



85 Broad Street; Room 18-104; New York, NY 10004

Testimony of the Commission on the Public’s Health System (CPHS)

Re: Proposed Merger Between NYC Health + Hospitals and Maimonides Medical Center

BOARD OF DIRECTORS

OFFICERS Good afternoon,

Anne Mitchell Co-Chair Patricia Leo Holloman, RN Co-Chair Anne Bové, RN Treasurer	My name is David Alexis, and I am here on behalf of the Commission on the Public’s Health System (CPHS). For 35 years, CPHS has worked alongside communities, labor, and healthcare advocates to protect and strengthen New York City’s public hospital system and ensure access to care regardless of race, immigration status, disability, language, or ability to pay.
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Adrienne Mercer, EdD, CHES Interim Secretary MEMBERS Judy Wessler, MPH	We have long supported NYC Health + Hospitals and the essential role it plays as the backbone of New York City’s healthcare safety-net. H+H is not just another health system — it is the system that catches everyone else when the market fails.
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Steve Gradman Talib Nichiren Maddie Villalba Sohaib Agha	Over the last 10 years, NYC H+H has made strides in ambulatory care and NYC Care has helped expand access to primary and preventive care. CPHS continues to support expansion of NYC Care, including funding for additional community-based outreach partners to connect uninsured New Yorkers to services.
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STAFF

David Alexis Coordinator david.t.alexis@cphsnyc.org	However, today we are here because we are deeply concerned about the proposed merger of Maimonides Medical Center into the H+H system — particularly in the context of looming federal Medicaid cuts.
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This merger cannot be viewed in isolation. It must be evaluated within the financial reality that:

- H+H already operates with structural deficits.
- Federal Medicaid cuts and new federal work requirements threaten to increase the number of uninsured New Yorkers.



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- Immigrant communities face both insurance loss and chilling effects due to federal public charge policies.

When coverage is lost, patients do not disappear. They show up at H+H facilities.

So our central question is this:

How does this merger strengthen — rather than strain — the public hospital system's ability to absorb additional uncompensated care under federal cuts?

We need specificity.

1. What is the projected financial impact of absorbing Maimonides' current deficits into H+H's balance sheet?
2. How will this affect H+H's capital capacity, bond ratings, and borrowing power?
3. What is the projected increase in uninsured patient volume due to federal Medicaid changes, and how is that being factored into merger modeling?
4. What safeguards are in place to ensure this does not lead to service reductions at other H+H facilities?
5. What role will the community play in shaping how this merger will affect care in central and south Brooklyn?

Maimonides is a critical hospital serving central Brooklyn, including large immigrant, Orthodox Jewish, Black, and Caribbean communities. But a merger must not simply shift financial instability from one institution onto the public system without a clear sustainability plan.

We are also concerned about labor integration. H+H facilities operate under public labor agreements and civil service protections. Maimonides operates under different labor structures. How will workforce integration occur? Will this create internal inequities? Will it impact staffing ratios? In a moment



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when nurses across the city have gone on strike over unsafe conditions, workforce planning must be transparent and intentional.

We also raise concern about technology contracts and data governance. H+H's three-year contract with Palantir — a company heavily involved in ICE operations — raises serious alarm for immigrant communities. Many patients served by H+H are undocumented or live in mixed-status families. At a time of heightened immigration enforcement, patients must have ironclad assurance that their medical data cannot be accessed or repurposed in ways that undermine trust.

A merger that expands H+H's footprint while relying on external data systems must include public transparency about:

- What data is collected
- Who has access
- How it is protected
- Whether immigration enforcement agencies could ever access it

If immigrant patients lose trust in the public system, they will delay care — and that will cost lives.

We are also concerned about affiliation agreements. We have seen troubling patterns in private hospital affiliations. Mount Sinai, affiliated with Elmhurst, has faced major labor disputes while relying heavily on traveling nurses. NYU Langone continues to provide disproportionately low levels of Medicaid care relative to its capacity. If the Maimonides merger creates new academic or private partnerships, we need assurances that these affiliations will expand Medicaid capacity — not dilute it.

Finally, we urge the restoration of structured, quarterly meetings between H+H leadership and community-based organizations. In previous years, these forums allowed transparency, accountability, and shared planning. At a moment of merger and



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federal instability, this kind of structured engagement is essential.

In closing:

H+H is the healthcare system that the majority of vulnerable and working New Yorkers rely on to get the care they need.

A merger may ultimately be necessary to stabilize Brooklyn's hospital landscape. But it must:

- Strengthen the safety-net
- Not deepen structural deficits
- Protect immigrant patients
- Safeguard labor standards
- Increase transparency
- Prepare for Medicaid contraction

We cannot afford a merger that weakens the public system just as federal policy is preparing to test it.

CPHS stands ready to work with H+H, elected officials, labor, and community partners to ensure that any transition protects the people who rely on this system the most.

Thank you.