continue to strengthen these existing engagement mechanisms and explore opportunities to further connect community partners with system and facility leadership.

NYC Health + Hospitals

Public Concern:

Community member emphasized the need for hospitals to remain safe spaces where patient health information is protected from immigration enforcement and safe spaces for immigrant communities. They also raised concerns about contracts and affiliations with external organizations and requested a public review of partnerships to ensure protected health information is not shared with immigration authorities, along with safeguards to protect patient privacy and community trust.

Response:

NYC Health and Hospitals is strongly committed to protecting the privacy of its patients' information, including any incidental information that may indicate immigration status, in accordance with all applicable federal, state, and local confidentiality laws. In addition, NYC Health + Hospitals is obligated by law to ensure that any party receiving patient information to carry out any function on behalf of NYC Health + Hospitals is bound to stringent confidentiality provisions protecting patient health information, including but not limited to HIPAA.

Manhattan: NYC Health + Hospitals/Bellevue

Public Concern:

Community An Advisory Board (CAB) member shared the CAB's efforts to strengthen public support for Bellevue Hospital and raise community awareness of Bellevue's modern facility and dedicated workforce through presentations at Community Boards and health fairs. They highlighted the importance of facility tours for Community Boards and elected officials to raise awareness.

Response:

Bellevue will continue working with the CAB to raise awareness of Bellevue's services and priorities through community presentations, hospital tours, and engagement with the Community Boards and elected officials

NYC Health + Hospitals/Bellevue

Public Concern:

Community member shared that it sometimes takes over 6 months to hear about a specialty appointment at Bellevue Hospital. This is not the time to receive an appointment date; this is the time to receive a call to schedule the appointment.

Response:

We are reviewing the referral and scheduling process with our clinical and operational teams to improve response times and communication with patients. Additionally, we are working to expand access to specialty services to better meet our community's needs.

NYC Health + Hospitals/Bellevue

Public Concern:

Community members expressed concern about the planned closure of the Bellevue Survivors of Torture Program emphasizing that the program's funding is legally protected and available regardless of immigration status. They urged NYC Health + Hospitals to continue to provide this program to the most vulnerable populations.

Response:

We recognize the important services provided. Since May, patients have been receiving care through the new Primary Care Human Rights Clinic.

Manhattan: NYC Health + Hospitals/Carter

Public Concern:
Community member expressed their concern that proposed Medicaid and Medicare reimbursement cuts could result in over $2 million in lost funding for NYC Health + Hospitals/Carter. They requested that NYC Health + Hospitals continue to prioritize Carter in its budgets so it can continue providing quality long-term and short-term care to the community.

Response:
Carter plays a vital role in the H+H care continuum. Carter Executive Leadership will continue to work closely with H+H Central Office Leadership to ensure that budget allocations support the continued provision of post-acute care services, including LTACH and Nursing Facility services.

Carter remains a high-performing facility, achieving some of the strongest performance and quality outcomes within Post-Acute Care. As Carter continues to fulfill the H+H mission, we will continually reassess the services offered to ensure efficient operations while meeting the evolving needs of our patients, communities, and all NYC stakeholders.

Manhattan: NYC Health + Hospitals/Coler

Public Concern:

Community member shared the need for regular upgrades due to the aging infrastructure of the facility, and stressed the need for more Certified Nursing Assistants (CNAs) to meet the long-term care needs of the skilled nursing facility.

Response:

Coler has implemented a number of initiatives to increase the number of CNAs to address our long-term needs:

- Certified Nursing Assistant (CNA) Training Program: Sponsored by the Department of Health, our program continues to draw overwhelming interest and generates hundreds of inquiries. We proudly celebrated the graduation of our 2nd cohort this past May.
- Superior Resident Care & Staffing: Our direct care hours per resident remain well above the minimum standards set by New York State. Thanks to this commitment to quality, we have achieved a 5-out-of-5-star rating in CMS staffing metrics.
- HR Achievements: A huge thank you to our Human Resources team, who has done an amazing job aggressively filling vacancies and significantly reducing our open positions.

We Continue to upgrade our aging infrastructure to meet the needs of our patient population. Most recently, we have:

- Completed the Call Bell System-Installation for improved resident response.
- Installed Commercial Bake Ovens to prepare freshly baked pastries, cookies, and bread on site.
- Established Coler Café, providing our residents with a high-quality, restaurant-style lunch experience.

Manhattan: NYC Health + Hospitals/Gotham Health, Sydenham

Public Concern:
Community member emphasized the need to address major building infrastructure challenges and shared the CAB's efforts to advocate directly to elected officials as community members, in partnership with Gotham Health.

They also stressed the need to increase community awareness of the important services provided by the Development Evaluation Center, a pediatric specialty program serving children and young adults with developmental and behavioral health needs.

Response:
Gotham Health, Sydenham appreciates the community's advocacy and are acutely aware of the aging infrastructure challenges. We have been actively addressing major issues, and recent roof repairs have successfully withstood the major storms over the past few weeks. While these immediate repairs are holding, we recognize that the building's age presents ongoing challenges that would require significant capital investment. As a long-term solution, we have conducted additional site visits for potential relocation spaces, which we plan to review with the Community Advisory Board (CAB) in the near future.

Regarding the Developmental Evaluation Center at St. Nicholas, we are committed to increasing community awareness of this vital program. We will collaborate with our marketing team to explore additional outreach strategies to ensure we are connecting with all children and young adults who need these services.

Manhattan: NYC Health + Hospitals/Gouverneur

Public Concern:
Community member shared the need for important infrastructure upgrades which include a new CAT scanner, new DISH machine, and renovation of the auditorium. They shared the efforts of the CAB who have advocated directly to elected officials for support with the upgrades.

Response:
The site acknowledges the need for these important infrastructure upgrades. The CT scanner is functional, though at end-of-life, and the renovation of the auditorium is needed to enhance existing infrastructure to support site and community needs. Though funding for these has not yet been identified, the dishwasher is being procured. The efforts of the CAB in advocating directly to elected officials for support is noted and greatly appreciated.

Manhattan: NYC Health + Hospitals/Harlem

Public Concern:

Community member highlighted the challenges at NYC Health + Hospitals/Harlem due to aging infrastructure and the need for costly equipment upgrades. They highlighted recent costly HVAC upgrades and efforts with the Department of Health and Mental Hygiene (DOHMH) to mitigate and prevent future disease outbreaks.

Response:

Harlem Hospital routinely aims to upgrade and maintain its infrastructure. We are committed to providing the safest care environment for our patients, staff, and community at large. We have enhanced our testing, tracing, and disease surveillance protocols.

Manhattan: NYC Health + Hospitals/Metropolitan

Public Concern:
Community member emphasized the need to secure funding to expand and upgrade the outdated Emergency Department (ED) at NYC Health + Hospitals/Metropolitan. The current ED no longer meets the community's growing patient and mental health needs.

Response:
Metropolitan continues to pursue an updated emergency room in partnership with Central Office and our elected representatives.

We are taking a new direction that will allow us to meet our needs at less cost and in a shorter timeframe. Rather than a drastic expansion, we will maximize our existing footprint by reconfiguring and modernizing the space and improving workflow.

A key feature of the new emergency department will be a new adult psychiatric emergency room, relocated to the current emergency annex, adding 700 square feet of space. The new adult emergency room will be separate from the main emergency department, ensuring both safety and high-quality care for people in a mental health crisis.

Additionally, We will maintain crucial components of our emergency department, including SART services, pediatric emergencies, and critical care.

Bronx: NYC Health + Hospitals/Lincoln

Public Concern:
Community member emphasized the need for a state-of-the-art ambulatory care pavilion at Lincoln Hospital to meet the needs of the community and requested that funding for this capital project be included in the upcoming fiscal year's budget.

Response:
The Ambulatory Care Pavilion at NYC Health + Hospitals/Lincoln remains a priority within our capital allocation and planning efforts. However, we do not currently have the funding to move forward with construction. The current estimated cost is approximately $600 million.

The Pavilion remains on our list of capital funding priorities, and we continue to advocate for support from our elected officials at all levels of government, while also exploring additional funding opportunities.

At the same time, Lincoln is open to exploring alternative approaches that could help us achieve our ambulatory care goals. We welcome options that may offer a more realistic, financially feasible, and sustainable path forward while still addressing the needs of our patients and the community we serve.

Brooklyn:
NYC Health + Hospitals/South Brooklyn Health

Public Concern:

Community member emphasized the need for an Ambulatory Neuroscience Program and Comprehensive Stroke Center to meet the needs of Southern Brooklyn's aging population and improve access to life-saving care. Community member also emphasized the need for a Level 1 Trauma Center.

Response:

South Brooklyn Health understands the need for an Ambulatory Neuroscience Program to meet the needs of South Brooklyn's aging population. We are reviewing direct funding needs and will work with the HHC Central Office intergovernmental affairs team to lobby the city, state, and federal government for funding during their respective upcoming legislative sessions.

South Brooklyn Health is now a TJC Thrombectomy Stroke Center and is currently assessing our programmatic structure.

South Brooklyn Health is a comprehensive care center that has served the community with emergency care for over 150 years. We remain the first stop for many injuries and crises, stabilizing patients. We continue to review and improve our trauma care capabilities to ensure our team is equipped to serve our patients effectively, including delivering life-saving care.

Staten Island: NYC Health + Hospitals

Public Concern:

The District Attorney of Richmond County expressed concern over the borough's lack of equitable access to NYC Health + Hospitals services, highlighting:

- The loss of Street, Health, Outreach and Wellness (SHOW) vans,
- The absence of a public NYC Health + Hospitals hospital on Staten Island,
- The resulting disparities in public health resources and behavioral health services

The District Attorney urged NYC Health + Hospitals to provide equitable services, engage directly with Staten Island's treatment and recovery providers, ensure a fair settlement of future opioid settlement-based funding based on community need and impact, and strengthen its public health presence in the borough.

Response:

The SHOW program is working with the city to expand our work with encampments. As we identify locations in Staten Island, we will include them in that work.

Staten Island: NYC Health + Hospitals/Sea View

Public Concern:

Community partner, Camelot Counseling, is developing a residential treatment facility for women and children recovering from substance use disorders on Sea View's campus. Camelot Counseling has requested relocating a nearby campus MTA bus stop and turnaround to improve safety for future residents and staff.

Response:

Sea View staff will reach out to the MTA to explore this and the addition of other bus routes to enhance accessibility for the Sea View community.

NYC HEALTH+ HOSPITALS

September 2026

RESOLUTION - 07

Adopting the attached **Mission Statement, Performance Measures and additional information to be submitted on behalf of New York City Health and Hospitals Corporation ("NYC Health + Hospitals") for Fiscal Year 2026** to Office of the State Comptroller's Authorities Budget Office (the "ABO") as required by the Public Authorities Reform Act of 2009 (the "PARA").

WHEREAS, the Public Authorities Accountability Act was amended by the PARA to add additional reporting and oversight features; and

WHEREAS, the PARA requires local public authorities such as NYC Health + Hospitals to adopt each year a mission statement and performance measures to assist NYC Health + Hospitals in determining how well it is carrying out its mission; and

WHEREAS, the ABO requires reporting of NYC Health + Hospitals' mission and performance measures, as well as responses to certain questions on a form provided by that office and requires that the NYC Health + Hospitals Board of Directors read and understand the mission statement and the responses provided to the ABO; and

WHEREAS, NYC Health + Hospitals will post on its website the Mission Statement as hereby adopted; and

WHEREAS, the attached Mission Statement, Performance Measures and additional information supplied on the required ABO form will, once read, understood and adopted, comply with the requirements of the PARA as stated above and reflect the mission of NYC Health + Hospitals and the performance measures being used to measure its achievement of its mission;

NOW, THEREFORE, be it

RESOLVED that the attached Mission Statement, Performance Measures and additional information supplied on the required Office of the State Comptroller's Authorities Budget Office form are hereby adopted as required by the Public Authorities Reform Act of 2009.

NYC HEALTH + HOSPITALS

September 2026

AUTHORIZATION TO MAKE ANNUAL FILING PURSUANT TO THE PUBLIC AUTHORITIES REFORM ACT

Executive Summary

NYC Health + Hospitals is required by the Public Authorities Reform Act of 2009 (the "**PARA**") to adopt and to report to the New York State Office of the State Comptroller's Authority Budget Office (the "**ABO**") each year a mission statement and performance measures to assist NYC Health + Hospitals to assess its success in carrying out its mission. The ABO also requires completion of a specific form as part of the annual reporting. Attached is the Mission Statement, Performance Measures and the responses to complete the ABO form, all of which require the Board's adoption.

NYC Health + Hospitals has made annual filings in compliance with the PARA since its adoption. The Mission Statement reflects the purposes of NYC Health + Hospitals as expressed in its enabling act and in its By-Laws. The Mission Statement on the ABO form is the version that will be posted on the NYC Health + Hospitals' website.

NYC HEALTH+ HOSPITALS

September 2026

AUTHORITY MISSION STATEMENT AND PERFORMANCE MEASUREMENTS

- To provide and deliver high quality, dignified and comprehensive care and treatment for the ill and infirm, both physical and mental, particularly to those who can least afford such services;
- To extend equally to all we serve comprehensive health services of the highest quality, in an atmosphere of human care and respect;
- To promote and protect, as both innovator and advocate, the health, welfare and safety of the people of the City of New York;
- To join with other health workers and with communities in a partnership which will enable each of our institutions to promote and protect health in its fullest sense -- the total physical, mental and social well-being of the people.

NYC HEALTH+ HOSPITALS

September 2026

ADDITIONAL QUESTIONS:

1. **Have the board members acknowledged that they have read and understood the mission of the public authority?**

   Yes.

2. **Who has the power to appoint the management of the public authority?**

   Pursuant to the legislation that created NYC Health + Hospitals, the President is chosen by the members of the Board of Directors from persons other than themselves and serves at the pleasure of the Board. (Unconsolidated Law, section 7394)

3. **If the Board appoints management, do you have a policy you follow when appointing the management of the public authority?**

   The Governance Committee to the Board of Directors has, among its responsibilities, the duty to receive, evaluate and report to the Board of Directors with respect to the submissions of appointments of corporate officers.

4. **Briefly describe the role of the Board and the role of management in the implementation of the mission.**

   In addition to standing and special committees which have defined subject matter responsibilities and which meet on a regular basis, the Board of Directors meets a minimum of 10 times annually as mandated by our Enabling Act to fulfill its responsibility as the governing body of NYC Health + Hospitals and its respective facilities as required by law and regulation by the various regulatory and oversight entities that oversee NYC Health + Hospitals. Corporate by-laws and established policies outline the Board's participation in the oversight of the functions designated to management in order to ensure that NYC Health + Hospitals can achieve its mission in a legally compliant and fiscally responsible manner.

5. **Has the Board acknowledged that they have read and understood the responses to each of these questions?**

   Yes.

AUTHORIZATION TO MAKE ANNUAL FILING PURSUANT TO THE PUBLIC AUTHORITIES REPORT ACT

Board of Directors Meeting

Thursday, September 24, 2026

Deborah Brown – Senior Vice President, Chief External Affairs Officer

Keith Tallbe– Senior Counsel

Board of Directors Consideration

- Adopting the attached **Mission Statement, Performance Measures and additional information to be submitted on behalf of New York City Health and Hospitals Corporation ("NYC Health + Hospitals") for Fiscal Year 2026** to Office of the State Comptroller's Authorities Budget Office (the "ABO") as required by the Public Authorities Reform Act of 2009 (the "PARA").

Public Authorities Reform Act of 2009 Requirements

- the Public Authorities Accountability Act was amended by the PARA to add additional reporting and oversight features

- the PARA requires local public authorities such as NYC Health + Hospitals to adopt each year a mission statement and performance measures to assist NYC Health + Hospitals in determining how well it is carrying out its mission

- the ABO requires reporting of NYC Health + Hospitals' mission and performance measures, as well as responses to certain questions on a form provided by that office and requires that the NYC Health + Hospitals Board of Directors read and understand the mission statement and the responses provided to the ABO and publicly posted on its website

NYC HEALTH+ HOSPITALS

System Dashboard

REPORTING PERIOD – Q3 FY26 (January 1 through March 31 | 2026)

		EXECUTIVE SPONSOR	REPORTING FREQUENCY	TARGET	ACTUAL FOR PERIOD*	VARIANCE TO TARGET	PRIOR PERIOD	PRIOR YEAR SAME PERIOD*
	QUALITY AND OUTCOMES							
1	Post Acute Care All Cause Hospitalization Rate (per 1,000 care days)	VP CQO+SVP PAC	Quarterly	1.6	1.9	-.3	2.1	1.9
2	Follow-up appointment kept within 30 days after behavioral health discharge	SVP CO + VP CQO	Quarterly	65%	67.2%	2.2%	65.6%	67.2%
3	HgbA1c control < 8	SVP AMB + VP CPHO	Quarterly	69%	69.8%	.8%	70.8%	68.1%
4	% Left without being seen in the ED	SVP CO + VP CQO	Quarterly	4.0%	3.0%	1%	3.0%	3.4%
	CARE EXPERIENCE							
5	Inpatient care - overall rating (top box)	VP CQO + SVP CNE	Quarterly	66.3%	63.74%	-2.56%	64.41%	66.2%
6	Ambulatory care (medical practice) recommended provider office (top box)	VP CQO + SVP AMB	Quarterly	88.39%	89.1%	.81	88.2%	88.3%
7	MyChart Activations	VP CQO + SVP AMB	Quarterly	84%	89.1%	5.1%	87.6%	86%
	FINANCIAL SUSTAINABILITY							
8	Patient care revenue/expenses	SVP CFO + SVP MC	Quarterly	65%	TBD	TBD	75.8%	73.1%
9	% of Uninsured patients Enrolled in Health Insurance Coverage or Financial Assistance	SVP CFO + SVP MC	Quarterly	90%	86%	-4%	86%	71%
10	% of M+ medical spend at H+H	SVP MC	Quarterly	45%	49.38%	4.38%	49.85%	46.6%
11	Total AR days per month (Outpatient, Inpatient)	SVP CFO	Quarterly	45	26.7	18.3	27.6	48
12	Post Acute Care Total AR days(12 months)	SVP CFO	Quarterly	50	42.3	7.7	44.46	-
13	UnPrint: 5 Year Initiative to Increase Printing Alternative Awareness and Reduce System Printing, % Completion	SVP CIO	Quarterly	100%	35% complete, which is 100% of deliverable	-.65%	30%	-
	ACCESS TO CARE							
14	Unique primary care patients seen in last 12 months	SVP AMB	Quarterly	450,000	461,930	11,930	462,823	459,305
15	Number of e-consults completed/quarter	SVP AMB	Quarterly	95,100	53,444	-41,656	57,599	96,468
16	NYC Care	SVP AMB	Quarterly	150,000	122,955	-27,045	126,731	140,593
	CULTURE OF SAFETY							
17	% of total staff across NYC H+H completing ICARE with kindness **pledge**	VP CQO + SVP HR + SVP MC + SVP GA	Quarterly	80%	63.32%	-16.68%	60.32%	-
	"Actual for Period" compared to "Prior Period" to designate positive (green), steady					(red) trends.		
18	% of total staff across NYC H+H completing ICARE with kindness **training**	VP CQO + SVP HR + SVP MC + SVP GA	Quarterly	80%	54.95%	-25.05%	51.79%	-
	RACIAL AND SOCIAL EQUITY							
19	# of Equity Lenses Applied to PI Projects	VP CQO	Quarterly (data will lag)	100	50	50	72	62
20	% of New Physician Hires being underrepresented minority	SVP CMO + SVP HR	Quarterly	-	See slide 13			-

System Dashboard Glossary

REPORTING PERIOD – Q3 FY26 (January 1 through March 31 | 2026)

		DESCRIPTION
	QUALITY AND OUTCOMES	
1	Post Acute Care All Cause Hospitalization Rate (per 1,000 care days)	Total # residents transferred from a PAC facility to hospital with outcome of admitted, inpatient/admitted over total # of resident care days
2	Follow-up appointment kept within 30 days after behavioral health discharge	Follow-up appointment kept with-in 30 days after behavioral health discharge
3	HgbA1c control < 8	Population health measure for diabetes control
4	% Left without being seen in the ED	Measure of ED efficiency and safety
	CARE EXPERIENCE	
5	Inpatient care - overall rating (top box)	Aggregate system-wide Acute Care/Hospital score HCAHPS Rate the Hospital 0-10 (Top Box)
6	Ambulatory care (medical practice) recommended provider office (top box)	Aggregate system-wide Acute Care/Hospital score HCAHPS Rate the Hospital 0-10 (Top Box)
7	MyChart Activations	Number of patients who have activated a MyChart account in primary care
	FINANCIAL SUSTAINABILITY	
8	Patient care revenue/expenses	Measures patient care revenue growth and expense reduction adjusting for changes in city/state/federal policy or other issues outside H+H management's control
9	% of Uninsured patients Enrolled in Health Insurance Coverage or Financial Assistance	Measures effectiveness of financial counselling and registration processes in connecting patients to insurance or financial assistance
10	% of M+ medical spend at H+H	Global measure of Metro Plus efforts to steer patient volume to H+H, removes pharmacy and non-medical spend
11	Total AR days per month (Outpatient ,Inpatient)	Total accounts receivable days, excluding days where patient remains admitted (lower is better)
12	Post Acute Care Total AR days(12 months)	Total accounts receivable days (lower is better)
13	UnPrint: A 5 Year Initiative to Increase Printing Alternative Awareness and Reduce System Printing	Measures milestones achieved in major information technology project to increase printing alternative awareness to reduce printing across the System
	ACCESS TO CARE	
14	Unique primary care patients seen in last 12 months	Measure of primary care growth and access; measures active patients only
15	Number of e-consults completed/quarter	Top priority initiative and measure of specialty access
16	NYC Care	Total enrollees in NYC Care program
17	% Occupancy	Total % occupancy for all services and % occupancy specifically in med surg and ICU units
	CULTURE OF SAFETY	
18	% of total staff across NYC H+H completing ICARE with kindness pledge	Total % of staff across NYC H+H completing ICARE with kindness pledge, which includes all sites, service lines, and MetroPlus to achieve the System goal of ensuring a kindness culture across the entire System
19	% of total staff across NYC H+H completing ICARE with kindness training	Total % of staff across NYC H+H completing ICARE with kindness training, which includes all sites, service lines, and MetroPlus to achieve the System goal of ensuring a kindness culture across the entire System
	RACIAL AND SOCIAL EQUITY	
20	% of New Physician Hires being underrepresented minority (URM)	The percentages of physicians hired in the quarter who identify as Asian, Black or African American, Hispanic or Latino
21	# of Equity Lenses Applied to PI Projects	Total # of performance improvement projects that have data to support an equity focus to the project (e.g., quantified to focus on aim statement measure by an equity component such as primary language spoken in the home, race, ethnicity, gender). This metric will lag by 1 quarter as more PI projects are shared with the Office of Quality & Safety from across the System through various venues

AUTHORITY MISSION STATEMENT

- To provide and deliver high quality, dignified and comprehensive care and treatment for the ill and infirm, both physical and mental, particularly to those who can least afford such services;
- To extend equally to all we serve comprehensive health services of the highest quality, in an atmosphere of human care and respect;
- To promote and protect, as both innovator and advocate, the health, welfare and safety of the people of the City of New York;
- To join with other health workers and with communities in a partnership which will enable each of our institutions to promote and protect health in its fullest sense -- the total physical, mental and social well-being of the people.

ADDITIONAL QUESTIONS

1. Have the board members acknowledged that they have read and understood the mission of the public authority?
   - Yes
2. Who has the power to appoint the management of the public authority?
   - Pursuant to the legislation that created NYC Health + Hospitals, the President is chosen by the members of the Board of Directors from persons other than themselves and serves at the pleasure of the Board. (Unconsolidated Law, section 7394)
3. If the Board appoints management, do you have a policy you follow when appointing the management of the public authority?
   - The Governance Committee to the Board of Directors has, among its responsibilities, the duty to receive, evaluate and report to the Board of Directors with respect to the submissions of appointments of corporate officers.
4. Briefly describe the role of the Board and the role of management in the implementation of the mission.
   - In addition to standing and special committees which have defined subject matter responsibilities and which meet on a regular basis, the Board of Directors meets a minimum of 10 times per year as mandated by the Enabling Act to fulfill its responsibility as the governing body of NYC Health + Hospitals and its respective facilities as required by law and regulation by the various regulatory and oversight entities that oversee NYC Health + Hospitals. Corporate by-laws and established policies outline the Board's participation in the oversight of the functions designated to management in order to ensure that NYC Health + Hospitals can achieve its mission in a legally compliant and fiscally responsible manner.
5. Has the Board acknowledged that they have read and understood the responses to each of these questions?
   - Yes.

NYC HEALTH+ HOSPITALS

Board of Directors Request for Approval

- Adopting the attached **Mission Statement, Performance Measures and additional information to be submitted on behalf of New York City Health and Hospitals Corporation ("NYC Health + Hospitals") for Fiscal Year 2026** to Office of the State Comptroller's Authorities Budget Office (the "ABO") as required by the Public Authorities Reform Act of 2009 (the "PARA").

NYC HEALTH+ HOSPITALS

September 2026

RESOLUTION - 08

Authorizing and approving the adoption of the resolution entitled "Supplemental Resolution to the Amended and Restated General Resolution of the New York City Health and Hospitals Corporation" providing for changes to clarify the intent of certain provisions of the General Resolution in connection with current and future changes in generally accepted accounting principles ("GAAP") and changes from time to time in rules and standards adopted by the Governmental Accounting Standards Board ("GASB")

WHEREAS, the New York City Health and Hospitals Corporation (the "Corporation") has been duly and validly created as a body corporate and politic constituting a public benefit corporation of the State of New York pursuant to the provisions of the New York City Health and Hospitals Corporation Act, McKinney's Unconsolidated Laws, Section 7381 to 7406, as amended (the "Act"); and

WHEREAS, the Corporation, directly and through its subsidiaries, has full power to operate the health system facilities leased from The City of New York and to control and direct expenditures for the provision of health care services; and

WHEREAS, the Corporation has previously adopted the Amended and Restated General Resolution adopted by the Corporation on October 29, 2020 and effective on January 5, 2021 (the "Amended and Restated Resolution"), amending and restating the General Resolution adopted by the Corporation on November 19, 1992, as previously amended by a Series Resolution adopted by the Corporation on December 19, 1996 (collectively, the "Original Resolution", and as supplemented hereby and as may be further amended or supplemented from time to time in accordance with the terms thereof, the "Resolution"); and

WHEREAS, in accordance with Sections 901(6) and (11) of the Original Resolution, the Corporation desires to supplement certain provisions of the Original Resolution in order to clarify the intent of certain provisions of the Resolution in connection with current and future changes in generally accepted accounting principles ("GAAP") and changes from time to time in rules and standards adopted by the Governmental Accounting Standards Board ("GASB").

NOW THEREFORE, be it

RESOLVED, that the Board of Directors of the Corporation hereby authorizes and approves the adoption of the resolution entitled "Supplemental Resolution to the Amended and Restated General Resolution of the New York City Health and Hospitals Corporation" providing for changes to clarify the intent of certain provisions of the General Resolution in connection with current and future changes in generally accepted accounting principles ("GAAP") and changes from time to time in rules and standards adopted by the Governmental Accounting Standards Board ("GASB").

NYC HEALTH+ HOSPITALS

September 2026

EXECUTIVE SUMMARY
Supplemental Resolution
Supplementing the
Amended and Restated General Resolution

Background: The Corporation finances its capital projects with funds provided by the City derived from its municipal bond sales, with funds raised from its own bonds and, to a lesser extent, from other sources. The Corporation's bonds have been issued in the past under the authority of a General Resolution that is supplemented with authority for each issuance. The General Resolution provides the basic structure for the Corporation's issuance of its bonds and contains various operating and financial covenants. The original General Resolution was adopted in 1992 and amended in 2021. With the recent accounting updates by the Governmental Accounting Standards Board 103, it is necessary to supplement the General Resolution with specific provisions explained in the presentation to maintain the Corporation's bond covenants. None of the supplemental provisions substantially change the basic financial or contractual terms.

Purpose: The proposed supplement to the "Amended and Restated General Resolution of the New York City Health and Hospitals Corporation" supplements to the General Resolution (adopted November 19, 1992; amended by Series Resolution and adopted December 19, 1996 and amended and restated and adopted October 29, 2020 with effective date of January 5, 2021) to add a new section to the General Resolution.

Proposed Changes to General Resolution: The proposed supplemental resolution clarifies the intent of the General Resolution in connection with current and future changes in GAAP standards and GASB pronouncements or guidance. When a change in GAAP occurring after January 2021 has the effect of changing financial covenant calculations in a manner that is inconsistent with the intent of the General Resolution going back to 1992, H+H may elect to complete the calculation in accordance with GAAP as of January 2021, rather than GAPP in effect on the date the calculation is made.

Effective Date of the Supplemental Resolution: Effect immediately upon its adoption.

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION

SUPPLEMENTAL RESOLUTION
Adopted September 24, 2026

Supplementing the

AMENDED AND RESTATED
GENERAL RESOLUTION

Adopted November 19, 1992
and
As Amended by Series Resolution Adopted December 19, 1996
and
As Amended and Restated and Adopted October 29, 2020
and Effective on January 5, 2021

SUPPLEMENTAL RESOLUTION TO SUPPLEMENT CERTAIN PROVISIONS OF THE GENERAL RESOLUTION OF THE NEW YORK CITY HEALTH AND HOSPITALS CORPORATION RELATING TO THE ISSUANCE OF ITS HEALTH SYSTEM BONDS.

WHEREAS, the New York City Health and Hospitals Corporation (the "Corporation") has been duly and validly created as a body corporate and politic constituting a public benefit corporation of the State of New York pursuant to the provisions of the New York City Health and Hospitals Corporation Act, McKinney's Unconsolidated Laws, Section 7381 to 7406, as amended (the "Act");

WHEREAS, the Corporation, directly and through its subsidiaries, has full power to operate the health system facilities leased from The City of New York and to control and direct expenditures for the provision of health care services;

WHEREAS, the Corporation has previously adopted the Amended and Restated General Resolution adopted by the Corporation on October 29, 2020 and effective on January 5, 2021 (the "Amended and Restated Resolution"), amending and restating the General Resolution adopted by the Corporation on November 19, 1992, as previously amended by a Series Resolution adopted by the Corporation on December 19, 1996 (collectively, the "Original Resolution", and as supplemented hereby and as may be further amended or supplemented from time to time in accordance with the terms thereof, the "Resolution");

WHEREAS, in accordance with Sections 901(6) and (11) of the Original Resolution, the Corporation desires to supplement certain provisions of the Original Resolution in order to clarify the intent of certain provisions of the Resolution in connection with current and future changes in generally accepted accounting principles ("GAAP") and changes from time to time in rules and standards adopted by the Governmental Accounting Standards Board ("GASB").

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF DIRECTORS OF THE NEW YORK CITY HEALTH AND HOSPITALS CORPORATION, AS FOLLOWS:

Section 101. New Section Added to Original Resolution. A new Section 105 is hereby added to the Resolution as follows:

"Section 105. Generally Accepted Accounting Principles. Notwithstanding any provision in the Resolution to the contrary or any provision in the Resolution referring to "generally accepted accounting principles then in effect", if any change in generally accepted accounting principles ("GAAP") from those in effect on January 5, 2021 (being the effective date of the Amended and Restated Resolution) results from the promulgation of new or amended rules, regulations, pronouncements, opinions, clarifications or interpretive guidance by, or required by, the Governmental Accounting Standards Board or other authoritative bodies that determine GAAP, and such change has the effect of modifying the calculation of any financial covenant or changing the nature of or treatment of any asset or liability or items of income or expense or other accounting term used in such calculation in a way that is inconsistent with the intent of the Amended and Restated Resolution as in effect on its effective date or the calculation of such financial covenant

or the treatment of any asset or liability or items of income or expense or other accounting term that would have resulted if such calculation had been done without regard to any such change in GAAP or any such new or amended rules, regulations, pronouncements, opinions, clarifications or interpretative guidance, then, in such case, in making any such financial covenant calculation under the Resolution, at the election and sole discretion of the Corporation, GAAP shall be deemed to mean GAAP in effect on either (i) the date on which such financial covenant calculation or determination or computation is being made under the Resolution, or (ii) January 5, 2021 (being the effective date of the Amended and Restated Resolution), without regard to such change in GAAP or such new rules, regulations, pronouncements, opinions, clarifications or interpretive guidance. In the event that the Corporation elects, pursuant to this Section 105, to calculate any financial covenant under the Resolution in such a manner that modifies, offsets or disregards GAAP as in effect on the date of any such covenant calculation, the Corporation shall describe any such changes in GAAP and resulting elections made by the Corporation under this Section 105 in any certificate of an Authorized Officer of the Corporation required to be furnished hereunder demonstrating compliance with any of the covenants in Article VIII of the Resolution, and shall represent and warrant in such certificate that such election has been made by the Corporation so that the criteria for evaluating compliance with such financial covenant shall be substantially the same as the criteria for evaluating compliance with such covenant as was intended under the Amended and Restated Resolution on its effective date of January 5, 2021, as if such change in GAAP or new rules, regulations pronouncements, opinions, clarifications or interpretive guidance had not been implemented. For avoidance of doubt, pursuant to this Section 105, changes in the characterization and classification of operating and non-operating revenues as implemented by GASB Statement No. 103 may, at the election of the Corporation, be disregarded by the Corporation in the calculation of any financial covenant under the Resolution upon the furnishing of a certificate of an Authorized Officer as set forth in this Section 105. ”

Section 102. Conflict. All resolutions or parts of resolutions or other proceedings of the Corporation in conflict herewith shall be and the same are repealed insofar as such conflict exists.

Section 103. Effective Date. This Resolution shall take effect immediately upon its adoption.

NYC HEALTH+ HOSPITALS

Supplemental Resolution to the Amended and Restated General Resolution

Clarifying certain General Resolution provisions in relation to changes in accounting principles and standards

Board of Directors Meeting
September 24, 2026

Linda Dehart – Vice President Reimbursement Consulting
Thomas Tran – Senior Director Reimbursement consulting

For Finance Board Consideration

- Authorizing and approving the adoption of the resolution entitled “Supplemental Resolution to the Amended and Restated General Resolution of the New York City Health and Hospitals Corporation” providing for changes to clarify the intent of certain provisions of the General Resolution in connection with current and future changes in Generally Accepted Accounting Principles (“GAAP”) and changes from time to time in rules and standards adopted by the Governmental Accounting Standards Board (“GASB”)

The General Resolution

- The General Resolution, first adopted in November 1992, authorizes and governs the System's bond financing program.
  - Sets the structure and parameters of the bond financing program.
  - Provides for security and payment of System bonds.
  - Establishes terms and conditions agreed to by bond purchasers.
- Specific financing transactions are authorized by the Board through Series Resolutions under the General Resolution.
- The General Resolution was amended and restated in October 2020, with an effective date in January 2021 following completion of the Series 2020 bond sale.
  - Amendments changing material bondholder terms and conditions requires approval by a majority of the System's bondholders in addition to the board.
  - Supplements to the General Resolution clarifying existing terms and conditions and supplements providing for changes that would not adversely affect the bonds' ratings, may be approved by the Board alone.

NYC HEALTH+ HOSPITALS

Bond Covenants

- The General Resolution details certain covenants that the System makes regarding its bonds program, finances and operations that constitute a binding agreement with the System's bond purchasers.
- Broadly, these covenants include the following (among other requirements):
  - Achievement of certain financial performance metrics regarding revenues and net cash available to meet debt service obligations, including for issuance of additional debt.
  - Maintenance of the capital reserve fund and pledge of the system's Health Care Reimbursement Revenues to the Capital Corporation to meet debt service obligations.
  - Commitment to make required payments, take all necessary actions to facilitate payments and related funds flows, and to comply with all applicable tax requirements.
  - Maintenance of audited financial records, adherence to appropriate financial procedures, and ongoing disclosure of financial and operating information.
- NYC Health + Hospitals is required to annually certify that it has complied with its bond covenants.

GASB 103

- The Governmental Accounting Standards Board (GASB) establishes accounting and financial reporting standards for state and local governments that constitute Generally Accepted Accounting Principles (GAAP) for those entities. From time to time, GASB issues pronouncements that explain, refine or revise those standards.
- GASB Pronouncement 103 issued in April 2024 and effective for fiscal years beginning after June 15, 2025 will result in a significant change in the presentation of information in the System's fiscal year 2026 financial statements.
- A new format for the Income Statement will identify grants and funds received from the City in the new category of Non-Capital Subsidies, shifting those revenues from operating funds to non-operating funds.
  - Anticipated future GASB guidance may shift additional revenue categories to non-operating funds in future years.
- If this shift in characterization of a significant amount the System's revenues were carried through into calculations for purposes of meeting the bond covenants under the Resolution, the System's compliance would be significantly impacted. As non-operating funds, these revenues would be excluded from the calculation of cash available to meet debt service obligations, whereas they have been included since the original adoption of the General Resolution in 1992.

Clarifying the General Resolution

- The reporting change required by GASB 103 does not reflect any actual change in the system's current financial condition or ongoing stability, and use of the new reporting format in determining available cash for the purpose of debt covenant calculations would be inconsistent with the original intent of the General Resolution going back to 1992, and the intent of the Amended and Restated Resolution which contemplated reporting standards and practices in use as of the last amendment effective January 2021.
- The proposed Supplemental Resolution clarifies the intent of the General Resolution in connection with current and future changes in GAAP standards and GASB pronouncements or guidance.
  - When a change in GAAP occurring after January 2021 has the effect of changing financial covenant calculations in a manner that is inconsistent with the intent of the General Resolution, H+H may elect to complete the calculation in accordance with GAAP as of January 2021, rather than GAAP in effect on the date the calculation is made.
  - The proposed clarifying language is consistent with similar provisions in the governing bond documents of health care systems across the country.
  - Bondholder approval is not required for this common clarification, and the System's bond counsel will render requisite opinions as required under the General Resolution with respect to the adoption of the clarifying Supplemental Resolution.

Board of Directors Approval Request

- Authorizing and approving the adoption of the resolution entitled “Supplemental Resolution to the Amended and Restated General Resolution of the New York City Health and Hospitals Corporation” providing for changes to clarify the intent of certain provisions of the General Resolution in connection with current and future changes in Generally Accepted Accounting Principles (“GAAP”) and changes from time to time in rules and standards adopted by the Governmental Accounting Standards Board (“GASB”)

NYC HEALTH + HOSPITALS

September 2026

RESOLUTION - 09

Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to execute a contract with **Sweet Group of New York LLC (the "Contractor"), to undertake the OTxHU Sallyport Construction at NYC Health + Hospitals/North Central Bronx Hospital**, for a contract amount of $43,735,841.07, with a 15% project contingency of $6,560,376.16, to bring the total cost not to exceed $50,296,217.23, and an anticipated duration of 24 months.

WHEREAS, a new Department of Corrections (DOC) sallyport for OTxHU must be installed at the entrance of the current Behavioral Health Emergency Department and Emergency Department (ED) ambulance entrance located on the first floor of NYC Health + Hospitals/North Central Bronx Hospital; and

WHEREAS, Behavioral Health and ED currently occupy 60% of the first-floor total square footage, requiring full floor modifications to meet program needs, current Facility Guidelines Institute (FGI) guidelines, and Department of Buildings (DOB) codes; and

WHEREAS, the first-floor modifications will allow the construction of the DOC sallyport/intake without any impact to patient care areas on the first floor; and

WHEREAS, the Scope of Work for the OTxHU Sallyport Construction includes the following:

- Phase 1: Decant a portion of the current ED to construct a new Behavioral Health ED and Behavioral Health ambulance bay
- Phase 2: Decant existing Behavioral Health area, relocate staff to newly constructed Behavioral Health ED from Phase 1, and construct new spaces for Pharmacy, Café, and ED Administration
- Phase 3: Decant existing Pharmacy, Café, and ED Administration areas, relocate staff to newly constructed Phase 2 spaces, construct new space for new ED, and construct new ambulance bay for ED
- Phase 4: Demolish and construct remaining portion of current ED, including ED Intake, Triage, and Waiting Room

WHEREAS, in accordance with public bidding procedures, a public bid was issued, site tours were conducted on April 20 and April 21, 2026, attended by 16 contractors, five bids were received by the August 4, 2026 due date, and a technical meeting was held on August 5, 2026, wherein NYC Health + Hospitals determined that the Contractor submitted the lowest responsive and responsible bid; and

WHEREAS, the Contractor has met all legal, business and technical requirements and is qualified to perform the services as required in the contract documents; and

WHEREAS, the overall responsibility for the administration of the proposed contract shall be with the Senior Vice President, Facilities Development.

NOW, THEREFORE, BE IT RESOLVED, that the New York City Health and Hospitals Corporation be and hereby is authorized to execute a contract with Sweet Group of New York LLC, in the amount of $43,735,841.07, for the OTxHU Sallyport Construction at NYC Health + Hospitals/North Central Bronx Hospital, with a 15% project contingency of $6,560,376.16, to bring the total cost not to exceed $50,296,217.23, and an anticipated duration of 24 months.

NYC HEALTH+ HOSPITALS

September 2026

EXECUTIVE SUMMARY
NORTH CENTRAL BRONX HOSPITAL
OTxHU SALLYPORT CONSTRUCTION
SWEET GROUP OF NEW YORK LLC

CONTRACT SCOPE:	Full floor modifications and construction for the OTxHU Sallyport construction, including construction of a DOC sallyport/intake, Behavioral Health ED, ED ambulance bays, Pharmacy, Café, ED Administration, and ED Intake, Triage, and Waiting Room across 4 phases.
NEED:	NYC Health + Hospitals/North Central Bronx needs general construction services to undertake first floor modifications due to program needs, current FGI guidelines, and DOB codes, enabling the installation of the new DOC sallyport/intake at the 1st floor entrance without impacting patient care areas.
CONTRACT DURATION:	Two years (24 months), slated to commence Winter 2026 with an anticipated completion date of Winter 2028.
PROCUREMENT:	Sourced via public bid. Site tours were conducted on April 20 and April 21, 2026, attended by 16 contractors; five bids were received by the August 4, 2026 due date; following an August 5, 2026 technical meeting, Sweet Group of New York LLC was determined the lowest responsive and responsible bidder for a contract not to exceed total of $50,296,217.23.
PRIOR EXPERIENCE:	Sweet Group of New York LLC is actively performing design and construction with NYC Health + Hospitals on Woodhull Labor Birthing Suite Renovation ($14,816,993.00) and NCB Decant Phase 1 ($12,069,614.26) with excellent performance ratings; provided positive references for Emblem Health Conference Center ($32M), Thor Equities Bio Science Building ($25.6M), and Worcester DCU & UMASS Lowell Alternative Care Sites ($24.4M).
CONTRACT AMOUNT:	$43,735,841.07 (plus $6,560,376.16 15% contingency for a total not to exceed $50,296,217.23)
PASSPORT APPROVAL:	Approval
EEO APPROVAL:	Pending
MWBE STATUS:	Contractor has committed to a 32% MWBE utilization plan.

NYC HEALTH + HOSPITALS

To: Colicia Hercules
Chief of Staff, Office of the Chair

From: Franco Esposito
Deputy Counsel
Office of Legal Affairs

Re: Vendor Responsibility, EEO and MWBE status for Board review of contract

Contracts: Sweet Group of New York LLC

Date: September 17, 2026

The below information indicates the vendor's status as to responsibility, EEO and MWBE as provided by the Office of Facilities Development and Supply Chain:

Vendor Responsibility	EEO	MWBE
Approved	Pending	32%

Request for Contract Approval for the North Central Bronx OTxHU Sallyport Construction

Sweet Group of New York LLC

Board of Directors Meeting
September 24, 2026

Manny Saez, PhD., Sr. Vice President, Office of Facilities Development
Mahendranath Indar, Assistant Vice President, Office of Facilities Development
Tim O'Leary, Senior Assistant Vice President, Correctional Health Services
Luis Mendes, Senior Director, Office of Facilities Development

For Board of Directors Consideration

- Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to execute a contract with Sweet Group of New York LLC (the "Contractor"), to undertake the OTxHU Decant Sallyport Construction at NYC Health + Hospitals/North Central Bronx Hospital, for a contract amount of $43,735,841.07, with a 15% project contingency of $6,560,376.16, to bring the total cost not to exceed $50,296,217.23, and an anticipated duration of 24 months.

Current State & Early Works

- Outposted Therapeutic Housing Units (OTxHUs) are beds within NYC Health+ Hospitals (H+H) acute care facilities that will be secured clinical units operated by CHS with New York City Department of Correction providing custody management.
- Outposted at Bellevue opened in April 2026. Facilities at Woodhull and NCB are in design and procurement.
- OTxHU at NCB will provide 92 therapeutic beds upon completion
- Construction of the OTxHU at NCB is divided into several components as part of a construction strategy to reduce the overall construction time.
  - OTxHU Decant Project
  - OTxHU Sallyport Construction
  - Equipment Pre-Purchase (Generators & Chillers)
  - Main OTxHU construction
- The Sallyport Construction project is necessary to provide a secure and direct pathway for movement from the Sallyport to the elevators.
- Extensive assessments and studies were conducted to identify this Sallyport location as the one that would be least disruptive to hospital operations while providing the most efficient and secure patient movement.

Background and Justification

- The New DOC sallyport for OTxHU will need to be installed at the entrance of the current Behavioral Health Emergency Department and Medical Emergency Department (ED) ambulance entrance which are located on the first floor.

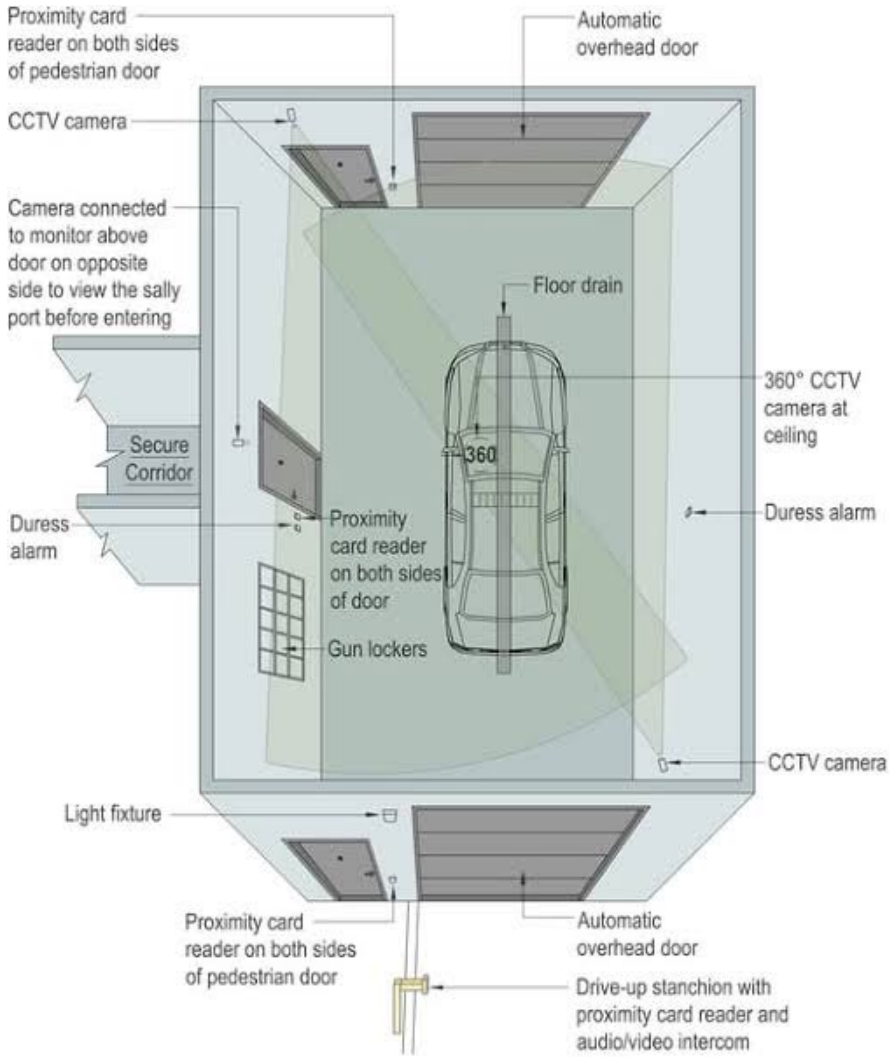
- In a correctional facility, a sally port is a controlled entry point consisting of two or more interlocked doors or gates where one barrier must close and lock completely before the next can open. Its primary purpose is to maintain security by preventing open, direct access between a secure zone and an unsecure or lower-security area.

- Behavioral Health and Medical EDs currently occupies 60% of the first floor total square footage and therefore full floor modifications are required to meet program needs and comply with current FGI guidelines and DOB codes.

- These first floor modifications will allow us to build the DOC sallyport/intake without any impact to patient care areas on the first floor.

Sallyport Example

- Example of a Vehicular Sallyport



North Central Bronx for OTxHU Sallyport Construction

OTxHU Sallyport Construction (1st FL):

The project is comprised of 4 Phases listed below :

Phase 1: Behavioral Health ED

- Decant a portion of the current ED department to construct new Behavioral Health ED and Behavioral Health ambulance bay
- Construct new space for Behavioral Health ED

Phase 2: Pharmacy, Café, ED Admin

- Decant existing Behavioral Health area and relocate staff to newly constructed Behavioral Health ED from phase 1
- Construct new spaces for Pharmacy, Café & ED Administration

Phase 3: ED Intake, Triage and Waiting Room

- Decant existing Pharmacy, Café, ED Administration areas and relocate staff to newly constructed spaces from phase 2
- Construct new space for new ED
- Construct new ambulance bay for ED

Phase 4: Scope for ED Intake, Triage and Waiting Room (Phase 4)

- Demo and construct remaining portion of current ED

- We do not anticipate any negative impacts to patient care or hospital operations.
- The facility will benefit from modernization of the Behavioral Health ED, Pharmacy, Emergency Department and Ambulance Bay

Overview of Procurement

- 4/8/2026: Solicitation posted to the City Record
- 4/20/2026 – 4/21/2026: Site tour for bidders; Total of 13 general contractors attended
- 08/04/2026: Bid due date, 5 bids received
- 08/05/2026: Technical meeting held with, Sweet Group of New York LLC the lowest responsive and responsible bidder

Construction Contract

- Contract amount is **$43,735,841.07**
- Procurement was sourced via public bid.
- Expected to begin Winter 2026 with completion expected by Winter 2028 (24 months)

Project Budget

North Central Bronx – OTxHU Sallyport Construction	
Construction	$43,735,841.07
Project Contingency (15%)	$6,560,376.16
Total	$50,296,217.23

- The project contingency percentage is higher than our normal 10% because this is a complex multi-phase project with unforeseen conditions due to working in an active hospital.
- Full funding for this project has been allocated and CP is pending OMB approval.

MWBE and Ratings

- Sweet Group has submitted a MWBE utilization plan of 32%.

Subcontractor	Certification	Supplies/Services	Utilization Plan
KCM Contracting	NYC MWBE	Masonry/Concrete	4%
Cardoza Plumbing	NYC MWBE	Plumbing	8%
Athena Light & Power LLC	NYS WBE	Lighting Supply	1%
FCS Group LLC	NYC MBE	Painting	1%
Mason Technologies Inc.	NYC WBE	Telecommunications	2%
Akela Contracting LLC	NYC WBE	Civil Concrete	1%
Cardella Trucking Co	NYC WBE	Carting	1%
Namron Incorporated	NYC MBE	HVAC	13%
Amadeus Marble & Granite Corp.	NYS WBE	Tile & Stone	1%

- Sweet Group is in active design and construction with NYC Health Hospitals/Woodhull and NYC Health + Hospitals/NCB for the following projects :
  - Woodhull - Labor Birthing Suite Renovation – Contract Value : $14,816,993.00
  - NCB - Decant Phase 1 – Contract Value : $12,069,614.26
- Vendors performance to date, on the above projects, has been rated excellent.
- Sweet Group provided 3 positive references:
  - Emblem Health Conference Center – Contract Value: $32,000,000
  - Thor Equities Bio Science Building – Contract Value: $25,600,000
  - Worcester DCU & UMASS Lowell Alternative Care Sites – Contract Value: $24,400,000

Board of Directors Approval Request

- Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to execute a contract with Sweet Group of New York LLC (the "Contractor"), to undertake the OTxHU Sallyport Construction at NYC Health + Hospitals/North Central Bronx Hospital, for a contract amount of $43,735,841.07, with a 15% project contingency of $6,560,376.16, to bring the total cost not to exceed $50,296,217.23, and an anticipated duration of 24 months.

NYC HEALTH+ HOSPITALS

September 2026

RESOLUTION - 10

Authorizing New York City Health and Hospitals Corporation to **amend its Affiliation and Asset Transfer Agreement with Maimonides Health Resources, Inc., together with its Subsidiaries and Affiliates, including Maimonides Medical Center and Maimonides Midwood Community Hospital, (the "ATA") to extend the Outside Date as defined in the ATA to February 1, 2027.**

WHEREAS, at its November 2025 meeting, NYC Health + Hospitals' Board of Directors authorized NYC Health + Hospitals (the "**System**") to enter into an Affiliation and Asset Transfer Agreement (the "**ATA**") with Maimonides Health Resources, Inc. together with its Subsidiaries and Affiliates, including Maimonides Medical Center and Maimonides Midwood Community Hospital (collectively, "**Maimonides Health**") setting forth the terms of a transaction under which certain assets of the Maimonides Health entities will transfer to the System (the "**Transaction**"); and

WHEREAS, the ATA, which was executed on December 18, 2025, provides that either party may terminate the ATA if the Transaction does not close before June 30, 2026 (the "Outside Date"); and

WHEREAS, the ATA provides that either party may extend the Outside Date one time by three months, and Maimonides Health exercised the option to extend the Outside Date to September 30, 2026; and

WHEREAS, due to the complexity of the Transaction, and delays from litigation and resulting regulatory processes, the System and Maimonides Health wish to further extend the Outside Date to February 1, 2027.

NOW THEREFORE, BE IT RESOLVED that New York City Health and Hospitals Corporation is authorized to amend its Affiliation and Asset Transfer Agreement with Maimonides Health Resources, Inc., together with its Subsidiaries and Affiliates, including Maimonides Medical Center and Maimonides Midwood Community Hospital, (the "ATA") to extend the Outside Date as defined in the ATA to February 1, 2027.

NYC HEALTH+ HOSPITALS

September 2026

EXECUTIVE SUMMARY
Extending the Outside Date for the Maimonides Transaction

BACKGROUND:

At its November 2025 meeting, the Board authorized the System to enter into the Affiliation and Asset Transfer Agreement (the "ATA") with Maimonides Health Resources, Inc., under which certain assets of MHRI (including Maimonides Medical Center and Maimonides Midwood Community Hospital) would be transferred to the System. The ATA provided for an outside date of June 30, 2026 for the transaction, which Maimonides then extended to September 30 under the terms of the ATA. The Outside Date is the date by which either party may walk away from the transaction if all of the pre-closing conditions are not satisfied.

LITIGATION

In March 2026, opponents to the transaction sued the New York State Department of Health ("DOH") arguing it should have required NYC Health + Hospitals to seek and obtain New York State Public Health and Health Planning Council ("PHHPC") approval for the transaction. The System argued (and maintains) that the Public Health Law exempts it from this approval requirement. The court found that the System was required to seek PHHPC approval, and the System prepared to bring the transaction before PHHPC's June, 2026 meeting while simultaneously continuing to advance its position in litigation that it is exempt from this approval requirement.

ADDITIONAL REGULATORY STEPS

In June 2026, DOH requested that the System perform a Health Equity Impact Assessment (an "HEIA"), an evaluation designed to measure the impact of certain types of projects on the delivery of or access to services to medically underserved groups in surrounding communities. Even though the transaction would not require service reductions or changes, the System conducted the HEIA and submitted its report to DOH in August 2026. On September 17, PHHPC voted to approve the transaction. Several additional regulatory approvals are required prior to close.

Modifications to the Affiliation and Asset Transfer Agreement between NYC Health + Hospitals & Maimonides Health – Closing Timeline & Outside Date Extension

Andrea G. Cohen, Senior Vice President and General Counsel

Board of Directors Meeting
September 24, 2026

For Board of Directors Consideration

Authorizing New York City Health and Hospitals Corporation to **amend its Affiliation and Asset Transfer Agreement with Maimonides Health Resources, Inc., together with its Subsidiaries and Affiliates, including Maimonides Medical Center and Maimonides Midwood Community Hospital, (the "ATA") to extend the Outside Date as defined in the ATA to February 1, 2027.**

Extending The “Outside Date”

- In the December 18, 2025 Affiliation and Asset Transfer Agreement (the “ATA”), the System and Maimonides Health agreed to an “Outside Date” of June 30, 2026.

- The “Outside Date” is the date after which, if the transaction has not yet closed, either party may terminate the ATA and not proceed with closing the transaction.

- The Outside Date is NOT the targeted closing date. It is the last possible closing date unless the parties renegotiate or extend the agreement.

Extensions To The Outside Date

- The ATA initially set an Outside Date of June 30, 2026, but it allowed each party the unilateral right to extend the initial Outside Date for three months. Maimonides exercised this right, extending the Outside Date to September 30, 2026.
- Because litigation resulted in postponements, and additional regulatory steps delayed the closing, and because we do not yet have all necessary approvals to close the transaction, Maimonides and the System now wish to extend the Outside Date to February 1, 2027. *(In March 2026, opponents to the transaction sued and won, the New York State Department of Health ("DOH") arguing it should have required NYC Health + Hospitals to seek and obtain New York State Public Health and Health Planning Council ("PHHPC") approval for the transaction)*
  - June 2026 – NYSDOH Requested The System Perform a Health Equity Impact Assessment evaluation to measure the impact of certain types of project on the he delivery of or access to services to medically underserved groups in the surrounding communities, which was submitted in August 2026
  - August 27, 2026 HHC – Presented to the NYS Public Health and Health Planning Committee review the proposal and move it to the Council
  - September 17, 2026 the NYS Public Health and Health Planning Council voted unanimously to approve the proposal for Maimonides Health to join NYC Health + Hospitals
- Nonetheless, the parties are working toward obtaining all of the necessary approvals, and moving toward closing the transaction, as quickly as possible.
- It is hoped that the transaction will be able to close before the end of 2026.

Board of Directors Approval Request

Authorizing New York City Health and Hospitals Corporation to amend its Affiliation and Asset Transfer Agreement with Maimonides Health Resources, Inc., together with its Subsidiaries and Affiliates, including Maimonides Medical Center and Maimonides Midwood Community Hospital, (the "ATA") to extend the Outside Date as defined in the ATA to February 1, 2027.

NYC HEALTH+ HOSPITALS

September 2026

RESOLUTION - 11

Authorizing New York City Health and Hospitals Corporation (the "System") **to commit to fund an escrow account and certain reserves for Maimonides Medical Center upon the close of the transaction, subject to the System's satisfaction of funding commitments associated with the transaction.**

WHEREAS, at its November 2025 meeting, NYC Health + Hospitals' Board of Directors authorized NYC Health + Hospitals (the "**System**") to enter into an Affiliation and Asset Transfer Agreement (the "**ATA**") with Maimonides Health Resources, Inc. together with its subsidiaries ("**Maimonides Health**") setting forth the terms of a transaction under which the assets of certain Maimonides Health entities will transfer to the System (the "**Transaction**"); and

WHEREAS, the language of the ATA, which was executed on December 18, 2025, assumes that Maimonides Health will fund an escrow account (the "**Escrow Account**") and certain reserves (the "**Reserves**") that cover liabilities that Maimonides Health incurred prior to close; and

WHEREAS, as a condition of approving the Transaction, the New York State Attorney General requires certainty with respect to funding the Escrow Account and Reserves to the extent that Maimonides Health does not have sufficient cash-on-hand at the time of transaction close to fund them; and

WHEREAS, under such circumstances, the System is willing to commit to funding the Escrow Account and Reserves, subject to the System's satisfaction of funding commitments associated with the transaction;

WHEREAS, the ATA provides that the amounts necessary to fund the Escrow Account and Reserves will be established five days prior to the close of the Transaction, however, in the next few months, the System expects to have additional information about the amount; and will seek additional authorization from the Board related to those amounts.

NOW THEREFORE, BE IT RESOLVED that New York City Health and Hospitals Corporation (the "**System**") is authorized to commit to fund an escrow account and certain reserves for Maimonides Medical Center upon the close of the transaction, subject to the System's satisfaction of funding commitments associated with the transaction.

EXECUTIVE SUMMARY

Background	Under the ATA between the System and MHRI (including Maimonides Medical Center and Maimonides Midwood Community Hospital), the parties are required to create and fund certain escrow and reserve accounts that will be available post-close to fund various Maimonides liabilities.
Required Funding	It is expected that, at close, Maimonides would fund these accounts with cash-on-hand, however, in order for the transaction to secure required Attorney General approval, we have been advised that H+H must guarantee the availability of funding for these accounts.
Funding Amounts	Closer to close, escrow and reserve funding needs will be finalized, cash on-hand will be able to be estimated, and the amount and availability of State support in time for the close will also be known. The Board will have an opportunity as we approach the close date to assess whether the funding arrangements associated with the "guarantee" are acceptable and H+H must be satisfied with the funding commitments.

Modifications to the Affiliation and Asset Transfer Agreement between NYC Health + Hospitals & Maimonides Health – Escrow Commitment and Closing Reserves

Andrea G. Cohen, Sr. Vice President and General Counsel

Board of Directors Meeting
September 24, 2026

For Board of Directors Consideration

Authorizing New York City Health and Hospitals Corporation (the "System") **to commit to fund an escrow account and certain reserves for Maimonides Medical Center upon the close of the transaction, subject to the System's satisfaction of funding commitments associated with the transaction.**

Funding Escrow And Reserve Accounts For Close

- Under the ATA, the parties are required to create certain escrow and reserve accounts that will be available post-close to fund various Maimonides liabilities
- It is expected that, at close, Maimonides would fund these accounts with “cash-on-hand”
- However, in order for the transaction to gain regulatory approvals, we have been advised that H+H **must** guarantee the availability of funding for these accounts
- We are seeking authorization to provide this guarantee.

Guardrails for H+H's Escrow/Reserve Funding Guarantee

- State support is expected to be available at close if Maimonides cash-on-hand is insufficient

- Closer to close, escrow and reserve funding needs will be finalized, cash-on-hand will be able to be estimated, and State support in time for the close will also be known

- The Board will have an opportunity as we approach the close date to assess whether the funding arrangements associated with the "guarantee" are acceptable

- It is a condition of close that H+H is satisfied with the funding commitments for Maimonides

Board of Directors Approval Request

Authorizing New York City Health and Hospitals Corporation (the "System") **to commit to fund an escrow account and certain reserves for Maimonides Medical Center upon the close of the transaction, subject to the System's satisfaction of funding commitments associated with the transaction.**