

**HEALTH COMMITTEE**  
**OF THE**  
**SUFFOLK COUNTY LEGISLATURE**

**Minutes**

A regular meeting of the Health Committee of the Suffolk County Legislature was held in the Rose Y. Caracappa Legislative Auditorium of the William H. Rogers Legislature Building, 725 Veterans Memorial Highway, Smithtown, New York on Thursday, February 2, 2012 at 2:00 p.m.

**Members Present:**

*Legislator William Spencer - Chair*  
Legislator Kate Browning - Vice-Chair  
Legislator Edward Romaine  
Legislator John Kennedy  
Legislator Sarah Anker

**Also In Attendance:**

*Presiding Officer Bill Lindsay - District #8*  
Legislator Kara Hahn - District #5  
George Nolan - Counsel to the Legislature  
Renee Ortiz - Chief Deputy Clerk/Suffolk County Legislature  
Craig Freas - Budget Analyst/Legislative Budget Review Office  
Lora Gellerstein - Aide to Legislator Spencer  
Marge Acevedo - Aide to Presiding Officer Lindsay  
Michael Pitcher - Aide to Presiding Officer Lindsay  
Chris DeLuca - Aide to Legislator Cilmi  
Ben Zwirn - County Executive Assistant  
Tom Vaughn - County Executive Assistant  
Dr. James Tomarken - Commissioner/SC Department of Health Services  
Margaret Bermel - Director of Health Administration/DHS  
Jen Culp - Assistant to the Commissioner/Dept of Health Services  
Richard Meyer - AME  
Mary Finnin - Public Health Nursing in Suffolk County  
Paulette Schwartz - Coordinator/Cancer Services Program-Good Sam  
Maureen O'Connor - Coordinator/Cancer Services Program-Eastern Suffolk  
Delores Thompson - Chair/Community Advisory Board/Dolan Health Center  
Terry Smith - Administrator/Dolan Family Health Center  
Marsha Noren - President/Intercounty Health Facilities Association  
Administrator/Smithtown Center for Rehab & Nursing Care  
David Moskowitz - Vice-President/Intercounty Health Facilities Assoc.  
All Other Interested Parties

**Minutes Taken By:**

Alison Mahoney - Court Reporter

*(\*The meeting was called to order at 2:11 P.M. \*)*

**CHAIRMAN SPENCER:**

We would like to begin the Health Committee meeting. Would everyone please stand for the Pledge of Allegiance led by Legislator Anker.

***Salutation***

Could we have a brief moment of silence for those that are serving? Please stand for a moment of silence for all those in armed services serving around the world in defense of our liberty.

***Moment of Silence Observed***

Thank you. I'm Dr. William Spencer, and I wanted to just make a couple of introductory remarks. It's a pleasure to have the privilege of serving as Chair of the Health Committee. I look forward to working with the Department of Health and many of the other public health agencies that interface with this committee. I would like to thank Presiding Officer Lindsay for putting the confidence and trust in me to serve on this committee.

I've spent my life as a physician and private practice, but also being involved in different aspects of health care. I'm an officer of the Suffolk County Medical Society, I'm Chief of Otolaryngology at Huntington Hospital and a member of the Huntington Hospital Medical Board. And a huge priority has been just the health and welfare of all members of Suffolk County, and this opportunity gives me a chance to kind of extend my life's work. So I look forward to addressing some of the challenging issues that we have ahead.

Some things on the forefront with these difficult economic times, including the Foley Nursing Home, our public health clinics and nurses, but also some of our public safety issues with regards to the increasing heroin epidemic and our pharmacy safety. These will just be a few of many of the other items that we will address in this committee. I look forward to working with my colleagues on the Legislature who serve with me and in the entire Legislature that we can be decisive and productive and effective.

So with that, moving on, we do have some that have given cards who would like to speak, but what I would like to do, I have asked our Commissioner, Dr. Tomarken, to give us kind of a presentation and just a lay-of-the-land, if he would, with regards to public health. And I would like him to speak first because he may cover some of the topics that our speakers would like to address. So Dr. Tomarken, if you are ready, I would like to invite you to come forward at this time.

**COMMISSIONER TOMARKEN:**

Good afternoon, Mr. Chairman and Members of the Health Committee.

I'm here as the Commissioner, and with me I have Ann Nolan who is the President and CEO of Hudson River Health Care, now known as HRHCare, and I have Laurie Rafkin who is a Vice-President from Stony Brook University and who is in charge of our Coram Health Center. So I'll be covering both the department in general as well as the Hudson River FQHC issue.

**CHAIRMAN SPENCER:**

Thank you, Commissioner. And while he's getting prepared, we did send out an agenda to everyone, but there are other copies if anyone needs an agenda and Lora can assist you and we have them on both sides in the front of the room.

**COMMISSIONER TOMARKEN:**

Okay, thank you. The major issues ahead for the Department of Health are the proposed contract for a limited public/private partnership with Hudson River Health Care, otherwise known as

HRHCare, for the operation of the Elsie Owens North Brookhaven County Health Center at Coram. As you know, we have a large deficit for all our health centers, which I'll go into a little bit later, and so this is an opportunity to try to help amend that issue.

The second item is our Health Center Network; the remaining health centers, of which we have eight others, that are run by various hospitals throughout the County as well as the County running four of them themselves. The John J. Foley Skilled Nursing Facility is an issue that has currently two RFP's pending, one for a public/private partnership initiated by the Legislature and one for sale or closure by -- or lease by the previous administration.

The third issue is Public Health Nursing. We have a little over a million dollar deficit for Public Health Nursing and we have established a new business plan in which we will be seeing more of the elderly population who are covered by Medicare and we will be hoping to reduce our deficit by approximately \$500,000 at the end of the year. So we have a new increased services and a new population that we'll be serving. And from our previous information from a consultant, it's quite clear that the elderly population in Suffolk County will continue to grow at a very large rate, and so we need to address those who want to stay and are able to stay at home with services.

And in Environmental Quality, we are trying to move forward and are moving forward on our permitting process in terms of making it available to consumers and investors on-line, so eventually we would have the ability to obtain the application, to fill it out on-line, to pay for it on-line, to track it on-line and get a decision on-line; all of that is beginning to be done at this stage so that we can make our permitting process more user-friendly.

This is just an organizational chart of the department, just to give you a brief outline of what we do and what departments we have. And starting on the far left, we have the *Office of Minority Health* which is focusing on engaging the minority community and trying to deal with the disparities in health care, and they do many events. There's a gospel music festival coming up in the next month or two and they do events throughout the year and they work in the barber shops in the communities and provide different kinds of testing and medical screening.

Our *Patient Care Services* covers not only our nine health care centers which sees 70,000 patients a year, 305,000 total visits, but we also have our Jail Medical Unit that we service and we have a TB Program that we oversee. And our Jail Medical Unit will be extended to two Jail Medical Units, depending on how that procedure is finally envisioned, because it could be a County-run facility or it could be, as it's gone out for RFP, something done by the private sector, either one or both of the facilities. So that's a large issue that we are faced with as well.

*Community Mental Hygiene*, we have our Mental Hygiene/Mental Health Clinics, we have a Methadone Program as well, and we do a lot of contracting with private agencies to carry out our services.

*Preventive Medicine* does a lot of tobacco education and tobacco cessation courses for the community. We do nutritional and general health education in the schools and keep abreast of whatever the current health issues are in the community that need education and outreach. We have a General Operations Division that deals with -- we have approximately 40 sites, facilities that we have to manage, they're physical sites. We will be moving some time around May or June to a new facility, a new leased facility for the department, and all of these services that you see here will be moving down to the new site off Sunrise Highway.

Moving over to the right, we have *Medical/Legal Investigation* and *Medical Examiner's Office* which does all the autopsies and toxicology testing and reporting. And that's an organization that is accredited by New York State and Federal authorities, so they're a high quality organization doing outstanding work.

Under *Public Health*, we have our mandated services where we have to track and report on 72 reportable diseases such as measles, mumps, meningitis, that sort of thing. So we -- that's a mandated service by the State that we have to provide.

We have a large *Emergency Medical Services* organization that does a great deal of training for EMT's and ambulance crews and that coordinate all the volunteer ambulance organizations throughout the County.

We have another very, very large organization called the *Services for Children with Special Needs*. This is a State program in which we provide services -- actually we contract services for those between the age of zero and three years who have developmental disabilities requiring special treatment and educational needs.

We have our *Environmental Quality Department* which deals with ground water, surface water, contaminated sites and is -- its main mission is to preserve our ground water and drinking water and to make sure that the environment is preserved as much as possible and balances between developers and preserving the environment.

*Public Health Protection* deals with mainly food services and restaurants that prepare their own food, so there are three different levels of restaurants that they inspect on a different inspection schedule. If there's any kind of outbreak they are involved in that, if there's any kind of emergency such as the Tropical Storm we had, they will go out and make sure that the food supply in restaurants is safe for them to reopen and, if not, direct it to be destroyed or diverted in a different method.

We have a very large *Finance Department* that deals with all our grants and the financial billings. We have an *IT Department* that deals with all our computer needs and communications that coordinates with the County IT Department. We have our *Nursing Home*, which is a 264-bed facility with a 64-bed -- 60-bed day-care slots that we're about half-full.

So in brief, that's our department. It's very large, it's about a thousand employees, which I'll show you next. You can see that we have 865 permanent staff, 101 interim, and those interim are for the first six months of this year as per the budget, so we have a total of 966 permanent employees. John J. Foley Nursing Home has 212, so we have a total of 1,178 employees currently.

This is a picture of the Elsie Owens North Brookhaven County Health Center at Coram. I can give you a bit of background. The health center started over 40 years ago with \$100,000 in the County budget for the hospitals to establish out-patient clinics with a 50% State aid reimbursement level. Currently the gross cost to the County of all the health centers, excluding the Dolan Health Center, is over \$62 million. We have a reimbursement rate of 36% on our basic services, which now excludes adult chronic care which is a large part of our patient services.

The net cost to the County of operating the health centers, excluding the Dolan Family Health Center, is approximately \$28 million annually. In 2010, the New York State Department of Health withheld Article 6 State aid for primary care services for adults with chronic diseases. The Health Department had received reimbursement for these patients for over 40 years, and we unsuccessfully appealed this decision by the Department of Health, ultimately resulting in us filing an Article 78 Action against the State Department of Health.

In 2011, the primary health care delivery in Suffolk County was jeopardized when the Article 6 State aid reimbursement was reduced. The department faced a potential loss of State aid on top of the \$28 million annual subsidy that the County provides for these health centers. In 2011, the Department of Health and Suffolk County, after lengthy negotiations, reached a mutually agreeable settlement. As you can see, going back to 2006, there's always been a substantial deficit for running our health centers, anywhere from 23 up to 32 and a half million dollars on an annual basis.

So these have always been very expensive items.

**CHAIRMAN SPENCER:**

Why is the Dolan excluded?

**COMMISSIONER TOMARKEN:**

Because we just give a subsidy to Dolan. We don't run the Dolan Health Center, it has its own Article 28 Certificate. So it is a standalone institution that we have no control over, we just subsidize on an annual basis.

**CHAIRMAN SPENCER:**

Okay.

**COMMISSIONER TOMARKEN:**

The cost of the health centers. The net cost after revenues of the Health Center Network is approximately \$30 million annually for the past several years. The net cost after revenues of the Coram Health Center is approximately \$3 million annually for the past several years. The Health Department, in working with contracted hospitals, has worked to contain costs and maximize revenues. The net cost is unsustainable as we move forward. As recognized in the 2012 Adopted Budget, by budgeting Coram for a transition and due to the potential loss of Article 6 State aid for the health centers, Coram was identified for closure in 2011.

The New York State Department of Health sought to avoid this closure and to continue to provide services at the health center at Coram.

The State Department of Health facilitated discussions with Hudson River Health Care, Stony Brook University and the Department of Health for a public/private partnership to maintain services.

What is the potential solution? This is an opportunity to continue to provide quality health services at a greatly reduced and time-limited cost. The transition, if it occurs from the County-run facility to HRHCare, will be seamless to the patient. HRHCare will integrate Coram Health Center into its own FQHC network. The proposed arrangement is a public/private partnership which will lessen the financial burden on the taxpayer. Just to give you an idea, Coram Health Center sees about 6,790 patients, amounting to about 23,500 visits, of which Neighborhood Health Plan, which is our sole health plan provider, is 2,253.

In the 2012 Adopted Budget, this includes \$2,123,415 in funding for the Coram Health Center. The recommended budget reduced funding in anticipation of developing creative alternatives which will ensure the continuity, continuation of quality care services to the area residents. The BRO report supports transition of Coram Health Center to another license holder, especially an FQHC entity. There is sufficient funding available in the budget for transition contingent upon a May 1st, 2012, target date of transferring services to HRHCare. The 2.2 -- sorry, the \$2.1 million budgeted funds services provided by Stony Brook University for January to April and the services by HRHCare for May to December. So the first four months of this year we would continue Coram under Stony Brook as usual; if we can reach the May 1st deadline, then HRHCare will take over for the last eight months of 2012.

The procurement process, how did this come about? In December, 2011, there was an adoption of the budget Request For Proposals Waiver which approved authorizing the Health Department to proceed with contract negotiations with HRHCare. The Waiver Committee is composed of the Presiding Officer and County Executive representatives. The RFP waiver authorizes -- sorry, requires adoption of a County resolution to authorize contract negotiations and amend the 2012 County Budget.

Who is HRHCare? And I will let Ann Nolan go into this in a bit more detail, but just quickly, HRHCare is a non-for-profit New York State licensed FQHC. It delivers primary, preventative, behavioral, all health care and enabling services to medically under-served populations throughout New York State's Hudson Valley and Long Island. It operates 20 primary care sites and serves 70,000 patients annually and is the only approved FQHC on Long Island.

You can look at the list of the services it provides. It must ensure quality of care and provision of services to under-insured and uninsured individuals, directly or through contracts or cooperative arrangements, and you can see the list of services that it provides. And this is just the basic services, they're allowed to, obviously, expand services.

What else will HRHCare do? It will contract with Stony Brook University for continued staffing of Coram Health Center so patients can keep their current physician, which is always a very important issue with the patients. It must use a sliding scale with discounts based on patient family size and income in accordance with the Federal poverty level guidelines. It must be open to all, regardless of their ability to pay.

Major differences. Under the proposed agreement, HRHCare would secure an Article 28 Operating Certificate from the New York State Department of Health and Suffolk County would surrender its Article 28 Certificate for the Coram Health Center. Malpractice liability will become responsibility of HRHCare and no longer Suffolk County.

Government approvals that are needed at a County level. There's a Legislative resolution required to authorize the agreement. At the State level there is a -- the State requires a plan for the Health Department and a Certificate of Need from HRHCare. At the Federal level, HRHCare will apply to the Federal government to add Coram to its existing FQHC network. HRHCare must demonstrate financial neutrality and operate without a loss. Suffolk County Health Department will assist HRHCare in establishing Coram as an FQHC contingent upon all appropriate County, State and Federal approvals necessary for Suffolk County Department of Health Services to cease operations of its existing Article 28 health center at that site and for HRHCare to begin operations of Article 28 FQHC.

Proposed agreement. Approved waiver set forth the outline of the financial agreement. The County is to provide annual fixed payment for a period of five years only. Current rental expense and real property tax payments will continue by the County through the Department of Public Works for the remaining 23-year term of the lease which expires June 16th, 2035. At the end of the lease, all payments related to operation of Coram will end. As part of the proposed agreement, HRHCare would receive a fully-furnished and equipped health center. The Bond Counsel has issued an opinion regarding that there is no bonding issues regarding transfer of equipment.

Other issues. Forty percent of Coram patients have no health insurance. The County to provide -- will provide a community benefit base payment to assist as a start-up subsidy as HRHCare expands patient base and implements efficiencies. HR -- I'm sorry. The health center name will remain as the Elsie Owens North Brookhaven County Health Center at Coram. HRHCare currently has appointed one Suffolk County resident to their Board of Directors and has agreed to appoint a second Suffolk County resident as part of this proposed arrangement, consistent with HRHCare bylaws and Federal FQHC program requirements.

Next steps. A resolution will be laid on the table. There will be a proposal to be presented to the Coram Health Center next week on February 9th at their Community Center Advisory Board, which all participants here will attend. On March 8th, there will be more details available for the Legislative Health Committee meeting. And then if everything above goes as we hope, there will be a full Legislative vote on March 13th. If adopted, a contract will be executed on May 1st, 2012, which is our target date.

I can open it up for questions. And also, Ann Nolan from HRHCare would like to say a few words.

*(\*Presiding Officer Lindsay entered the meeting at 2:37 P.M. \*)*

**MS. NOLAN:**

Yes. Thank you, Dr. Tomarken.

**COMMISSIONER TOMARKEN:**

You have to keep it pressed.

**MS. NOLAN:**

I have to hold it, okay. Thank you, Dr. Tomarken. And thank you, Dr. Spencer, for allowing me to come to the committee and be able to speak to you.

I've been around HRHCare now for over 35 years and it's a community effort that has -- that started about 36 years ago in the community of Peekskill, New York by the community. And so we're very much in touch as we've developed and evolved into a health center system that provides medical care in the Hudson Valley and here in Long Island for about 80,000 patients. Those patients make about 300,000 visits a year to the health center. And over the last decade, we have enjoyed a long relationship with the County Department of Health in discussions, and with the County Executive's Office -- over many administrations, it appears -- to work with you more closely. And so the Coram Health Center is the first of I hope to be opportunities for us to work with what we believe in, the model of a community health center, of an FQHC.

Federally Qualified Health Centers are -- there are 8,000 sites across the United States and we represent the best of what the community has driven for and that is to -- in the hands of the community, a community-driven system that provides comprehensive health services focused on the people who are most medically needy and uninsured, largely uninsured people. So our system, it's not surprising that 40% of the people who come to the Elsie Owens Health center don't have any insurance, that is the same in our entire system, so we do serve a large number of uninsured as well as accept all insurances. And certainly the Medicaid population is another growing, with Medicaid Managed Care and even with the fee-for-service Medicaid, we have a large percentage of Medicaid in the system as well.

We serve seniors, too. We have elderly people on Medicare, it makes up about 13 to 15% depending on the site and sometimes a little bit greater in more rural areas. Our service system really starts up in Upstate, New York, in Monticello and Sullivan County and comes the whole way through Nassau County. We're working with NUMC, Nassau University Medical Center, and here in Suffolk County we've had a site since 2003.

We work in affiliation with every hospital that we are in close proximity to and that we depend on, because this is a partnership in the community of providing comprehensive services. So it's very important that Stony Brook and the Department of Health are our partners. And we know we couldn't do it, what we're trying to do in this case is to assure the continuity of care, the same staff, the same physicians especially. We're hopeful to retain the existing staff as we go forward and add to that and grow to it. And our plans over the next five years are to expand the services.

The center serves nearly 7,000 people now, I think you saw that from the slide; we're hoping -- we've projected 10,000 people in the system and that would -- they will come to the health center likely around 40,000 times a year. Those patients will be served with comprehensive services as the foundation, the services that the Department of Health have been providing are very comprehensive in nature, but we can add to that. We're going to bring in the FQHC model, offers a dental services so we will be adding dental services and we have that planned for the end of the first year of operation. We have behavioral health, an expanded mental health component that will be

added also in the first year, near the end. We're hoping that once we get operational in May, that it will take a few months for us to get our feet on the ground and keeping everything the same, but before that we will have to do some expansion of the dental -- for instance, for dental services; we'll start at the end of the year because you have to build-out dental and you have to get an Article 28, a CON approval and the basic process that one goes through. But we're going to quickly move to expand the services into the model of an FQHC.

**CHAIRMAN SPENCER:**

Thank you. I just have a couple of follow-up questions. I noticed -- thank you, Dr. Tomarken, for your presentation and I appreciate you doing that on such short notice, also.

I noticed that one of the issues that we were discussing is the burden, the expense with regards to the County and making the transition into a more efficient model. And I noticed in the presentation that it stated that there would be improving efficiencies. How are some of the ways that you're able to do that? And the other question, a follow-up to that, is that there's a model that -- there's a plan up until 2035; do fluctuations and administrations politically on the Federal level have an impact in terms of your funding? And if for some reason you move forward with that model, when you see that it's not sustainable or that there's not, I don't like the word probability, but in terms of that you're unable to meet the cost needs, then what are the provisions to make adjustments? You know, I'm really -- my primary concern is protecting the residents that are served by that center as we make that partnership.

**MS. NOLAN:**

I just want to jot down a note here for myself. The FQHC model brings with it -- one of the reasons this becomes an efficient model for us, for the County, is the FQHC model allows for enhanced reimbursement for the population that we serve. And so we are able to, on the financial side, over time, we will -- because this -- it will be brought under our scope of services and we will -- we actually have the scope of services approved?

**MS. RAFKIN:**

It's been submitted.

**MS. NOLAN:**

It's been submitted. What happens with the Federal government is we're able to, under our scope, as long as we submit a scope of services change, bring the health center under our offices. And with that come the FQHC benefits, and that includes the Federal Torts Claims Act coverage of malpractice insurance, two biggies, and the reimbursement system. And so with those two, it allows us to run a more efficient business, it doesn't have to do with cutting things, cutting costs in -- or cutting staff, it has to do more with our revenue side in this case.

What's happening on the Federal level has been that -- the last President and this President as well has seen the community health center FQHC model as the foundation for the health system for the primary care system, and so under the Bush Administration, it expanded, doubled the number of patients seen in community health centers. And in this administration, again, President Obama felt that this is a foundation for the growth of the health care system. And with that, a trust fund was established for the expansion and development of the infrastructure of community health centers so that funding will come for special program expansion, it will come for service expansion, it will come for construction. And that fund, that trust fund is at this -- even through the last discussions about budget cuts and negotiation, still stands as the fund for -- the secure fund for us to continue the growth of the community health center model in the country.

**CHAIRMAN SPENCER:**

Thank you. Do any of my colleagues have any questions? Legislator Anker.

**LEG. ANKER:**

Again, thank you for coming here and giving us some information. I think it's a wonderful proposal, it really is, and I hope the partnership succeeds. We were basically in dire streets months ago. I represent the north side of 25 in Coram and I have a number of constituents that use the facility. And it's not even in Coram and Middle Island, it's all along the north shore, there are so many people that have lost their jobs, that have lost their homes and they're using the facility and to hear that it's going to close was devastating news for a lot of people.

I wanted to make a point. One of the goals, not only of the County Executive but with the Legislators, is to use the local -- you know, local residents to -- let's see, how can I put this? Will it be able for you to provide jobs to the local residents? In other words, the people coming out of the nursing schools, the local -- you know, I know you have Stony Brook, but we have Suffolk Community College. Do you have information related to how you're going to hire new help when you reach that point?

**MS. RAFKIN:**

I think we've been on the telephone talking. We work very closely -- we hope to work very closely with Hudson River and we have a nursing school, we work with Suffolk Community College very closely with their programs and we hope to work closely on the hiring.

**LEG. ANKER:**

That's good news. Again, we're trying to do everything we can to help the economy and I think we're going to be able to accomplish a lot, not only preserving a health facility that's so much needed, but also with the good news of hopefully expanding it and using our local resources. So again, thank you for giving us this information.

**CHAIRMAN SPENCER:**

Legislator Kennedy. No, Legislator Romaine will go first. Do you want to go?

**LEG. ROMAINE:**

No. Go ahead, John.

**LEG. KENNEDY:**

I will keep my questions brief. First of all, I will say I'm thrilled to hear that you've come to this point. I think the model is an excellent model. I have heard, in my own due diligence, that your organization is an excellent organization; people in the health care community speak very highly of you. I like the fact that you are a not-for-profit entity, so essentially you're mission-driven with quality of care. And it's not necessarily about lumping up profits. Obviously you have to operate in the black, but I'm glad to hear the expertise you bring.

Just two areas. The Federal Tort Claims Act; I read it, I'm trying to recall it. I know it's a powerful inducement for us, but in essence, what does it do? Are patients barred from bringing an action, or is it that the Federal government helps absorb if, in fact, there's a favorable settlement?

**MS. NOLAN:**

I'm going to introduce Allison Duboise who is our Chief Administrative Officer and deals with our Federal Torts Claims Act for our whole system.

**LEG. KENNEDY:**

Great.

**MS. NOLAN:**

So she can answer that question.

**LEG. KENNEDY:**

Thank you.

**MS. DUBOISE:**

The FTCA coverage does not bar claims, but it instead extends the Federal malpractice and our physicians actually are covered by the Federal malpractice, it's as if they were employees of the Federal government. And so any suits or claims that are brought forward actually are brought to Federal Court, but there's still ample due process for any concerns or claims that move forward.

**LEG. KENNEDY:**

So that coverage extends, then, to presumably the Stony Brook employees that are coming in, the physicians, the nurses? The malpractice aspect of it then will be picked up through this umbrella policy?

**MS. DUBOISE:**

That is correct.

**LEG. KENNEDY:**

Okay, good to hear. Definitely good to hear, because it's a big expense for coverage in the first instance, and then from time to time if there's an incident, it can be costly with an action.

The board, let's talk about the board. Your governing board right now is how many members?

**MS. NOLAN:**

Twenty-one.

**LEG. KENNEDY:**

Okay, so you have 21 members.

**MS. NOLAN:**

We have a little bit of wiggle room there. We have 21 members, but it can go for as low as 15, up to 25.

**LEG. KENNEDY:**

Okay. And one board member right now is a Suffolk County resident?

**MS. NOLAN:**

That's right.

**LEG. KENNEDY:**

Okay. And you're making provisions, you're going to add another board member? How are you going to go through that selection process? There are some that we know, people that are very much involved with the Coram Health clinic. One woman comes to mind; as a matter of fact, it's her mother who the clinic is named after, and she would be extremely appropriate to be that board member. Is that some -- will we be recommending to you? How are we going to go about this?

**MS. NOLAN:**

Yes, you may recommend. We don't know the -- we know the advisory board, we're very keen -- we are tuned into the advisory board in this way. We hope that we can continue to seek the advice and direction of the Community Advisory Board. That's innate to community health centers, is local empowerment as well as local input is important to us and the health center is driven by and how we add services, delete services, add staff, priorities, programs; the planning process involves the community. We have had exact -- this model in other communities where there has been an existing operating board, actually --

**LEG. KENNEDY:**

Okay.

**MS. NOLAN:**

-- where the operating board had asked to become part of our network, and with that we brought on a member from their board under our board and work with that board -- still for over a decade, have worked with the organizing board which stayed its own not-for-profit to do fund-raising and community development work around the health center.

**LEG. KENNEDY:**

Good.

**MS. NOLAN:**

We have that as a model. Working with somebody, your recommendations of somebody who's on the existing board is to our benefit.

**LEG. KENNEDY:**

Okay. I'm assuming now we're going to have success and I'm highly optimistic. How much time runs before we start talking to you about another clinic?

**MS. NOLAN:**

We can talk as soon as we close on this one (*\*Laughter\**).

**LEG. KENNEDY:**

Good. Excellent. Okay.

**MS. NOLAN:**

As soon as we get through -- we like to take things one at a time.

**LEG. KENNEDY:**

I understand.

**MS. NOLAN:**

And we do believe that this is a good model for us to follow and we're so thankful that we have this opportunity to begin this rollout of a model that we believe in so much. And that we've wanted to work with Suffolk County for so long, so this is a wonderful opportunity. Thank you.

**LEG. KENNEDY:**

Good. Well, good luck and I think it's going to go great. Thank you. Thank you, Doctor.

**CHAIRMAN SPENCER:**

Thank you. Legislator Romaine?

**LEG. ROMAINE:**

Yes. First of all, I'd like to thank Dr. Tomarken for briefing some of us on this about two, less than two months ago when you came over and discussed. I'd like to say I'd welcome Hudson River Health Care to Suffolk County, but I won't say that because they've been here in Suffolk County. What a lot of people don't know is that they have a facility in my district in Greenport on the main road, just on the south side by the {cast} facility there, and I'm very familiar with some of the work they do and very happy to see that they're coming here. And I assume there's going to be a resolution coming forward on this, Doctor?

**COMMISSIONER TOMARKEN:**

Yes, it's been laid on the table. It will come -- if I've got their scheduling right, it will come up for the March 3rd total Legislative vote.

**LEG. ROMAINE:**

The March 13th Legislative meeting --

**COMMISSIONER TOMARKEN:**

Is it the 13th? Okay.

**LEG. ROMAINE:**

-- and the Health Committee that precedes that.

**COMMISSIONER TOMARKEN:**

Correct.

**LEG. ROMAINE:**

Thank you very much. Let me ask some of my questions. And I want to say I welcome you, and I'm going to direct my questions now to our Health Commissioner, if I may. I'm just going to talk about the clinics and at some point in the timeframe, as the Chairman allows, I have questions about your overview of the Health Department, but let's talk about the health clinics.

Someone once told me, and I always thought it was a good adage, "*all issues of government are issues of money.*" I looked on the board, I saw that we're running a deficit in all of the health clinics. As the health clinics were created 40 years ago with \$100,000, I'm sure no one anticipated us running deficits of about \$28 million for the various health clinics. In the course of that 40 years, was it the contention of the Health Department that these health clinics should, one, either break even or run out of profit at any point? And I know you're relatively new as a Health Commissioner, you're here about a year and a half?

**COMMISSIONER TOMARKEN:**

Two.

**LEG. ROMAINE:**

Two years. Looking back, did the Health Department ever expect these health clinics to run either at a profit or a break-even cost? And if they did, did they at any time run out of profit or break-even cost in the history of the health clinics?

**COMMISSIONER TOMARKEN:**

My understanding is that they were devised to deal with the underserved population and that profit was not a major concern. Did they think --

**LEG. ROMAINE:**

So the deficits that we're seeing, other than the County's financial problems, other than -- absent the County's financial problems, the deficits that we're seeing from the health clinics are something that's not unexpected. I just want to clear the air and state that clearly. Because not -- government, by the way, at least from my aspect of it, there's very few operations of government that run at a profit because government is a service industry, we expend money. When we build roads, we don't make a profit on the roads because we don't have any tolls on County roads, but it costs us money to, one, build and, two, maintain. So we're -- the health clinics are no different. And I just want to get that on the record; are no different than other operations of County government in that as a service industry, which government is, profit is not its motivation. It's a cost to provide a service and this service is to the underserved public.

**COMMISSIONER TOMARKEN:**

I would just like to make a couple of points on that. I don't think that the degree of this deficit was ever anticipated, because the percentage of uninsured is so high in our clinics, number one. And two, one of the things that makes this a bit different than the analogy with the roads, highways, is that we have an alternative which is organization like them.

**LEG. ROMAINE:**

No, I'm looking at that alternative and obviously it's very attractive for a lot of different reasons. Number one, Hudson River has some degree of experience and qualification and the confidence of probably most of the members of the Legislature and the health community, so that's the first thing. And, of course, secondly is that obviously we would relieve our deficit. And as far as roads are concerned, you haven't seen the Capital Budget. Twenty-eight million dollars is -- pales in comparison to what we spend on infrastructure. So that's the other thing.

Now, obviously -- and you may not be able to speak at this time about this. Is there a plan for the County gradually to move out of the business of running health clinics? Is there a strategy that would say should the time arise, we would negotiate with Hudson River and like-minded organizations to get out of the health clinic business?

**COMMISSIONER TOMARKEN:**

That idea has been bandied about. I have not seen it as a policy or a definite statement, but I think that it's something that all of us being -- wanting to be fiscally prudent would explore.

**LEG. ROMAINE:**

Okay. And this would be less of a -- this would be a savings to the County, and obviously the Health Department is going to use that savings and reinvest it in improving their services in the health field, I would take it.

Let's talk about the health clinic, and I'll go back to Hudson River just for a moment. I'll step in where John Kennedy raised this issue; one of the people I would strongly suggest you think about -- at the time, this is my second stint in the Legislature, I served in the Legislature in the 80's. Elsie Owens was a constituent of mine, a personal friend of mine and someone that I dealt directly with on numerous occasions, as well as being President of the Brookhaven NAACP. Her daughter, Roberta Owens, is very active, involved, I believe she's the Deputy Director of Community Development for the Town of Brookhaven and still lives in the Gordon Heights community and is someone that I would recommend. And if you want, I can contact her because she also is her friend and try to get her resume as someone that might serve on the board simply because of the family legacy and her involvement in government. So I would say that.

**COMMISSIONER TOMARKEN:**

Can I just make a comment? I have spoken with Roberta last week and also the Chairman of the board --

**LEG. ROMAINE:**

Right.

**COMMISSIONER TOMARKEN:**

-- to let them know what the process is going on.

**LEG. ROMAINE:**

Right. I just throw that out there because I think John Kennedy made an excellent point. I appreciate this, I look forward to supporting that resolution. I also want to mention in this your partner, Stony Brook, who we have a great deal of confidence in. And obviously, as we go forward and when the Chairman gives me permission, I will discuss -- I would like to discuss with you your

overview of the department. This is just on the clinics, but obviously our goal is to provide access to health care for all residents of Suffolk County with/without insurance, regardless of how much they make or don't make so that health care is going to still be provided for all.

Can I ask one question of Dr. Tomarken and then I'll turn it back to the Chairman? How is ObamaCare, if it's not ruled unconstitutional, going to impact? Because you said one of the things driving the deficit at the clinics was the uninsured, the tremendous -- you never anticipated the amounts of uninsured. How is ObamaCare, which my understanding is it goes into effect in 2013, 2014, some time after this election -- not this year, of course, not an election year. But afterwards, how is that going to affect the uninsured in our clinics.

**COMMISSIONER TOMARKEN:**

It would depend on what they replace it with. But if they just --

**LEG. ROMAINE:**

Have you read the ObamaCare proposal?

**COMMISSIONER TOMARKEN:**

Well, yes, as much as --

**LEG. ROMAINE:**

As convoluted and confusing as it may be.

**COMMISSIONER TOMARKEN:**

Yeah, as much as I can understand. But all the alternatives that I've heard and read about, they would have to do -- they recognize that need, but they'd have to deal with it differently. I've yet to see a proposal that would be as comprehensive. So it could be having a --

**LEG. ROMAINE:**

As to the ObamaCare?

**COMMISSIONER TOMARKEN:**

Yeah.

**LEG. ROMAINE:**

Yeah, single payer, Medicare for all.

**COMMISSIONER TOMARKEN:**

Well, yeah. But I --

**LEG. ROMAINE:**

That's a very simple -- you know, the reason ObamaCare, to me, is problematic is because it's got too many moving parts. Okay? It's as simple -- usually for government, the simpler something is the better it works.

**COMMISSIONER TOMARKEN:**

We both remember when Medicare came in and how everybody was afraid of it, and now people can't touch it.

**LEG. ROMAINE:**

He should have done Medicare for all, it would have been better off. In any event, I do want to know about the financial impact of ObamaCare on the uninsured and what it means for this Health Department.

So maybe one of the bright lights in your department could do a little research on that specific aspect and to determine if, in fact, as part of the ObamaCare proposal there are Federal dollars to go with that. It's nice to pass legislation, it's nice to have good intentions, but is there money that backs that up? Because again, and I will end as I started, all issues of government are issues of money. Thank you, Doctor.

**CHAIRMAN SPENCER:**

Thank you, Legislator Romaine. I appreciate your remarks. Just for the record, the ObamaCare, which was the reference which I think we referred to whether or not it's political or the name -- it's the Affordable Care Act.

**LEG. ROMAINE:**

(Inaudible).

**CHAIRMAN SPENCER:**

I just wanted to put that in the record, the Affordable Care Act.

**LEG. ROMAINE:**

Oh, I'm sorry.

**CHAIRMAN SPENCER:**

It's quite all right. Thank you. Legislator Hahn, you have a question?

**LEG. HAHN:**

Thank you. I'm a guest to this committee and I'm here to hear this because so many from my district also utilize the center. And I'm -- I really just want to support what Legislator Romaine said, but kind of add to it.

Right now, with the growing number of uninsured, all the more reason why our health centers are so critical. Public health and public safety are, you know, the main reasons for County government, and this -- our health clinics are critical to protecting public health of all. And the more that we have that join the ranks of the uninsured, the more we need these clinics and more services at these clinics, which I'm very pleased to hear that if this relationship should go into effect, that it will actually grow what is able to be provided at these clinics.

But Legislator Romaine, you're right, government provides services and these services cost money, but they are critical to our residents and we need to continue to provide them and to up the level of what we're providing and the times of day we're providing it and how we're making it available, especially because more and more people are uninsured in these very tough times. But again, that's really -- I just wanted to comment.

**CHAIRMAN SPENCER:**

Thank you. Legislator Anker.

**LEG. ANKER:**

Again, I just wanted to mention think local as far as employees, but also, please consider the employees that already are employed at the health center, I know there's quite a few there. And, you know, we mentioned how successful you have been with other facilities across the country, and I would hope -- and I'm just curious, two types of facilities. Nursing homes; have you worked on nursing homes?

**MS. NOLAN:**

No.

**LEG. ANKER:**

Would you like to work with nursing homes? *(Laughter)*. We have one for you.

**MS. NOLAN:**

I diplomatically say we focus on FQHC's, that's our core confidence, and I think not at this time.

**LEG. ANKER:**

Oh, okay. Rehabilitation; is that part of your type of service or no?

**MS. NOLAN:**

No.

**LEG. ANKER:**

Okay. Thank you so much.

**CHAIRMAN SPENCER:**

What I would like to do -- thank you for those presentations, and we appreciate you taking our questions. And we can go back to further questions --

**LEG. ROMAINE:**

On the overview.

**CHAIRMAN SPENCER:**

On the overview, we'll go back. But what I'd like to do, out of respect for those in the public who have decided to attend and put in yellow cards, which we usually do at the beginning of the meeting, I would like to invite you to come forward, if you have a remark, to speak at this time. First, I'd like to recognize Mary Finnin who is representing the public health services for Suffolk County. And for those of you who haven't been with this before, we allow you three minutes, and then you'll hear kind of an obnoxious beep, and please don't take it personally.

**MS. FINNIN:**

Good afternoon. I'm a retired Public Health Nurse. I'm not here representing the County, I'm here as an advocate for public health services in Suffolk County. And I appreciate that the presentation was made first, it did answer some of the questions that I had in terms of who would own the title, who would be the employer and some of those kinds of things.

I do think that it still means that at least for a minimum of five years that there will be funding by the County to subsidize the health center. And when we were looking at having an FQHC for our health centers, or several health centers here in Suffolk, one of the questions was ongoing funding, if, you know, they -- if the health center, the FQHC could not, you know, meet all of the costs, and one of the things we were told was that the board would have to raise money. So I think, you know, how it would be funded for the future, and we know the health care costs are rising all the time, that I think that's an issue that really has to be monitored. Because it may mean that even though we have a new model, that there will still be a commitment by the County to continue funding.

So I just don't want anyone to think that this is going to take away, even in three to five years, the commitment of the County to provide funds, if needed, for patients that need care in that area. And I don't want the money to be taken way from our other health centers where we are continuing to give care in the County, because that's a critical thing. I know there's been cost shifting, we've moved some positions from the Police Department back to the Health Department. I don't know if they moved the money back to the Health Department. So, you know, those are the kinds of things that go on; you know, things get shifted but the money doesn't, and then it takes away from where we can provide services.

I was also interested in the overall presentation in terms of the health centers. I'm an advocate for maintaining the John J. Foley Nursing Home out in Yaphank, but I'm also concerned about mental health and drug abuse services. We really have no -- none or very, very limited in-patient service for drug abuse care and it's a major issue in all of Long Island, but mainly in Suffolk County and I think it's something that really has to be looked at. We provide Methadone clinics, but only to the amount where we get limited -- the limit that the State will reimburse. If it's for a thousand clients, that's where our limit is, and we may have five or 10,000 people that need services. So I think, you know, the provision for mental health services and drug abuse need to be addressed. I'm happy to hear that there is going to be a continued or an ongoing focus for public health nursing and the availability of care for the elderly, because that is a growing population as well.

**CHAIRMAN SPENCER:**

Okay. I think --

**MS. FINNIN:**

Okay, my time is up.

**CHAIRMAN SPENCER:**

Your time is up, but thank you. You'll take advantage of me being a new chair, I gave you a couple of extra seconds (*laughter*). Thank you very much, though. I do appreciate the services that you provide and I am looking forward to working together.

I would like to invite Paulette Schwartz and Maureen O'Connor with the Cancer Services Program that wanted to speak together.

**MS. SCHWARTZ:**

Okay. Hello. Can you hear me? I'm Paulette and this is Maureen. Thank you very much for having us. By now you all may have read our letter about the recent cut to our Patient Navigation Program, which is what brings us here today. As some of you may remember, Maureen and I sat before you on September 30th to educate you and inform you about our program and thank you for your support. So today we wanted to reorient you to us and what impact this recent decision will have on the County deficit, and I don't mean monetarily. Go ahead, I'll hold it.

**MS. O'CONNOR:**

You're going to hold it for me? All right. Just to kind of remind people of who we are and what we're about. I know some of you have heard this a million times and some of you may not know us at all, but we are a program where our goal is to decrease cancer mortality in Suffolk County, for underinsured and uninsured residents of Suffolk County.

If you are uninsured or don't have adequate health insurance, you're time times more likely to die of cancer, and so we know that we're dealing with a medically vulnerable population. And so we provide access to free breast, cervical and colorectal cancer screenings and diagnostic services. And then God forbid there's a diagnosis of cancer of any of those, we have access to a special Medicaid program where people can begin their treatment immediately.

**MS. SCHWARTZ:**

So imagine finding a lump in your breast or seeing blood in your stool and feeling lost because you have no insurance. Now, imagine you can get the courage to call some doctors for help, only to have them hang up on you when you say you have no insurance. Do you go to the ER, do you ignore the problem? You feel you're in a lose/lose. These are the real challenges uninsured individuals face every day, but with the cancer services program, individuals can have hope and know there are people that will not judge you or turn you away. For many, we literally become their lifesavers.

Suffolk County has been supporting the Patient Navigator Program which consists of two bilingual RN patient navigators for many years, because the initial objective was to reduce the burden of the already overwhelmed Suffolk County health centers, and guess what, it's been working. The majority of our clients referred for screenings come from the health centers, and almost half of those clients go on to need assistance from our patient navigator. As a matter of fact, this program has been so successful, we can proudly report that together throughout the County we have navigated over 800 patients in the last year, no cost to anybody; not the County, not the patient, we have that funding. Does navigation activities assist individuals in being able to adhere to diagnostic recommendation which includes addressing any barriers that can prevent or delay them seeking care.

**MS. O'CONNOR:**

I don't know if I still have time, but just to give you a little idea of some of the issues that we're dealing with. We had a client who lives out -- actually lives out in Montauk, doesn't have insurance, has no car, doesn't speak, doesn't speak the language, and it was through our Patient Navigation Program that we transported her to Peconic Bay Medical Center, got her a colonoscopy. She was then diagnosed with colorectal cancer, and so we needed to transfer -- figure out how to transport her to Stony Brook, have translation services available to her, have the nurses there helping her translate, went through all of her treatments, and now today she's working again, she cleans hotels out east, she's working, she's in a very happy relationship and we're trying to help her get her license and work on her English a little bit. But that's just one example of somebody who, without us around, would be dead, basically. And so we just wanted to give you the opportunity to learn about us a little bit more.

**MS. SCHWARTZ:**

You'll be hearing from us a lot over the next month or so, probably, but thank you for your time.

**LEG. ROMAINE:**

Question.

**CHAIRMAN SPENCER:**

Yes, Legislator Romaine.

**LEG. ROMAINE:**

Yes. I've spoken to both of you and e-mailed you about the situation. Obviously this is critical. All your patients, or at least most of your patients are referred from our health clinics. All of these people don't have insurance, some of them don't speak the language, all of them are afflicted with potentially serious diseases that could be life threatening. You step in, help them, you qualify people, correct me if I'm wrong, for Medicaid in two weeks.

**MS. O'CONNOR:**

Yes.

**LEG. ROMAINE:**

Which is something that without, these people could not get medical attention, they would have no way to pay for it.

Now, let me ask, you had a contract with the County of Suffolk.

**MS. O'CONNOR:**

Yes.

**LEG. ROMAINE:**

Let's go over this, because I want to emphasize this because I think someone did not get the drift of this. I want to particularly talk about -- to the representative for Good Sam; that is?

**MS. SCHWARTZ:**

Me.

**LEG. ROMAINE:**

All right. When does that contract expire with the County of Suffolk?

**MS. SCHWARTZ:**

December 31st, 2013.

**LEG. ROMAINE:**

2013. To cancel that contract, the County has to give you 30 days notice as a minimum?

**MS. SCHWARTZ:**

(Nodded head yes).

**LEG. ROMAINE:**

Did anyone call you from the Health Department after the adoption of the budget to indicate the cancellation of that contract?

**MS. SCHWARTZ:**

No.

**LEG. ROMAINE:**

I'm not an attorney, but I would say there's a breach of contract here. This sounds to be a breach of contract and someone failed to do their primary responsibility to pick up the phone or at least contact the working review committee. And I'll ask the Budget Review Office to take a look at this and tell the working group what happened. How come we cancelled a contract that we did not legally have a right to cancel without notice and we cancelled it anyway; what happened? And I'll go to Peconic Bay. Your contract ended December 31st of 2011.

**MS. O'CONNOR:**

Correct.

**LEG. ROMAINE:**

So there was no cancellation, there was no breach there. Let me ask you, did someone call you and let you know that this contract was not going to be renewed?

**MS. O'CONNOR:**

It actually stipulates in the contract that even if we're not reinitiated for funding, that we needed to be contacted 30 days prior, the idea being that we --

**LEG. ROMAINE:**

Did anyone contact you, either from the Health Department, the Budget Review Office or the Legislature 30 days prior?

**MS. O'CONNOR:**

No.

**LEG. ROMAINE:**

Okay. This is government not working well, not working well. Thank you very much for your presentation.

**MS. O'CONNOR:**

No, thank you.

**CHAIRMAN SPENCER:**

A very important point, Legislator Romaine. Thank you.

**LEG. ROMAINE:**

We're in breach of contract.

**CHAIRMAN SPENCER:**

Legislator Romaine -- oh, sorry, Kennedy.

**LEG. KENNEDY:**

Thank you, Doctor. Can one of you ladies come back to the podium again, please, just for a second? I was part of that working group and I can tell you it wasn't an easy process. But I know one of my colleagues I think has introduced a resolution that would do a partial restoration of funding. Although, although I do not, under any circumstances, want to suggest to you that there's a majority consensus around the horseshoe, but let's set the money aside just for a second. Explain to me again so I can understand the piece that you play in getting the services. If I -- I'm a Legislator from right here in Hauppauge, so if I have patient that goes out to Coram because that's the closest health clinic for me, or down in Brentwood, and they have some particular issue that's an issue associated with cancer, then -- then what happens?

**MS. O'CONNOR:**

Yeah, let me walk you --

**LEG. KENNEDY:**

Tell me where --

**MS. O'CONNOR:**

Yeah, let me -- you got it down? Can you hear me? Let me walk you kind of through the process. And I'll start with screening, because the screenings are really a big part of our program as well.

**LEG. KENNEDY:**

Okay.

**MS. O'CONNOR:**

So let's say you're a person, you're going to -- I'll say the Southampton Clinic because that's my area, I'm out in Eastern Suffolk. So you go to the Southampton Health Center and you get your breast exam and you get a referral for a mammogram, and your breast exam is all normal and you get your pap and pelvic exam and you're all good. Then you go, you get referred to our program, we get that paperwork, we actually pay the health centers for that service. We're actually reimbursing the health centers, we pay for that breast exam, we pay for that pelvic -- pap and pelvic exam, and then we -- they could go to one of our providers, one of the mammogram providers that we have and they go get their mammogram. So let's say they go to Southampton Hospital and they get their mammogram, and we're paying for that mammogram, too. But now let's say there's an abnormal finding on the mammogram; what do you do? That gets referred, that person gets referred to us to say, "Okay, you have an abnormal finding." Let's do a little education about what that might be, let's see what you have to have done. You have to have a sonogram, we work with you on scheduling that sonogram. If you don't speak the language, you can't get there. And so we

even have -- we even have been there for certain patients that need the extra assistance to have somebody there with them. We'll get you that sonogram, we'll get you that diagnostic work-up.

Now let's say you have -- now we have a lump that needs to be excised, all right? So now you're going to stay at Southampton Hospital because they provide that service and they're a partner of ours and we pay them for that service and you have that lump excised and they do the pathology on it and let's say they find that's it's a cancer. All right, now you're coming to us for your Medicaid application, we're going to submit an application for you to Medicaid and we're going to get you your access to that within two weeks so you can start your treatment immediately. And then depending on who's going to do that treatment, we move from there.

So what kind of services are we talking about? We're talking about putting in support services for people who need it to get through that diagnostic cascade of services. People who wouldn't ordinarily -- people who are saying to themselves, "You know what? I don't have the time to get the sonogram. I don't have the time to get this mammogram, I have to go to work. I don't have sick time, I don't have vacation time. I need to pay my rent, I need to put the food on the table because I have three kids who need to be fed and I have to pay for their child care because I have to be at work. I do not -- I cannot get that sonogram and I'm not going to get it." And these are people who would potentially have breast cancer, where if we're going to detect it early, we're going to save their life. If they're going to wait until they retire from their job, they're going to be dead by breast cancer. So those are the sorts of things that we do.

**LEG. KENNEDY:**

Okay. And I'm --

**MS. O'CONNOR:**

Does that help?

**LEG. KENNEDY:**

Up to a certain point.

**MS. O'CONNOR:**

Okay.

**LEG. KENNEDY:**

So the person, the patient goes to the Southampton Clinic. It's me, maybe I'm going for a prostate exam, but I don't have any insurance and I don't have any money.

**MS. O'CONNOR:**

Right.

**LEG. KENNEDY:**

So you're paying the Southampton Clinic?

**MS. SCHWARTZ:**

Yes.

**MS. O'CONNOR:**

Yes.

**LEG. KENNEDY:**

For my exam?

**MS. O'CONNOR:**

Yes. They're enrolling you in the program. They're filling out our paperwork and they're sending it to us and they're enrolling you in our program so we know to pay for your services and we know to keep track of what your services are.

**LEG. KENNEDY:**

But that money that you're giving them, is that the money that was part of the contract that we give to you?

**MS. O'CONNOR:**

No.

**MS. SCHWARTZ:**

No.

**MS. SCHWARTZ:**

That's the --

**LEG. KENNEDY:**

It is not.

**MS. SCHWARTZ:**

There's a whole portion of money that's considered clinical dollars that's given to us by the State and the Federal government.

**LEG. KENNEDY:**

Ahh.

**MR. FREAS:**

This is a New York State.

**MS. SCHWARTZ:**

Yeah. And included in that budget, you know, obviously there's infrastructure dollars, but not enough to support the patient navigation piece. Other facility -- there's 46 partnerships throughout New York State, so different partnerships utilize different funding to support that position.

**LEG. KENNEDY:**

Okay. Do you need our piece to get the State piece? Is there some leveraging that goes on there?

**MS. SCHWARTZ:**

Well, the program really essentially can't operate without a patient navigator. So regardless, that answer is yes and no (*laughter*).

**MS. O'CONNOR:**

Yeah, the State's not -- you know.

**LEG. KENNEDY:**

What kind of dollars do you get from the State, approximately?

**MS. O'CONNOR:**

Our operational expenses?

**LEG. KENNEDY:**

Yes.

**MS. O'CONNOR:**

You get the same as I do, 200,000?

**MS. SCHWARTZ:**

Pretty much.

**MS. O'CONNOR:**

Yeah, around 200,000, 250,000.

**LEG. KENNEDY:**

Say again?

**MS. O'CONNOR:**

Two hundred fifty thousand.

**LEG. KENNEDY:**

Okay. So what you're telling me is our 50 gets you 250.

**MS. O'CONNOR:**

We -- your 50 is part of our 250, yes.

**LEG. KENNEDY:**

Okay. All right, that's what I wanted to kind of hear. All right. So we're leveraging and -- okay, good. Thank you. Got it.

**CHAIRMAN SPENCER:**

Thank you, Legislator Kennedy. I appreciate that. I have the utmost respect for what you do as a specialist, too. A lot of times I identify patients, our patients are sent to me with cancers, and without the services that you provide, I would not be able to take care for them because there's a lot of ancillary services that is needed.

I would like to basically echo what Legislator Romaine said with regards to making government work a lot better, that if you had a contract, it would be nice if you received a call. But one of the things that's important, and I just checked with our Counsel to get some sense whether or not, and on the record, talking about a breach of contract. I do think that all County contracts are subject to appropriations. So it would be a kind of gentler thing to get a phone call, but there is for the most part usually language indicating that if there isn't inappropriate monies available, then that would be a circumstance where the contract would end. So I do apologize for that and I'm hoping that as things improve that, you know, we can continue to work together and have a partnership together, but I do really appreciate what you're doing. Thank you.

**COMMISSIONER TOMARKEN:**

Dr. Spencer, just a quick question?

**CHAIRMAN SPENCER:**

Dr. Tomarken.

**COMMISSIONER TOMARKEN:**

Do you think you need the services of my colleagues here, or can they be excused?

**CHAIRMAN SPENCER:**

Well, I have -- actually, just one more comment but I would like your colleagues to stick around for just a little while longer.

**LEG. BROWNING:**

They're for the health center, we don't need them.

**CHAIRMAN SPENCER:**

Oh, for Coram? For Coram you mean? No, I think we're in good shape.

**MS. NOLAN:**

Thank you very much.

**CHAIRMAN SPENCER:**

Thank you. I do appreciate that. Thank you.

We would like to recognize at this time from the Dolan Health Care Center Delores Thompson and Terry Smith.

**MR. SMITH:**

Good afternoon, Dr. Spencer and members of the Health Committee. I know you called Mrs. Thompson, but she is Chair of our Community Board at the Dolan Family Health Center and when the Chair asks me to go first, I'll go first.

I always wanted to come to the Legislature, other than September and October, at a time when I was not asking for money or asking for anything. I really wanted to come today for a couple of purposes; one is I just wanted to thank this committee and your other colleagues in the Legislature for keeping the health centers afloat, I guess I'll say, and in particularly Coram, until we can get to this point where you have a wonderful option to consider for preserving the mission of the number of health centers was the intent of the Suffolk County leaders who put these health centers in place.

I also wanted to come because Dr. Spencer, a new Legislator from the Huntington area, this is his first time chairing this committee, I wanted to say a couple of words about Dr. Spencer. In Huntington, we know Dr. Spencer as a volunteer. It is not difficult to refer patients who are uninsured to Dr. Spencer's office from the Dolan Family Health Center and he helps them in the office and in the OR. Dr. Spencer comes from a long line of volunteers, his father-in-law had a practice in Huntington for over 35 years and he has been a volunteer physician at the Dolan Family Health Center providing some part-time primary care hours, and he also serves on the board.

I wanted to just say that by reinstating the Dolan Center funding twice in 2011, and again helping us get reasonable funding for 2012, you're continuing 17 years of allowing the Dolan Family Health Center to provide access to uninsured folks and folks on Medicaid in northwest Suffolk County. I would comment to Legislator Romaine, I've always felt that the Dolan Family Health Center is one of those other options that might be looked at a little more closely if Suffolk County really wants to get out of the business of directly running health care centers.

Last year, 2011, despite all the problems we went through, was the busiest year in our 16-year history. We provided over 31,000 visits and there were 1,982 new people who tried -- who used the Dolan Family Health Center services in 2011 that had never been at the health center before. That is an amazing number of uninsured folks who were looking for a place to find health care. We're proud to be there, we're happy to have a contract with Suffolk County for now 17 years and we hope that continues.

I was surprised to see Hudson River Health Care on the agenda. I've done a lot of reading about Federally Qualified Health Centers, as I've considered different ways to sustain the services at the Dolan Center, Ann Nolan and her team are highly regarded in public health, highly regarded in Washington and highly effective at capturing funding to match with local funding. I've visited a number of their sites, I've heard testimony from hospitals and municipalities who were unable to

manage the deficit on their own and who partnered with Hudson River Health Care system and have seen their health centers saved and thrived. One program had a new program installed that the community wanted within one year of their program being taken over by Hudson River Health Care System. It's a wonderful program and I hope we can go that way with the Coram Health Center. And I thank you again and I congratulate Dr. Spencer and Legislator Hahn for your success and look forward to working with you. Thank you.

**CHAIRMAN SPENCER:**

Thank you, Terry. We have had a long-standing relationship. And I actually forgot to put the timer on, he was saying nice things about me, but he still was under three minutes.

But one of the things I do think that's important as we looked at the Commissioner's presentation that excluded the Dolan Health Care Center, and I have the privilege a lot of times at my board meetings of being able to follow the budget process with regards to the Dolan. There's definitely some lessons and some models that we can follow and can mimic across the County. At times, the Dolan has almost -- which they are a not-for-profit, but some of the measures and the initiatives that they have taken, that they've been at times able to run almost a zero deficit budget in some years. A very close margin with regards to the funding that they receive; I'll restate that, I saw a very surprised look on Terry's face when I made that statement.

So I do commend them and I want to make sure that at this committee we look at some of the models that they are using for success, and if we can duplicate those to make our health care centers run more efficiently, then I would like to do that. Ms. Thompson, would you like to address the committee?

**MS. THOMPSON:**

I have a hard time with this pushing thing.

**COMMISSIONER TOMARKEN:**

I have this one.

**P.O. LINDSAY:**

You got it.

**MS. THOMPSON:**

Am I --

**MS. ORTIZ:**

You're good.

**MS. THOMPSON:**

Good afternoon to all the Legislators. I'm very pleased, I would not miss the opportunity to come. I usually come in awe of the fact that you're trying to take away our money, but today I'm not doing that, okay? (*Laughter*). But I did not want to miss the opportunity to congratulate Dr. Spencer, I'm very pleased to see you here in the Legislative seat. Of course, since you come from Huntington, it makes me even more proud, okay?

I want everybody to understand that I always advocate for all of the centers. Because understand, if we close, if they close, where are our people going? All right? So even though we're different, we still have to remain in place. And, in fact, Mr. Smith told you, if we're handling that many people a year, it's a necessary tool. I come from the way back when we did not have a center in Huntington. So understand, those people who are not getting health care, they were going other places, transportation was a problem. So I'm pleased to stand before you today to say thank you for the efforts that all of you have made, especially Lou D'Amaro and Jon Cooper who did a magnificent

job. And again, thank you all so very much. I hope I don't have to come again --

*(\*Laughter\*)*

-- to beg you for more service for our people, because we have so many uninsured that are not being taken care of even today. Again, congratulations, Dr. Spencer.

**CHAIRMAN SPENCER:**

Thank you. I've had, again, a long-standing relationship with Ms. Thompson. She's a pillar in our community on a variety of different levels and I'm very honored that you have come today and have addressed us. Thank you. I look forward to working together.

There's -- moving on, with regards to correspondence, there's one piece of correspondence that I did want to share with the committee and that was put through our Deputy Presiding Officer Horsley's Office, a copy of a letter that came from a constituent that was an employee of a nurse within our Department of Health. And the issue was that she had been terminated, her employment had been terminated, and the concern was that the letter of termination came on the same day, there was no notice. She came to work on the 17th and was terminated on the 17th and I, as Chair of the committee, followed up with regards to the conditions regarding that termination, and it appears that proper procedure was followed, that this was an employee whose nursing status did not allow for notice, but termination could occur at will.

But I did follow-up with our Commissioner and with the appropriate department head just expressing a concern that during these difficult times, as we're making extremely tough decisions, that we address these human, I guess, resource matters with compassion, and that message was well received. And I think that, you know, in the future we'll try to just take into consideration, especially, you know, there's I think conditions where there's someone who is newly employed who's under probation that may be terminated at will, but there's also conditions where someone has given years of service and because of economic conditions, that there's no other course but to proceed in that direction. But I do think that Dr. Tomarken did acknowledge that he had -- we discussed the situation and that we would try to display the appropriate compassion in the future for these situations.

So with that, moving on with our agenda.

**P.O. LINDSAY:**

Before you go there, Doc? I just want to follow-up on something.

**CHAIRMAN SPENCER:**

Thank you. Presiding Officer Lindsay.

**P.O. LINDSAY:**

Dr. Tomarken, I don't -- well, I think the issue that Legislator Spencer raised, we let go three part-time nurses, Q nurses?

**COMMISSIONER TOMARKEN:**

In addition to others, yes. These were -- we were instructed that 50% of our part-time staff had to be reduced.

**P.O. LINDSAY:**

I mean, I certainly realize the fiscal crisis and the way it is, but I really question that decision. Our part-time people don't get any benefits; am I correct?

**COMMISSIONER TOMARKEN:**

Correct.

**CHAIRMAN SPENCER:**

This one did, actually.

**P.O. LINDSAY:**

She did. Okay, the three that I heard about were part-time, no benefits; to me they're a bargain. I hope that we're not going to replace these people with contract agency nurses at a greater cost.

**COMMISSIONER TOMARKEN:**

We were just following the directive. I don't know what the --

**P.O. LINDSAY:**

All right.

**COMMISSIONER TOMARKEN:**

What the future will lie in terms of what services they currently or used to provide and what we will have to quote/unquote sort of backfill; I can't say at this time.

**P.O. LINDSAY:**

Then let me get away from you and let me direct this to the County Executive's Office representative, and I'll convey this message to the County Executive myself. There's about three incidences now where we've let people go, and we might have followed procedure, but I think it's risen to a whole new level of how we treat personnel. I mean, some of the folks that we let go in your department worked for us for a long term.

**MS. FINNIN:**

Twenty-five years.

**P.O. LINDSAY:**

I mean, don't they deserve a week's notice? I mean, they're thrown out on a summarial (sic) notice without any notification is wrong, it's just -- I don't care about process, it's just wrong.

**COMMISSIONER TOMARKEN:**

I was not happy when I heard about this. I didn't know it occurred until after it occurred. I agree with you, I --

**P.O. LINDSAY:**

And it just isn't your department. I wasn't happy with the dismissals at the Law Department the other day.

**LEG. ROMAINE:**

Friday, good-bye.

**P.O. LINDSAY:**

Even more grievous because -- and again, I'll -- I won't put it on the record, but I wasn't happy the way that was handled. So I'll register what I have to say and we'll continue to have our way at that. We're all working people, you know? Whether a doctor, a Legislator or a laborer, we all have families to feed. Give people a chance to get their life in order if you have to make a correction. I understand the budget crisis and I understand the pain that we have to go through, but it should be done in a dignified manner.

**CHAIRMAN SPENCER:**

Thank you, Presiding Officer Lindsay. Legislator Romaine?

**LEG. ROMAINE:**

I would only echo what the Presiding Officer said; he speaks wisdom today, as he usually does when he addresses his microphone, and I appreciate his comments. But possibly, someone should take a cost benefit analysis of the expense of hiring contract nurses, either for health clinics or for the nursing home or whatever, and rate them against other costs. Because I don't know if we come out ahead or we don't, and I don't know -- and again, the policies over the last administration, as you know, I was never a fan of them. But I don't know if a lot of the decisions he made regarding staffing, and particularly contracting out, were done because of short-term considerations instead of long-term considerations that would wind up costing us more, and that's of grave concern. And you know what I'm talking about and you just mentioned one of the short-term, because he thought he was going to close the facility, one of the short-term considerations that he gave, but now we're stuck with that and if we don't examine that, it may be that that is actually costing us more. And it's an excellent point, Presiding Officer. Thank you.

**CHAIRMAN SPENCER:**

Thank you, Legislator Romaine. And also, a lot of times when you contract out, you are hiring individuals who are not familiar with the job and the process, and so it takes a lot more time and a lot more money just because of even the orientation, even if the two individuals are equal in skill and productivity.

With that, if there are no other --

**LEG. BROWNING:**

Question.

**CHAIRMAN SPENCER:**

The Chair recognizes Legislator Browning.

**LEG. BROWNING:**

I have to say I agree with both Legislator Romaine and the Presiding Officer. And again, we have a nursing home with contract nurses, and why wouldn't we want to take those part-time nurses and give them an offer to work at the nursing home, rather than lay them off? It just doesn't seem to make sense.

**LEG. ROMAINE:**

It's a no-brainer.

**LEG. BROWNING:**

It is a no-brainer and we'd save a lot of money doing that. I think maybe if you could go back and revisit that, and possibly we could rehire those people and give them that offer to go back to the nursing home. I don't know, you know, the details and how it can be done. I think it just makes sense.

But the nursing home, I'm just curious, because I know with the FQHC with Coram and I know that we had passed a resolution some time ago to do the electronic medical records at the clinic -- at the clinics. I just wanted to kind of get an update on where we're at with that. And also with the oversight committee for the nursing home, we also noticed there's a little bit of a problem with the electronic medical records at the nursing home. So do you have any updates or new information?

**COMMISSIONER TOMARKEN:**

Yes. The Electronic Medical Records for the health centers is being implemented. It's a long-term process, so it's ongoing. It will take probably another year to be completed, because every health center has to be done individually. But the system and the training is going on.

As for the nursing home EMR, all the hardware and software, what is needed is training. And what happened was the training was denied by the State in the grant. When we submitted money, bills for training purposes, they said, "This is not covered in the grant." So we now have to go out, and we've approached the vendor to see what kind of quote they can give us for training, so we will have to find additional monies to train. Because training started and then it stopped when it looked like it was going to be closed or sold, and now we want to reinstate it, but we have to get a quote and find funding for it.

**LEG. BROWNING:**

Yeah, I believe you said it would take a couple of months. So basically, right now, since that last meeting, you're still looking for the funding to --

**COMMISSIONER TOMARKEN:**

Yeah, we want to get the actual quote and then, yes, we'll look for funding.

**LEG. BROWNING:**

Because we estimated about 70,000; correct?

**COMMISSIONER TOMARKEN:**

That was one quote, but our IT people are talking to the vendor as well, so we hope to have a different quote.

**LEG. BROWNING:**

Okay. Well, if you can get back to us and maybe this committee, through the Chair, to see if we can bring back those part-time nurses.

**COMMISSIONER TOMARKEN:**

Okay.

**CHAIRMAN SPENCER:**

I would like to follow-up with you on that also, so I'll look for that before preparing the agenda for the next meeting to see if we can get follow-up. Legislator Romaine?

**LEG. ROMAINE:**

The hour is late, so I'm not going to ask questions about the overview because we'll just be here too long. But hopefully at the next meeting I'll have an opportunity to ask some of the questions about the overview that Dr. Tomarken gave.

The one thing I would say, this is a follow-up with technology and the John J. Foley Nursing Home. Doctor, I know you're not prepared, and I won't expect you to, but maybe between now and the next committee meeting, which is about four or five weeks from now, you could tell me what the {Cronus} system is, you could tell me how much it costs, if money is needed to upgrade it and if this {cronus} system is working as intended. And you know why I'm looking into this. As you look into this, you'll know why I'm looking into this, I'll put it that way. Thank you very much.

**CHAIRMAN SPENCER:**

Thank you. Continuing with our agenda, there are no Tabled Resolutions.

**Introductory Resolutions**

The first one is *IR 1013-12 - Adopting Local Law No. -2012, A Local Law to amend the County prohibition on the sale of synthetic cannabinoids (Browning)*.

**LEG. BROWNING:**

Motion to table for a public hearing.

**CHAIRMAN SPENCER:**

Motion to table for a public hearing.

**LEG. ANKER:**

Second.

**LEG. KENNEDY:**

Second.

**CHAIRMAN SPENCER:**

Second by Legislator Anker. All those in favor? Opposed? Abstentions? Motion carries.  
**Tabled (VOTE: 5-0-0-0).**

The second IR, *1021-12 - Adopting Local Law No. -2012, A Charter Law to require legislative approval of changes to the fee structure for review of septic, sewer and water systems (Cilmi)*.

**LEG. KENNEDY:**

Motion to table.

**CHAIRMAN SPENCER:**

Motion to table.

**LEG. BROWNING:**

Second.

**CHAIRMAN SPENCER:**

Seconded by Legislator Browning. All those in favor? Opposed?

**LEG. ROMAINE:**

Opposed.

**CHAIRMAN SPENCER:**

Opposed by Legislator Romaine.

**LEG. BROWNING:**

No, it's a public hearing.

**LEG. ROMAINE:**

Oh, okay.

**CHAIRMAN SPENCER:**

Discussion, Commissioner?

**COMMISSIONER TOMARKEN:**

I just wanted to make the comment that in the Sanitary Code, the setting of fees is given that -- authority is given to the Commissioner. I don't know where that -- how that deals with this legislation in terms of who trumps who, but I just want to put that out there.

**LEG. ROMAINE:**

Could you speak to Legislator Cilmi about that between now and the next meeting so that you could report your conversation?

**CHAIRMAN SPENCER:**

That would be great.

**COMMISSIONER TOMARKEN:**

(Nodded head yes).

**CHAIRMAN SPENCER:**

And so I'll look for a follow-up on that. *Tabled (VOTE: 5-0-0-0).*

*And the third IR is 1054-12 - Adopting Local Law No. -2012, A Local Law to extend the date for filing disposal plan for unused medications (Kennedy).*

**LEG. KENNEDY:**

I'll make a motion to table on this as well, Doctor, because I guess we have to have a public hearing on this as well. However, I would like to ask Dr. Tomarken if he can make a comment.

**CHAIRMAN SPENCER:**

Discussion on the motion?

**COMMISSIONER TOMARKEN:**

Yeah, I've spoken to the Bureau of Narcotic Enforcement last week, and this -- the whole issue is that facilities that do not have a pharmacy, like nursing homes, have to follow a different set of rules to destroy or get rid of narcotics, controlled substances. The Federal Government is looking to change the law so that a nursing home without a pharmacy could follow the same process as a hospital that has a pharmacy, which is allowing you to use what's called a reverse distributor; so you hire a company, they come in, they take away your narcotics and they dispose of them. Until that happens, we are left with the State allowing flushing or taking them to one of the -- there are four DEC-approved incinerators on Long Island. So those are the two options.

And although the legislation that is currently on the books says we are discouraging flushing, the State still allows it because of this discrepancy because they don't see any other option for many of these facilities.

**CHAIRMAN SPENCER:**

Just a quick question regarding that. I guess this law was just looking for -- not that there was a plan, but they just told us what they did, they could give us a blank piece of paper. What's the --

**COMMISSIONER TOMARKEN:**

Not quite; they asked for a plan that we would approve.

**CHAIRMAN SPENCER:**

Oh, okay. Thank you.

**LEG. KENNEDY:**

More importantly, through the Chair; Doctor, we have representatives from the Nursing Home Association here in the audience with us, and as you know, they've come to see me on this a couple of times. You and I have had discussion about this and you were kind enough to forward me the generic letter that your office sent out on January 30th advising them that the time period has been suspended and there is no need to file, they're in no violation or no jeopardy.

**COMMISSIONER TOMARKEN:**

Correct.

**LEG. KENNEDY:**

If you could just have a follow-up conversation with them, because neither of them have received that copy yet, so they were unaware of the correspondence.

**COMMISSIONER TOMARKEN:**

Okay.

**LEG. KENNEDY:**

So that will be a help.

**CHAIRMAN SPENCER:**

Any further discussion on that motion? I still need a second.

**LEG. ANKER:**

Second.

**CHAIRMAN SPENCER:**

Second by Legislator Anker. All those in favor? Opposed? Abstentions? Motion carries.  
***Tabled (VOTE: 5-0-0-0).***

There are no Home Rule Messages and there are no Tabled Resolutions. Motion to adjourn.

**LEG. BROWNING:**

Second.

**CHAIRMAN SPENCER:**

Seconded. We're adjourned. Thank you very much.

***(\*The meeting was adjourned at 3:50 P.M. \*)***

***{ } - Denotes Spelled Phonetically***