

**HEALTH COMMITTEE
OF THE
SUFFOLK COUNTY LEGISLATURE**

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, November 15, 2012 at 2:30 p.m.

MEMBERS PRESENT:

Legislator William Spencer, Chairman
Legislator Kate Browning, Vice-Chair
Legislator Sarah Anker, Member
Legislator John Kennedy, Member

MEMBERS NOT PRESENT:

Legislator Ed Romaine

ALSO IN ATTENDANCE:

Sarah Simpson, Assistant Counsel to the Suffolk County Legislature
Dr. James Tomarken, Commissioner, Suffolk County Department of Health
Craig Freas, Budget Review Office
Renee Ortiz, Chief Deputy Clerk
Lora Gellerstein, Aide to Legislator Spencer
Amy Ellis, Aide to Legislator Anker
Mary Finnin, Registered Nurse
Nancy Marr
John Hudson
Amy Juckatz
Other Interested Parties

MINUTES TAKEN BY:

Lucia Braaten, Court Stenographer

(*THE MEETING WAS CALLED TO ORDER AT 2:36 P.M. *)

CHAIRMAN SPENCER:

We're going to begin the Health Committee. If I could have the Legislators who are part of the Health Committee, please come to the horseshoe. Could we all stand and give the salute to the flag, to be led by Legislator Browning.

(*Salutation*)

You may be seated. Welcome to the November 14th meeting of the Health Committee. And I think that in light of the Super Storm Sandy, I would be remiss if we didn't just all take a moment to remember those who are still suffering. And we just saw issues that related to loss of power, to loss of heat, to people that are -- were being impacted by damage from trees, loss of homes due to fire and flooding. And to see something like this in our own community, I think it's important that we are not only cognizant in our professional responsibilities as elected officials, even County employees, that we do everything we can professionally, but also privately.

I would encourage, you know, each of you to make sure that you open your hearts and your homes to your neighbors. Sometimes we live in situations where we have neighbors that we don't interact. But I think one of the most troubling situations that I discovered through the storm was hearing a story of a woman who was in the City with her two small children, who was trying to escape the flood waters, and, apparently, the report is that she tried to seek refuge and knocked on someone's door and reportedly was denied access. And, ultimately, her children were swept out of her hands from the rising flood waters and they were lost. And this is -- this may be a situation that we, you know, remember.

I hear stories all the time where someone may be broken down on the side of the road and they knock on our door, seeking to use the phone or seeking to call for help, and a lot of times, because of just maybe our own personal concerns or anxieties, that we may turn that person away.

So I hope that the spirit of this committee in Health, that we keep those issues in our mind, and we will keep those who have been affected by the storm in our thoughts.

So I will -- that was my Chairman's prerogative to make that remark. And so, with that, we'll -- I would like to acknowledge correspondence, a letter that was sent from William J. Anthony, Jr., regarding his spouse, that -- at the John J. Foley Nursing Home, skilled nursing facility, and that has been distributed to the Committee, and will be also read into the record -- will be placed in the record.

And then there's also correspondence from the Suffolk County Medical Society, taking a position with regards to texting and driving, and supporting our efforts to make this issue aware for -- especially for young teens who may be less skilled and driving more distractible, and if we can help to save their lives. The Medical Society has come out very strongly against texting and driving. And a copy of that record, signed by their President, has been submitted to this Committee, and will also be placed in the public record.

With that, I have cards for public comment. First speaker is Nancy Marr, and, let's see, representing Brookhaven Health Center. Okay. Nancy?

MS. MARR:

South Brookhaven. Do I have to hold the button?

CHAIRMAN SPENCER:

Yeah. You can push it and let it go.

MS. MARR:

I'm actually representing the South Brookhaven Health Center Council, which is people from the community who work with the Administration. And we had a meeting this morning and what came up was their appreciation of the action to restore the funding for 2013 to the level of 2012, rather than decreasing it, and we hope that that will remain.

The County recently shifted the responsibility for technical assistance to the County IT from the Health Department IT, and that's been a good move. But this morning a question was raised about the Electronic Medical Records System, Phase I, of which has been put in place. Because the system has not moved to Phase II, the medical providers are currently faced with the need to both record their data manually on paper and entering it electronically. Until Phase II is in place, this situation will continue to require effort by the providers that should go to patient care, and raised questions of provider liability if the two systems do not give exactly the same information.

We ask that the members of the Health Committee look into this matter, as well as the problem that the system frequently is inoperative, making it essential that the manual data be then transcribed on the computerized system at a later date by the medical providers.

In addition, the EZ Call System, which comes at a high cost to the County, is not working effectively, and could be replaced by having the calls made by the Health Center staff, and they feel that that could be done and it would be a better system. Thank you. Any questions? Thank you.

CHAIRMAN SPENCER:

Any questions from any of my colleagues? Yes, Legislator Anker has a question.

LEG. ANKER:

I just want to thank you for coming up and letting us know about the process, because, again, you know, 2012, we should have everything on computers, and we need to have a really good backup.

MS. MARR:

Right.

LEG. ANKER:

So thank you for making us aware of that.

MS. MARR:

Thank you.

CHAIRMAN SPENCER:

Thank you. Our next speaker is Mary Finnin, and she's representing herself.

MS. FINNIN:

Good afternoon. Thank you very much. I would like to first say I'm here -- I support I.R. 1996 and I.R. 2057. I'd like to be able to support something once in a while, because now I'm going to tell you all the things I don't support.

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I don't see the funding for John J. Foley Skilled Nursing Facility in the budget. Once again, we've had another disaster, and that was a facility that was used to take in patients and people in need of special care, and it's, again, one of the treasures of Suffolk County that should be maintained, if for nothing else, as part of the disaster plan for Suffolk County in terms of having a facility where we can take care of people in need.

Also, it's located very close to the -- what is it -- the Disaster Planning Center out there, the information center. And if someone has to be there, if you have staff there for a week or two, or you needed to put them up or give them -- you could house them there in case of need. So that I think there's many reasons to keep John J. Foley, and if nothing else, for disaster planning in Suffolk County. We're going to have more storms like this one. Global warming is here and we've got to look at keeping the resources that we need.

I also wanted to say that I just learned that there are three RFPs out to get rid of our Health Center, privatize them. Two of them, Riverhead, and the satellites, and Amityville, to go to HRH. And the other, Brookhaven, Martin Luther King and Brentwood would be -- there's two bids, one for an RFP for one of the federally funded programs, or one that's associated with a hospital. I want to know when you're going to have public hearings on this.

What is the long-range plan for health in Suffolk County? You're getting rid of all of our resources for the people that we have paid for. Some of the buildings that you're going to have in this RFP are owned by the County, some are rented. What are we going to do? Are you going to put in another deal like you do with Coram? What is the real saving? And in the long run, what is the real cost to protecting the health of the public in Suffolk County?

I don't think we have any answers, I don't see any plan, we just get bits and pieces of RFPs here and there and what's going to be done without a real plan. You're operating like LIPA, you know, we're paying, but we're not getting what we want. Thank you.

CHAIRMAN SPENCER:

Thank you, Mary. Our next speaker is John R. Hudson, addressing prescription drug abuse.

MR. HUDSON:

Good morning, everybody, or actually good afternoon; sorry about that. I'm just going to take this opportunity to say I appreciate being able to be here and speak to you guys about this. Obviously, prescription drug abuse in Suffolk County is a major, major problem, it's in the news every day. It's been attributed to a lot of deaths, obviously, destroying families, and, you know, it just has not stopped.

I've seen in the news lately and I've been reading some -- several things. There are some proposals out there for certain companies to actually, you know, implement some sort of system to stop this. And I've been doing research over the past six months and I haven't seen any results from any of these companies. I don't know exactly what's currently in place right now to stop this; again, no results.

What I would ultimately like to do is get some information from all of you. I believe I have a solution to this that could be implemented in Suffolk County within 12 months. The other programs out there, I see them as nothing but doing exactly what the previous programs have been doing. But, actually, I need help from all of you. Like I said, a couple of minutes is not nearly enough time to go into depth about this solution, and, obviously, I don't know where to go from here, sir.

CHAIRMAN SPENCER:

You have more time.

MR. HUDSON:

Okay.

CHAIRMAN SPENCER:

Go ahead. It was reset. You still have a couple of more minutes. Go ahead.

MR. HUDSON:

Okay. All right. Well, first let me explain the whole premise of the solution I would like to propose. It puts all the responsibility on the medical industry, and also the fiscal responsibility on them. Having the taxpayers pay for programs that are not run properly, not managed properly, that continue to fail us, is no good, it's just continuing on and on and on.

Now you may be asking yourself why would -- you know, how can I be different, how can I propose something that's different? The fact is the solutions that are being put forth duplicate what's already being done. You have solutions that want doctors and pharmacists to take the time out of their day and enter information into a database, and scan each patient. And, quite frankly, doctors haven't been doing it and they're not going to continue to do it. I understand there's legislation, you know, coming forth to try and force them to do it, but they're going to go. It's very difficult to get these people to do it. Doctors, you know, see 100, 150 patients a day; pharmacy, God knows how many people in there a day.

So the solution that I have in place, or would like to put in place, is an automated solution. It completely takes -- it takes zero time out of the doctor's day or the pharmacist's day to enter any information in the database, but, at the same time, it tracks everything.

You know, doctor-shopping, obviously a major issue, people going from one doctor to the next doctor to the next doctor. They go and pay in cash, so they don't go through, you know, insurance, or it doesn't go through that database and, you know, they're able to do this, you know, constantly.

And, also, unfortunately, there have been a few bad doctors and pharmacies in Suffolk County that have given the rest of the medical industry a bad name. So I believe that there's a lot of room there to fix the problem and do it without impacting a doctor or pharmacy's -- you know, what they have to do.

Now, there's a company called I-STOP out there right now. And just if you could give me one second, let me recite. This is an article from the Partnership at Drug Free.org. It states, "A proposal to implement a prescription drug monitoring program in New York State has sparked a debate between Legislators and two health care professional associations," Forbes reports. The internet system for tracking overprescribing, I-STOP bill, proposed by New York State Attorney General Eric Schneiderman last year, would require doctors to search patients' medical histories for patterns of drug abuse before they write a new prescription for controlled substances. Pharmacists would have to check the database before dispensing painkillers, the article notes. Doctors and pharmacists would enter their information in the database every time a prescription for a controlled substance is issued or dispensed. Under current law, pharmacists must fill a report twice a month; doctors in New York are not required to report prescriptions.

The bill is endorsed by a bipartisan coalition of law enforcement, and medical professionals, and State and local Legislators. However the Medical Society of New York -- Medical Society of New York, which represents 30,000 doctors, opposes the bill.

We all agree that medications are being abused and diverted. We're concerned about this, that if there are too many mandates, or if they are too strict, it would create a burden on the physicians'

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practices, and that some physicians would choose to stop prescribing.

Commissioner of Public Health and Science from the Medical Society told Forbes -- he urged that the State's current voluntary prescription drug monitoring program be improved. It is time-consuming to use and is not updated regularly, the article states. It goes on to give a bunch of other examples. But it seems as if these things are being proposed and they're just duplicating what's already been there, sir.

CHAIRMAN SPENCER:

Sure.

MR. HUDSON:

And like I said, this is not nearly enough time or I don't think the proper forum to go into exact specifics. And I was hoping to use this as a starting point to, you know, converse with you guys and really go over there.

I have a board already made up of all professionals, you know, they hold PhD's, MBA's. People in the community are ready to do this. I've gathered a large staff. They're all willing to work very, very hard to get this done. I've given my business plan, a business model to them. They're all on board, but there are questions that I need answered, and, you know, obviously, it needs to go a lot further, and I hope you guys can help me out with this.

CHAIRMAN SPENCER:

We can definitely work with you. What you're doing sounds like it's extremely important. It is a big problem? You know, we did -- the I-STOP legislation was approved. But, you know, unless we change the infrastructure in terms of the database and how it works, and make sure the technology is up to date, then it's not going to be effective. So it sounds like if you've got this sort of plan and there's things that you need from us --

MR. HUDSON:

Yes, sir.

CHAIRMAN SPENCER:

-- if you could put together a proposal with questions and things that you would like us to address, we would be happy to work with you. It's very exciting, what you're doing, and, you know, I'm excited to do more.

MR. HUDSON:

Well, that excites me. I'm really looking forward to this opportunity. My background is specifically in software development. For the past seven years I've been working for the Department of Defense, so I understand how this works, and I understand why what they're proposing will not work.

CHAIRMAN SPENCER:

Legislator Browning has a question for you.

LEG. BROWNING:

No. Actually, I was going to recommend also maybe reaching out to our Deputy Police Commissioner, Risco Lewis. I don't know if she could help in any way or work with you in any way, but she might be --

MR. HUDSON:

She's a Deputy what, ma'am?

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LEG. BROWNING:

She's our Deputy Police Commissioner. We have your contact information. I can certainly reach out to her and give your contact information to her.

MR. HUDSON:

That would be excellent. Any information or contacts would be great. Like I said, I just really need to know where to go forward from here. I have the plan, I have the business model. The technology is, you know, ready to be implemented pretty much, but I just need to know where I need to go from here, Sir.

CHAIRMAN SPENCER:

Thank you.

LEG. BROWNING:

Thank you.

CHAIRMAN SPENCER:

Thank you very much.

MR. HUDSON:

Thank you very much, sir.

CHAIRMAN SPENCER:

That concludes my cards. At this time, we're going to move into our presentations. Is there anyone else that wishes to be heard at this time?

Today we have a presentation from David Cohen from the Quality Consortium of Suffolk County, and it's a partnership with 21 non-profit organizations throughout Suffolk County. And they will talk about delivering affordable and accessible chemical dependency and problem treatment services. So thank you very much, Mr. Cohen for being here. And if you could introduce -- oh, actually, we know each other already. If you can introduce yourselves. And the floor is yours, if you could give us a presentation, and just anything you'd like to share with us, and we may have a few questions. So go right ahead.

MR. COHEN:

Thank you so much. My name is David Cohen. I'm the President of the Quality Consortium of Suffolk County. This is Kim Laube, Vice President of Quality Consortium of Suffolk County.

Some of you already know us, but Quality Consortium is the coalition of 20 nonprofit substance abuse prevention and treatment providers. We include every level of care of treatment in Suffolk County, from the only licensed detox to residential services for adolescents. And a lot of our membership also does other things outside of substance abuse, including mental health and concrete services for housing, and have lots of different arms.

So before I get started, I just want to thank the Committee and the Legislature for the budget for 2013. Most of our membership is funded through a variety of State and local funding, and most of the clients, or a very heavy percentage of our clientele are not insured or underinsured, not Medicaid, not Medicare, no private insurance, they're self-pay. So the ability for us to keep our services running under this clientele with, you know, insurance and the health care industry is very difficult to do, hence the reason why we need the deficit funding. You want to add something before I --

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MS. LAUBE:

That's okay.

MR. COHEN:

So I think we've done presentations before. I was in your office a few months back. I think the main thing going on for us right now is we just got through with the Long Island Regional Forum for Suffolk County in October. It was the first event of its kind. It was done with many of our partners in Nassau, and the New York State Association for Substance Abuse Providers. And one of the presentations there had to do with the Federal Government's CDC now telling us that the use of opiates in this country has now officially and by statistical determination has now hit a -- what do you call it -- an epidemic proportion. It is now officially epidemic in every state, except for one, and that one state who wasn't epidemic was only because they didn't report, there was no information on the data.

So, at this point, what we have here is an epidemic which is not just exclusive to adolescents. What you hear mostly in the paper is adolescents, but it really goes the full span with all ages. I probably got more referrals in my facility, Eastern Long Island Hospital, 20-year-olds addicted to synthetic opiates than anything else. And the need for the detoxes and the other medications certainly rises. But what we have here, pardon the pun, is almost a perfect storm in the sense we have an epidemic occurring, not just -- you know, not just innate to Long Island, but also we have an unmet need. And if you look in the folders -- Kim, you want to hand these out?

In March of 2012, the Suffolk County -- not Suffolk County. New York State Office of Alcoholism and Substance Abuse Services did a need profile, and if you look at the profile, you will see across the board we have unmet need in Suffolk County on every level of care for every -- for every population, some more than others, obviously. But even for the most basic, we have more outpatient providers than anything on Long Island, and, yet, even the need there is still well unmet. And when we talk about adolescents, then it's even far, even far.

So we're reaching a point here where the system is very capable and -- you know, the gentleman was saying, we can't save everybody. This is a disease we're dealing with, and, you know, the treatment does not work for everybody, it just never has. There's no such treatment for any disease that does. So, at this point, we're just reaching a point here where we are trying to do everything we can on any different level to make a dent in this problem and this epidemic, in addition to everything else we have to do with limited resources, unfunded mandates, etcetera, that we have to deal with.

MS. LAUBE:

And the only thing I would add to David is you may have noticed that the Quality Consortium has been present a lot lately, and we have been meeting with you and sending you information. And one of the reasons is addiction is a big thing and it has many different facets, and there's no one simple solution or one simple answer that fixes it all; that it has to be multiple approaches on multiple strategies and multiple levels. And so what is important for the Quality Consortium, for us to be here with you, is good sound policy goes a long way. And it is a public health concern, public health threat, and the policies that this body begins to adopt and develop are really important in the fight, in the battle, for lack of a better word to put in there, as we move forward.

There will always be a substance of the day, there will always be a product of the day. There's always going to be something that we shift to and move to. And, again, we have to move from treating just the symptomology and to getting to the actual disease itself.

So we thank you guys for all the time that you've allotted us in beginning to get our message out there with you, and look forward to continuing those partnerships. And please know that the

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Quality Consortium, yes, we represent the 20 agencies, but we also represent the 70 -- over 70,000 constituents and your consumers. And so that's important to know as well, because we're really connected to the folks who are working on the solutions of this, so thanks.

CHAIRMAN SPENCER:

Again, it's a major crisis that we have. And I think I became -- and I've been aware of the issue, but really more acutely aware recently in my Legislative District in Huntington, where we had an event at the church on Main Street there, where we had over 700 people that came out, and just the families of the fallen; and understand that on Long Island, that we're losing a young person every day as a result of substance abuse, and a lot of that being that there are not enough treatment options of all different levels, in-patient, out-patient. There's just not enough beds, there's not -- and it's something that I'm committed to.

And I've spoken to some of the families who have suffered loss of very promising young people and we have to do more by being someone that's organizing these organizations. One of the reasons I really wanted you to come here and be able to make the plea, and that we have to look at it in our budgets, we have to look at it in everything that we do. This goes beyond preventive care. This is something that's extremely important and preventable, and something that we have the ability to limit and prevent. And it actually -- even our last speaker, Mr. Hudson, when he came up, really working with him and what he's trying to do, but, you know, I think it's -- I get it, I hear what you're saying, and I think my colleagues.

I'm going to acknowledge Legislator Kennedy. There may be a little bit of a distraction. There's a three o'clock press conference in the lobby that's relating to Hurricane Sandy and I know that some of my colleagues want to participate in that. And not having a quorum on my committee, we may have to take a five-minute recess to allow them the ability to participate in that. But I'm going to have Legislator Kennedy ask his question, and then I think we're going to take a five-minute recess.

LEG. KENNEDY:

Thank you, Doctor, I appreciate it. And, actually, it's not so much a question, but it's a recognition of the work that you do with Quality Consortium. I see Elaine in the back, as a matter of fact. And I have been fortunate with the many forums that we've held in the 12th Legislative District to shine a light on the amazing -- I mean this. As a father of four and as a Legislator, I never in my wildest dreams thought that I would be involved with rampant opiate addiction in areas that many people view as well-to-do areas. But, nevertheless, you know, as Dr. Spencer said, it's just -- it's mind-numbing.

Also, one of the other things that's driving, I think, the strain on your capacity and resources is what's been an increased trend in the courts and the Criminal Justice System for the alternatives to incarceration, and court-mandated treatment. So, at the same time that you're seeing an uptick in the population that's experimenting and becoming addicted, you're also seeing the courts that are referring to you, which I believe should be done, because there's very little, if any, work that an addict benefits from through incarceration only. It's a forced, somewhat inhumane detox with no ability to go ahead and look at what the underlying drivers are, and no change in life situation, nothing that's going to help promote them into sobriety.

So cognizant of that, you know, Dr. Spencer's point is spot on. You have finite capability. You can't run groups of 30 and 40, you know, patients. You have limitations from OASAS and, you know, the ratios that are set for your CASACs and your intake process are very well scripted and regulated. So you can only do what you can do, and, nevertheless, it's important to bring that to our attention and keep it in front of us; that without resources committed to you, we pay ten times over system-wise what the cost is through the behaviors of addicts. So thank you for what you're doing.

MR. COHEN:

Thank you.

CHAIRMAN SPENCER:

Okay. Again, for those of you who are here for this committee, we're just going to take a five-minute recess, and I mean a hard five minute, a hard stop, but we're going to participate in a very important issue that our Presiding Officer has called a press conference in the lobby. And I'd like to thank you all for coming and presenting to us. You can see the -- I hope you feel the love, it's certainly here. So thank you for what you do, and, really, for coming to my office and coming here today. Thank you.

MR. COHEN:

Thank you.

*(*THE MEETING WAS RECESSED AT 3:07 P.M. AND RESUMED AT 3:22 P.M. *)*

CHAIRMAN SPENCER:

So we are going to return to our session. We have a quorum once again. Do we need any sort of motion to return?

MS. SIMPSON:

No.

CHAIRMAN SPENCER:

No, we don't. Okay. So we're back in session. We're going to move on. Again, thank you to the Quality Consortium for coming.

We're going to move on to our agenda, and I'm going to take some resolutions out of order for those who we have asked to appear before us. And let's see. The first, Douglas. Which number is his?

MR. KING:

I.R. 1941.

CHAIRMAN SPENCER:

All right. So I'm going to ask for a motion to take 1941 out of order.

LEG. ANKER:

I make a motion.

CHAIRMAN SPENCER:

Okay, motion. May I have a second? Second. All those in favor? Opposed? Abstentions? All right.

So we have before us *I.R. 1941, approving the appointment of Douglas King to the Suffolk County Disabilities Advisory Board (Gregory)*. I'd like to make a motion to approve.

LEG. ANKER:

I'll second.

CHAIRMAN SPENCER:

Second on the motion for the purposes of discussion. We have Mr. King who has appeared. Thank you for your time.

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Is there any remarks that you would like to give us in terms of who you are, what you've done, why you would like to serve? Just, you know, a minute, if you'd like.

MR. KING:

I'll give you the short version of why I'm here. I am physically disabled, I've been disabled for 40 years. I was born with a disability called spina bifida, so I've been in the disability world all of my life.

My wife and I moved to Suffolk County approximately four to four-and-a-half years ago and started getting involved in different organizations and different groups with people with disabilities. And I just want to make sure that people with disabilities can get heard on -- you know, through the Suffolk County Disabilities Advisory Board on different things that are happening, you know, within the County.

CHAIRMAN SPENCER:

Again, I appreciate you taking the time out of your schedule and to come, and your willingness to serve. Are there any questions from any of my colleagues? Legislator Browning.

LEG. BROWNING:

I think more comments, but I do have one or two questions. I'd also like to be a cosponsor.

I had the opportunity to meet Douglas quite a few time at veterans events. And I don't think there's anything that I haven't seen you attend, so you've been very active. And it's certainly a pleasure to see you serve on the Board.

I know that we talked about the JEEP applications, which is the Joint Emergency Evacuation Program or Plan.

MR. KING:

Program.

LEG. BROWNING:

Program. And you, yourself, have filled out a JEEP application --

MR. KING:

When my wife --

LEG. BROWNING:

-- and turned it in.

MR. KING:

When my wife and I came to the County about four or four-and-a-half years ago, we met Bruce Blower, who at the time was the Director of Disabled Services, now called People With Disabilities Office, had strongly suggested that we sign up for the JEEP Program because of where we live. We live in Section 8 handicapped housing on the corner of Albany Avenue and Schlegel Boulevard, it's called the Thea Bowman Residence, and there's approximately 20 to 30 apartments there, and it was suggested that we become a part of the JEEP Program.

LEG. BROWNING:

Right. And so I know this is something that I have been pushing because of knowing about these -- hurricane seasons were coming. And, you know, this is something, since I've been in office, pushing people to be prepared. And I've always had those JEEP applications and I got a lot of people in my district. However, just out of curiosity, how did you do with the storm, and did that

JEEP application work for you?

MR. KING:

It actually did not. We lost power for six days. The apartment building, like I said, has approximately 20 to 30 apartments. All of the residents that live within the building are physically disabled in some way, shape or form, whether it's a physical disability, hearing impaired, or visually impaired. We wound up being on our own for six days with no power. There was a generator for the hallways, but there was nothing else for us.

We were lucky that our social worker, because the property is owned and operated by Catholic Charities, and it's managed by Stanan Management Corporation, that the social worker and the property manager, you know, were there with us, but they were the only two that actually cared what was going on with us. We live, again, north of Sunrise, and I know with the JEEP Program, it's anything -- it was anything south of Sunrise. But I'm against that, because whether you live north or south and you have a physical disability, you're still going to need help anyway, especially for those that don't have any family, you know, in any way, shape or form.

LEG. BROWNING:

Yeah, and -- is there any of the -- any of your neighbors? I mean, obviously, everybody's needs are different.

MR. KING:

Yes, correct.

LEG. BROWNING:

And just curious. Were any of your neighbors more affected or worse affected than you? I mean, you're saying you lived in an apartment. Is there more than one floor in your apartment building?

MR. KING:

Yes, there's two. It's two floors. Each floor approximately holds about ten apartments, both --

LEG. BROWNING:

So you had people with disabilities on the second floor with no electricity?

MR. KING:

That is correct.

LEG. BROWNING:

And no elevator.

MR. KING:

But both in power chairs and manual chairs that were stuck in the building for six days. We had one gentlemen that lived up on the second floor that is in a manual chair, that was doing what we call the butt-bump, which is -- was he was getting out of his chair and he was bumping himself down the stairs, and carrying his chair behind him, just so he can get down to the first floor and do his -- you know, his, you know, normal routine.

CHAIRMAN SPENCER:

How did he get back up?

MR. KING:

He climbed back up, he crawled. I'm not trying to sound rude here, but what goes up must come down. You know, it's -- that's just the way it was. And my wife luckily is able-bodied, so, from

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time to time, when we were coming home, you know, at night, you know she would help him carry the chair, you know, up the stairs. But then you also had people that were in power chairs that after "X" amount of days, their power chairs went dead because there was no power to their apartments. So how do you expect somebody that has no power to be able to move, especially if they're, you know, quite big?

LEG. BROWNING:

What about oxygen, or was there anybody in need of any kind of special care?

MR. KING:

Not in our building, no. You know --

LEG. BROWNING:

Okay. Because I know with the electricity going off, and the purpose of the JEEP applications is to -- you know, to contact people with special needs, and, obviously, you're saying because you were north of Sunrise, but when you lost electricity, my assumption would be that there could have been somebody who needed to be evacuated anyway.

MR. KING:

Correct. Basically, what happened is I called somebody and they told me, "Hang on. Worse come to worst, call 911 and we'll get to you as quickly as we can."

LEG. BROWNING:

Well --

MR. KING:

And that was the response. And that's the other reason why I want to join the Suffolk County Disability Advisory Board, because this is only one story that I'm telling, but there are hundreds that I hear during the week of people with disabilities that are having problems, whether it's Medicaid, Medicare, Social Security, whatever it may be. And, you know, the attitude that I've had my whole life is I may not have working legs, but I got a big mouth and I know how to use it. So that's why I want to be put on the Board, not to become a nuisance, but to advise this Board on what's going on for people with disabilities.

LEG. BROWNING:

Well, I'm a big supporter of the JEEP applications, and I want to know that they're working properly. So, you know, did you -- nobody called you then, on the JEEP.

MR. KING:

No.

LEG. BROWNING:

Okay.

MR. KING:

I actually did receive a call this -- we lost power for six days. We received a call the Sunday after, and I'm just going to pull out my notes here for one second, from a Laurie, from the Merchant Marine Corps called Sunday night, November 4th, after Sandy. They got the list of names Saturday evening, okay, where they were calling from the -- they were stating that they were calling from the John J. Foley Nursing Home, but it was not called that name at that time. In other words, they were using that -- they were using a different name under the John J. Foley Nursing Home.

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LEG. BROWNING:

Yeah, there were -- well, there were volunteers from other places that came in to help out. We had tents set up in the back of the nursing home. So there were volunteers from Upstate New York and all over that were volunteering to call, but -- so you're talking almost a week later you were getting --

MR. KING:

Correct.

LEG. BROWNING:

-- volunteers from the nursing home calling to check in on you. That's not good.

MR. KING:

Now, just for the record, I'm also a CERT member, with is the Community Emergency Response Team. I was also -- I'm also part of the Suffolk County Police Citizens Academy. I'm the first person to graduate from that program. It's a 16-week program where you learn how to do everything that a police officer does during -- you know, during the 16-week program. And one of the presentations that we got was CERT, which is the County Emergency Response Team, and I started asking about their Special Needs Unit, and they don't have anybody that does the Special Needs Unit. And being a person with a disability, again, disabled 40 years, I feel it's something that I, you know, can strongly be a part of.

LEG. BROWNING:

Sure. Well, I think, definitely, I'm glad to see you're here. And, like I said, I know you're out there doing many things, but I will give you the task of the JEEP applications. And if it needs to be modified, how we do that, I think it's something that I would like to see the Board look at, the Advisory Committee look at and get back to us, because I think -- it is something that I want to follow up in because of many of the people in my district who have filled it out. And I want to make sure that it was working, because I did get a call from someone that was making phone calls, saying it was a wrong number, the number changed, the people moved. So we're going to have to find a way to update that list also. Okay? Thank you, Doug.

MR. KING:

Thank you.

CHAIRMAN SPENCER:

So we have before us I.R. 1941. We have a motion to approve. Any second on that motion? All those in favor? Opposed? Abstentions? Congratulations. And, you know, we're very lucky to have you. Thank you.

MR. KING:

Thank you, sir.

CHAIRMAN SPENCER:

Thank you for appearing.

MR. KING:

Thank you.

*(*Applause*)*

We're going to go back to Tabled Resolutions in order.

I.R. 1769, which is approving the appointment of Diane Gaines to the Suffolk County Disabilities Advisory Board (Group D) (Co. Exec.)

She was unable to attend today. We'll have her come to our next committee meeting. So a motion to table, second by Legislator -- they both seconded, but -- Legislator Anker. All those in favor? Opposed? Abstentions? Great.

I.R. 1920 - Establishing "The Truth About Energy Drinks" public education campaign to increase awareness of side effects associated with energy drink consumption (Spencer).

That's my resolution. I am working with the Board of Health, I'm working with the industry to make this resolution better, and the awareness better. So I'm going to make a motion to table at this time.

LEG. ANKER:

Second.

CHAIRMAN SPENCER:

Second. All those in favor? Opposed? Abstentions? The motion carries. Seconded by Legislator Anker again.

I.R. 1929 - A Local Law to strengthen requirements for safe disposal of expired and unused medications (Hahn). This public hearing is closed? All right. Has --

MS. SIMPSON:

No, it's closed.

CHAIRMAN SPENCER:

It's closed, okay. So the public hearing has been closed on this one.

LEG. ANKER:

Motion to approve.

CHAIRMAN SPENCER:

Motion to approve by Legislator Anker.

LEG. ANKER:

Cosponsor, please.

CHAIRMAN SPENCER:

This is I.R. 1929.

LEG. KENNEDY:

Can we get an explanation, please?

CHAIRMAN SPENCER:

Sure. The explanation of this particular legislation originally was introduced by Legislator Cooper, which required, like, nursing homes or agencies to kind of give us a plan in terms of how they dispose of their medications, whether --

LEG. KENNEDY:

Yes, that's right.

CHAIRMAN SPENCER:

And then you extended the deadline, I think, for six months, and then it came due again, and there

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was some, I guess, concern with regards to the Department of Health complying with State Law.

But I think there was some confusion. This legislation only required that they give us a plan, it didn't require that they stop flushing, or however they were doing it. I think Commissioner Tomarken, if you could come forward, because I notice that we need to discuss this particular thing. So Legislator Hahn's bill just increases the penalties. Now there was -- I'm sorry.

MS. SIMPSON:

If I may, it also makes it so that the Department of Health cannot waive the timeline in which they have to provide the Prescription Disposal Plan.

CHAIRMAN SPENCER:

Okay. So that's the clarification. Now, at last count, we did have a certain number of the agencies that had complied. We were -- and then we received more since that time. So, Commissioner, can you give us an update with the legislation, how many of the agencies have complied and who hasn't. And, also, if you could give us any thoughts on this legislation.

DR. TOMARKEN:

All the agencies that are required to respond have responded, so we have 100% response.

CHAIRMAN SPENCER:

A hundred percent response.

DR. TOMARKEN:

A hundred percent.

CHAIRMAN SPENCER:

Okay.

DR. TOMARKEN:

This bill is -- it gives us some leverage in terms of fines. I don't have any opposition to it, per se. It doesn't really allow for any discretion. Let's say another storm hit and somebody was delayed, you know, legitimate reason. That doesn't really allow for it, unless we come back to you and say, "Institution "X" couldn't get their report in because their power went out," or whatever, and you would have to approve that. So it's a little tight, but I don't think there's anything inherently wrong with it. It does give us some leverage, but it might be nice if it had a little bit of leeway for extenuating circumstances.

CHAIRMAN SPENCER:

Absolutely. Legislator Kennedy.

LEG. KENNEDY:

Doctor, my recollection is -- and, first of all, I'm pleased to hear that we have 100% compliance. The 100% compliance would be from our nursing homes, or does that also include our acute care hospitals as well?

DR. TOMARKEN:

No, this is all --

LEG. KENNEDY:

The reason I ask, and I do not want to get caught up in -- but you know what I'm going to ask about next.

DR. TOMARKEN:

Just to clarify, this is the facilities that do not have a pharmacy, so it does not include hospitals.

LEG. KENNEDY:

Okay.

DR. TOMARKEN:

Because they have a different mechanism that they're allowed to.

LEG. KENNEDY:

Exactly, and that's where I want to go to next, which I don't know is necessarily apparent in the bill in that, in actuality, we are superseded by the State Department of Health, and for this matter, by -- who's the Federal agency that's got to promulgate, that's not done yet with the opiates?

DR. TOMARKEN:

DEA. DEA.

LEG. KENNEDY:

DEA, yes. So --

DR. TOMARKEN:

Well, but what we're asking is for people to submit a plan. We're not saying what has to be in that plan or what that plan says. This legislation, as I read it, is just that they must submit a plan by a certain date.

LEG. KENNEDY:

Okay.

DR. TOMARKEN:

But your point, that dilemma is still in play.

LEG. KENNEDY:

Yes. See, in my opinion, what's going to happen is, is I think the spirit and the intention of the legislation is meritorious, and I don't fault Legislator Hahn at all for wanting to try to continue to achieve compliance. But my concern is, is that we are going to legislatively create a paradox for these hospitals that will be trying to demonstrate compliance with us, yet, at the same time, being governed by Federal and State regulations that, quite frankly, not only approve flushing, but mandate flushing, particularly when we're talking about narcotics.

DR. TOMARKEN:

Well, the only thing -- my understanding of it, and maybe Counsel can add to it, is that this legislation just says submit a plan.

LEG. KENNEDY:

So, if they say, "Okay, our plan is we're going to comply with Federal and State regs"?

DR. TOMARKEN:

It could be that, it could be as simple as that.

LEG. KENNEDY:

Okay.

DR. TOMARKEN:

That's my understanding. They're not -- the legislation doesn't ask for the details of the plan, it just says a plan. Now, obviously we will look at the plan and say it's acceptable or it's not. But if they file it on time, even if it's less than ideal, then I think they've met the letter of the law. That's --

MS. SIMPSON:

They would have met the requirements that way, yes.

LEG. KENNEDY:

Okay.

CHAIRMAN SPENCER:

Legislator Anker, you have a question?

LEG. ANKER:

So I'm wondering if we just -- if you're not comfortable, John, should we just table this and just check with Kara, and then maybe Legislator Hahn could just run it by you, just make sure all the, you know, ends are tied up here?

DR. TOMARKEN:

I don't think this is urgent, because, as you can see, we've got 100% compliance. So, you know, if we want --

LEG. ANKER:

Okay. I'll take back my approval.

LEG. KENNEDY:

Yeah. I'm going to make a motion to table, and I appreciate that. And, as I said, I fully subscribe to the intention of obtaining compliance. However, I don't want to have facilities, and particularly health care professionals, nurses in some type of a professional dilemma between what our State and Federal regs and what we're looking to do with groundwater preservation.

LEG. ANKER:

Okay. And I'll second that tabling.

LEG. KENNEDY:

Thank you.

CHAIRMAN SPENCER:

I understand. And I think the other issue is allowing, if there is a storm, maybe she could put that language in there.

So we have a motion to table. All those in favor? Opposed? Abstentions? We'll work with Legislator Hahn to get this where it needs to be, but I do support her intention. Thank you, Commissioner, appreciate that.

We're going to go to *I.R. 1944 (Approving the reappointment of Clifford Hymowitz to the Suffolk County Disabilities Advisory Board - Group D.) (Muratore)*, and that's a reappointment, so he does not have to appear, Clifford Hymowitz to the Suffolk County Disabilities Advisory Board. Motion?

LEG. KENNEDY:

Motion to approve.

CHAIRMAN SPENCER:

Motion by Legislator Browning, seconded by Legislator Kennedy. All those in favor? Opposed? Abstentions? It carries. **(Vote: Approved 4-0-0-1/Absent: Leg. Romaine)**

I.R. 1952 (Approving the reappointment of David K. Parkinson as a member of the Suffolk County Board of Health (Pres. Officer), Reappointment of David Parkinson to the Suffolk County Board of Health.

Motion. Second on the motion?

LEG. ANKER:

Second.

CHAIRMAN SPENCER:

Second, Legislator Anker. All in favor? Opposed? Abstentions? **(Vote: Approved 4-0-0-1/Absent: Leg. Romaine).**

Congratulations, Dr. Parkinson.

I.R. 1957 - Amending the 2012 Adopted Operating Budget to accept and appropriate 100% Federal grant funds from the Department of Health and Human Services Food and Drug Administration to the Suffolk County Department of Health Services for advancing Suffolk County's conformance with the Voluntary National Retail Food Regulatory Program Standards (VNRFRPS)(Co. Exec.). Motion to approve and place on the Consent Calendar.

LEG. ANKER:

Second.

CHAIRMAN SPENCER:

Second by Legislator Browning. All those in favor? Opposed? Abstentions? Motion carries. **(Vote: Approved 4-0-0-1/Absent: Leg. Romaine).**

I.R. 1996 - Requiring tracking of long-term care service inquiries (Browning). Legislator Browning, what's your pleasure?

LEG. BROWNING:

Motion to approve.

CHAIRMAN SPENCER:

Second the motion. All those in favor? Is there a discussion on the motion?

LEG. KENNEDY:

Just a quick -- refresh my recollection again.

LEG. BROWNING:

Again, we cannot talk about those things that we cannot talk about.

LEG. KENNEDY:

Oh, yeah, yeah, yeah. Okay, fine. All right.

LEG. BROWNING:

It's about tracking --

LEG. KENNEDY:

Yeah, I'll vote for it.

LEG. BROWNING:

If you needed your family member to go to a nursing home, blah, blah, blah, and read it.

CHAIRMAN SPENCER:

Commissioner Tomarken, I see you've approached the podium, which tells me you have some input on this topic.

DR. TOMARKEN:

I'd just like to say that there is the Patient Advocacy Unit that has been passed by the Legislature that this could be incorporated into, because we will be collecting data. And so rather than have a redundancy, I could see this function being inside that agency, group, whatever you want to call it. It's just a suggestion.

LEG. BROWNING:

Right. But the issue is there are -- and let me find the bill. There are people included, agencies included in this bill that are, I believe, not on the other one, correct?

DR. TOMARKEN:

That's true, that is true.

LEG. BROWNING:

So this would be -- you know, I have no objection to it, working with the other one that was created, as long as we can incorporate. Would that be a problem?

MS. SIMPSON:

I don't think it would be an issue, but --

LEG. BROWNING:

So, if we go ahead and just pass this the way it is, then they're going to have to do this, right?

MS. SIMPSON:

That would be a matter of figuring out logistics and how they wanted to do it.

CHAIRMAN SPENCER:

We can pass it and figure it out. We have a motion to approve. Thank you, Commissioner. I don't think you're going to lose any sleep if we pass, then? You're okay? All right.

LEG. BROWNING:

He looks wide awake.

CHAIRMAN SPENCER:

Motion to approve; I second the motion. All those in favor? Opposed abstentions? Congratulations. *(Vote: Approved 4-0-0-1/Absent: Leg. Romaine).*

I.R. 2007 - Amending the 2012 Adopted Operating Budget to transfer funding from the United Way of Long Island to the Mental Health Association of Suffolk County for the purpose of continuing the provision of Housing Mediation Services (Co. Exec.). Motion to approve.

LEG. BROWNING:

Second.

CHAIRMAN SPENCER:

Second by Legislator Browning. All those in favor? Opposed abstentions? **(Vote: Approved 4-0-0-1/Absent: Leg. Romaine)**

I.R. 2019 - To extend the deadline for Tick and Vector-Borne Diseases Task Force (Romaine). So this Task Force was approved in August of 2011, but by the time all the members were appointed and given their oaths of offices, it was just in this past Spring, so they need some more time to do their work. Motion to approve.

LEG. KENNEDY:

Second.

CHAIRMAN SPENCER:

All those in favor? Opposed? Abstentions? **(Vote: Approved 4-0-0-1/Absent: Leg. Romaine).**

I.R. 2038 - Amending the 2012 Adopted Operating Budget to accept and appropriate additional 100% Federal Aid from the New York State Office of Alcoholism and Substance Abuse Services (NYS OASAS) to the YMCA of Long Island, Inc. (Co. Exec.). Motion to approve and place on the Consent Calendar.

LEG. BROWNING:

Second.

CHAIRMAN SPENCER:

Second by Legislator Browning. All those in favor? Opposed? Abstentions? **(Vote: Approved 4-0-0-1/Absent: Leg. Romaine)**

I.R. 2057 - Amending the (2012) Adopted Operating Budget to transfer funding from the Brentwood Union Free School District and the Town of Islip to various agencies for the provision of Chemical Dependency Services (Co. Exec.). Motion to approve.

LEG. ANKER:

Second.

LEG. KENNEDY:

Second.

CHAIRMAN SPENCER:

All right. Motion by Legislator Anker, approve; seconded by Legislator Kennedy. All those in favor? Opposed? Abstentions? Motion carries. **(Vote: Approved 4-0-0-1/Absent: Leg. Romaine)**

I.R. 2062 - Adopting a Local Law to reduce exposure of Bisphenol A in Suffolk County ("The Safer Sales Slip Act") (Stern). This needs a public hearing. Motion to table for a public hearing. May I have a second?

LEG. ANKER:

Second.

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CHAIRMAN SPENCER:

Second. All those in favor? Opposed? Abstention?

We have come to the end of our agenda; there's no other business before us. We are adjourned.
Thank you.

*(*THE MEETING WAS ADJOURNED AT 3:49 P.M. *)*