

**Local Law 55**  
**Indoor Allergen Hazards and Health Care Provider Outreach Activities**  
January 2021

As required by Section 17-199.5 of the New York City Administrative Code, this report describes the activities undertaken to educate health care providers about the role of indoor allergens in exacerbating asthma, and the availability of home environmental assessments for their eligible patients.

**Introduction**

Local Law 55 (LL 55), New York City Administrative Code §§ 27-2017 and 17- 199.5 *et seq.* went into effect on January 19, 2019. This law requires that owners of buildings with three or more dwelling units keep tenant homes free of mold and pests. It also requires property owners of any type of housing unit where there is a tenant with diagnosed moderate persistent or severe persistent asthma to safely address pest and mold problems. This includes fixing any underlying conditions contributing to these problems.

To enforce the provisions of LL 55, inspectors from the New York City Departments of Housing Preservation and Development (HPD) and Health and Mental Hygiene (DOHMH) conduct home assessments for pest (cockroach and rodent) and mold hazards. HPD responds to 311 phone or online complaints received from tenants who live in buildings with three or more dwelling units (regardless of asthma diagnosis), and DOHMH's Healthy Homes Program (HHP) responds to referrals received from health care providers of patients with diagnosed moderate persistent or severe persistent asthma who report pests and/or mold in their home, and consent to a home inspection. If pest or mold problems are observed during an inspection, DOHMH issues a Commissioner's Order to Abate to the property owner, who has 21 days to correct violations. DOHMH subsequently conducts a compliance inspection to ensure that the corrections are made.

Before implementing LL 55, DOHMH had already been: (1) conducting outreach to health centers and providers who manage patients with asthma in zip code areas with high rates of asthma-related emergency department visits and hospitalizations; (2) conducting outreach to NYS Department of Health-funded asthma centers and programs; (3) coordinating with NYC Administration for Children's Services to train case workers; and (4) coordinating asthma-related care and conducting trainings for community service partners, e.g., community health workers and asthma counselors, as part of its New York State-funded Healthy Neighborhoods Program activities.

To facilitate health care provider referrals prior to LL 55 going into effect, DOHMH enhanced the [Online Registry](#), a public-facing website used by over 2,000 clinical facilities to report and look up immunization and blood lead test results. Online Registry enhancements included the addition of an electronic referral form and FAQs for health care providers and patients.

## Accomplishments (January 2019 through June 2020)

### I. Activities conducted to promote referrals from physicians and other health care providers:

1. Developed and posted online the below resources, many of which can be found on these DOHMH web pages: [Healthy Neighborhoods Program \(HNP\)](#); [Asthma: Information for Providers](#); [Asthma](#); and, the Healthy Homes Program's [NowPow page](#)
  - [Asthma Referral Form](#) for health care providers, which includes instructions for referring eligible patients online via [DOHMH's online registry](#) or by submitting a completed print form via fax
  - [Asthma Referral Card](#) for community health workers and home visitors to share with families
  - [Local Law 55 Fact Sheet for Property Owners and Tenants](#) in English and translated into covered languages
  - [Asthma Triggers Fact Sheet](#) in English and translated into covered languages
  - [Fact Sheet for NYC Residents with Asthma on What to Expect from Asthma Home Visits](#) in English and covered languages
2. Updated existing outreach materials (on maintaining a healthy home and preventing pests and mold) and presentations to include LL 55 information

### II. Clinical outreach activities:

1. Disseminated information about the home assessment program and available resources to approximately 31,000 NYC health care providers through the electronic City Health Information (CHI) clinical bulletin in May 2019
2. Disseminated information about the program and available resources to almost 950 primary care providers and practice staff through DOHMH's Regional Electronic Adoption Center for Health (REACH) member digest in both December 2018 and September 2019
3. Incorporated LL 55 information into DOHMH's Office of School Health's detailing packets and Grand Rounds presentations
4. Shared information with the Community Health Care Association of New York State (CHCANYS) for distribution to their member NYC health centers in June 2019
5. Released Health Action Network (HAN) to health care providers on controlling symptoms in patients with asthma, including referring eligible patients to DOHMH for home inspections in March 2020
6. Engaged with and shared program information with physicians and other health care providers from the following hospitals and performing provider systems (PPSs):

- Mount Sinai:
  - Department of Environmental Medicine and Public Health, Icahn School of Medicine
  - Adolescent Health Center
  - Pediatric Environmental Health Specialty Unit
- St. Barnabas Hospital: Grand Rounds presentation to health care providers
- Bellevue Hospital: Pediatric Ambulatory Care and Asthma Clinic presentation to attending doctors held
- Gouverneur Health Services Pediatrics Department
- Montefiore:
  - Pediatric Preventive Asthma Care Program at Montefiore Comprehensive Family Care Center
  - Pediatric Hospitalist Service at the Children's Hospital at Montefiore
- OneCity Health PPS:
  - Presented on “Indoor Environment, Asthma Allergens and Treatment” to OneCity Health’s partners from Lincoln Hospital, NYU Langone Health, AIRnyc, Asian Community Care Management, and Make the Road NY

Additional presentations and outreach activities targeted to physicians and other health providers were scheduled during this time but had to be postponed due to the COVID-19 pandemic.

### III. Other outreach activities to promote referrals to the home assessment program:

1. Incorporated LL 55 referrals into new partner initiatives aimed at improving asthma outcomes and housing quality:
  - Enterprise Green Communities Medicaid Together Initiative
  - Local Initiatives Support Corporation Bridges to Health Equity Initiative
  - Green and Healthy Housing Initiative NY Healthy Homes Collaborative
  - NYS Department of Health and NYSERDA Value-Based Payment Pilot
  - Staten Island Child Wellness Initiative (formerly Staten Island PPS)
  - Asthma-Free Bronx
2. Engaged with community-based and community health worker organizations involved in improving asthma outcomes and housing quality
3. Provided technical expertise to the Columbia Law Health Justice Advocacy Clinic on development of “Local Law 55: Know Your Rights” training for tenants in March 2020
4. Contributed LL 55 resources to DOHMH’s Education and Community Partnership outreach work, which includes health fairs

5. Contributed LL 55 resources to DOHMH’s Bronx Neighborhood Health Action Center’s outreach work
6. Presented on “Addressing Environmental and Structural Housing Deficiencies in NYC Homes of Asthmatic Children,” which showcased LL 55 activities, at the 2020 NYC Epidemiology Forum (NYCEF) on February 28, 2020
7. Scheduled to participate in the Metropolitan Hospital Community Advisory Board Panel Discussion on indoor air pollutants and health outcomes on March 14 (canceled due to COVID-19)
8. Posted information about LL 55 on DOHMH’s [Pests and Pesticides Laws for Building Property Owners and Managers](#) web page

#### IV. Referrals received and outcomes

During the reporting period, DOHMH received 636 referrals from 83 facilities. The types of facilities that referred to HHP included asthma home visit programs, hospital-based clinics, community health centers, managed care organizations, social service providers, and other DOHMH programs. More than two-thirds of referrals resulted in a home assessment. In the homes assessed, the vast majority (92%) had pest and/or mold conditions present.

Table 1: Number of Referrals Received, by Quarter

Quarterly Period	Number of Referrals
January – March 2019	86
April – June 2019	110
July – September 2019	106
October – December 2019	168
January – March 2020	128
April – June 2020	38
<b>Total referrals</b>	<b>636</b>

Table 2: Referral Outcomes, January 2019 – June 2020

# of referrals that resulted in a home visit	432
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# of referrals in the process of being scheduled (initial assessments were delayed due to COVID-19)	71
# of referrals that did not result in a visit (tenant refused or did not respond to repeated attempts to schedule visit)	133
<b>Total referrals</b>	<b>636</b>

Table 3: Results of Home Visits, January 2019 – June 2020

Home Visit Results	Count
No violations identified	36
Violations identified	396
<b>Total home visits</b>	<b>432</b>

Table 3a: Violations Identified, By Type, January 2019 – June 2020

Type of Violation	Count
Pests only	200
Mold only	14
Pests and Mold	182
<b>Total violations issued</b>	<b>396</b>

## Discussion

The number of health care provider referrals received by DOHMH has increased since LL 55 went into effect, with an almost 50% increase observed between January through March 2019 and

January through March 2020 (Table 1). This increase is a result of the new acceptance of adult referrals and an increase in the number of children referred to DOHMH. The number of referrals received from April through June 2020 was greatly impacted by the COVID-19 pandemic, with DOHMH receiving only one-third the number of referrals as in the same period in 2019 (38 referrals in 2020, compared to 110 in 2019). Given the significant changes observed in health care utilization during this time, data from the second quarter of CY 2020 should be interpreted with caution.

While the physician referral form explicitly states that DOHMH will contact the patient's building owner in order to fix any problems that are identified during the home assessment, and includes a checkbox that the health care provider must mark to verify the patient has given their consent for a home assessment, it also includes a statement that the patient reserves the right to cancel the service at any time. About 20% of patients who initially agreed to a home assessment either changed their mind or did not respond to multiple attempts by DOHMH to schedule a home visit (Table 2). Possible reasons for this include patients not feeling comfortable with letting a DOHMH inspector into their home, or not wanting DOHMH to contact their building owner if any issues were identified.<sup>1</sup>

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<sup>1</sup> New York City Health Opinion Poll (NYC HOP) Topline Reports. Findings from HOP4. December 2019