Testimony to the New York City Council Committees on Criminal Justice and on Women and Gender Equity

"Maternal Health and Criminal Justice"

NYC Health + Hospitals/Correctional Health Services

October 27, 2026

Good morning Chair Brooks-Powers and Chair Farias and members of the Committees on Criminal Justice and on Women and Gender Equity. My name is Nancy Arias, and I serve as the Chief of Nursing for NYC Health + Hospitals/Correctional Health Services (CHS). I am joined by my CHS colleague, Jeanette Merrill, Senior Assistant Vice President of Communications and External Affairs. We appreciate the opportunity to testify today on "Maternal Health and Criminal Justice."

Since 2016, CHS has been the direct provider of physical and mental health services to people in the custody of the NYC Department of Correction (DOC). Women comprise about eight percent of our patient population and have significant clinical and sociomedical needs. Based on September 2026 data, 82 percent of the women in our care were enrolled in the Mental Health Service; 47 percent of women were diagnosed with a Serious Mental Illness (SMI); and 34 percent of women had an opioid use disorder.

Importance of Perinatal Care

We recognize the tremendous responsibility and opportunity we have to provide high-quality health services – including perinatal care – to our patients. Last calendar year, there were 52 pregnant individuals, in total, in our care. For many of our pregnant patients, their connections to community-based health care and support networks have been disrupted by their incarceration, making the services CHS provides especially important. Other pregnant patients may have been out of care in the community, due to challenges accessing providers or navigating services, presenting an opportunity to engage them in prenatal services that can promote maternal-fetal health.

Prenatal Care at the Rose M. Singer Center

CHS medical and nursing professionals conduct a comprehensive medical evaluation of all individuals when they are admitted to the NYC jail system. At the Rose M. Singer Center (RMSC or Rosie's), clinical staff obtain a reproductive health history and offer pregnancy testing to all reproductive-age patients. Based on the information obtained during the intake assessment, patients may be referred for follow-up medical care or to the Mental Health Service for additional evaluations. Postpartum patients can be referred to CHS' obstetrician for a postpartum visit or for well-women care, which may include pelvic exams, Pap smears, breast exams, and other reproductive and sexual health services.

For patients who are pregnant at the time of jail admission, CHS clinicians order prenatal labs and vitamins and make referrals to the CHS obstetrician for prompt follow-up care. Clinicians will

work to obtain collateral information, if the patient was engaged in care in the community. All pregnant patients receive routine prenatal care at RMSC, where they have access to on-site ultrasounds, as well as pregnancy-related education, including information about breastfeeding. A member of CHS' Gender-Related Services team, which is part of CHS' Reentry and Transition Services, will meet with the patient to offer additional support and information. Patients with more complicated clinical profiles also receive care in coordination with our colleagues at Elmhurst Hospital.

Care Coordination with NYC Health + Hospitals/Elmhurst Hospital

To help orient all pregnant patients to the obstetric services available to them, CHS schedules joint introductory telehealth visits that include the patient, the CHS obstetrician, and the Elmhurst Hospital obstetrician. Throughout the individual's pregnancy, our providers work closely with the Labor and Delivery and Maternal-Fetal Medicine providers at Elmhurst Hospital to coordinate care.

At Elmhurst Hospital, our patients see a member of the hospital's care team who will be present, should they deliver in custody. As previously mentioned, patients may also receive advanced prenatal testing and procedures at the hospital, when clinically indicated. For both routine and higher risk pregnancies, CHS and Elmhurst medical providers conduct joint patient-specific case conferences, which can also include clinicians from CHS' Mental Health Service.

Patients who go into labor while incarcerated on Rikers are transported by FDNY/EMS to Elmhurst Hospital for delivery. Patients may apply, through DOC Programs, to care for and reside with their infants in the Rosie's nursery, a housing area maintained by DOC with CHS nurses providing clinical support to the new parents.

Mental Health Care for Pregnant and Postpartum Patients

For patients who are referred for a mental health evaluation, a licensed CHS mental health provider reviews the patient's full mental health history, interviews the patient, and reviews an extensive social history with the patient. The information the mental health provider obtains during this assessment helps to inform their diagnostic determination, individualized treatment plan, case management, and reentry planning. The information also enables clinicians to assess clinical risk factors and to determine the patient's most appropriate mental health level of care.

CHS provides a spectrum of jail-based mental health care that ranges from individual and group counseling and medication treatment to mental health therapeutic housing units for patients who have more robust mental health needs and require increased clinical observation and care coordination. During all clinical encounters, mental health clinicians assess patients for trauma symptoms and mental health disorders, including perinatal mood and anxiety disorders and postpartum depression, as clinically indicated.

All pregnant and postpartum patients with diagnosed mental health disorders are closely monitored by CHS' Mental Health Service. Should a pregnant or postpartum patient require a

higher level of psychiatric care than can be provided on Rikers, the patient will be referred to Elmhurst Hospital in coordination with CHS and hospital leadership. Many of our pregnant patients have complex medical and psychiatric comorbidities and require robust care coordination and treatment plans.

Reentry and Transition Services for Pregnant and Postpartum Patients

CHS' Reentry and Transition Service helps connect patients to clinical resources in the community to help ensure continuity of care upon discharge from jail. All pregnant and postpartum patients – and all patients receiving mental health services – receive an individualized discharge plan, in addition to the core reentry services available to all patients, which includes assistance applying for Medicaid. CHS Reentry staff also coordinate with DOC and their contracted vendors to support transition planning, as appropriate, including referrals to housing. In addition, Elmhurst Hospital obtains contact information for all pregnant patients, and hospital social workers are available to support delivery plans and follow-up care after release from jail.

Intro 902

Intro 902 would require the establishment of protocols governing the identification, screening, referral, monitoring, and follow-up care of pregnant individuals and postpartum individuals in DOC custody who have, or may have, mental health needs. As written, the bill would require DOC to establish and maintain these protocols, but CHS is the direct and independent provider of medical and mental health services to people in DOC custody and would serve as the appropriate agency.

The protocols outlined in the legislation largely align with current CHS practices as they relate to referrals to care, mental health screenings, psychiatric evaluations, clinical documentation, and discharge planning. However, we would want to refine the language to ensure the bill doesn't legislate clinical decision-making and ensures that CHS can continue to provide care in accordance with the most current and appropriate standards of care and clinical practice.

We would like to discuss with Council the provision of the bill that would require CHS to establish "procedures for identifying postpartum status when an individual does not proactively disclose such status."

CHS providers work to establish a relationship of trust with our patients, which can prove more challenging in a carceral setting. All of the services we provide are voluntary, and we respect every patient's right to engage in clinical services and to provide personal information as the individual feels comfortable doing so. We would therefore appreciate the opportunity to better understand the intention of the Council relative to this specific provision and to explore ways to address any concerns without jeopardizing the sanctity of the provider-patient relationship and while protecting the privacy and rights of the patient.

Thank you, and we forward to answering your questions. You will now hear testimony from our colleagues at DOC.