

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, November 29, 2012 at 2:00 p.m.

Members Present:

Legislator William Spencer - Chair
Legislator Kate Browning - Vice-Chair
Legislator John Kennedy
Legislator Sarah Anker
Vacant Seat

Also In Attendance:

Deputy Presiding Officer Wayne Horsley - District #14
Legislator Steve Stern - District #16
George Nolan - Counsel to the Legislature
Sarah Simpson - Assistant Counsel to the Legislature
Bill Shilling - Legislative Aide
Craig Freas - Budget Analyst/Legislative Budget Review Office
Lora Gellerstein - Aide to Legislator Spencer
Paul Perillie - Aide to Legislator Gregory
Michael Pitcher - Aide to Presiding Officer Lindsay
Debbie Harris - Aide to Legislator Stern
Pam Donovan - Aide to Legislator Anker
Tom Vaughn - County Executive Assistant
Katie Horst - County Executive Assistant
Dr. James Tomarken - Commissioner/SC Department of Health Services
Margaret Bermel - Director of Health Administration/DHS
Walter Hilbert - Department of Health Services/Environmental Quality
Jim Meyers - Department of Health Services/Environmental Quality
Amy Juchatz - Department of Health Services/Environmental Toxicologist
Frank Krotschinsky - Director/Office for People With Disabilities
Diane Gaines - Nominee/Suffolk County Disabilities Advisory Board
Bill Schnell - Long Island Gasoline Retailers Association
Michael Barch - Med-Tech Health Solutions
Richard Buono - Med-Tech Health Solutions
Nancy Gaska - CEO/President - Lifestyle Shield, LLC
Mark Hopkinson - President/Aqua Vectors, Inc.
Ed Sawchuk - Aqua Vectors, Inc.
Robert Crispell - Aqua Vectors, Inc.
Dr. Joon Om - Aqua Vectors, Inc.
Raul Careenas - Aqua Vectors, Inc.
Steve Rosario - Senior Director/American Chemistry Council
Shellby Poole - Owner of Jackson's Restaurant, Commack, NY
Pamela Mizzi - The Quality Consortium
All Other Interested Parties

Minutes Taken By:

Alison Mahoney - Court Reporter

*(*The meeting was called to order at 2:31 P.M. *)*

CHAIRMAN SPENCER:

We can take the official roll call once we have a quorum. So I'm going to ask if we would stand and do the salute to the flag which will be led by Legislator Browning.

Salutation

If we could, while standing, just have a moment of silence for those that are still serving. Also for those who have been impacted and suffered great loss during the Super Storm Sandy, if we could keep them in our thoughts.

Moment of Silence Observed

You may seated. So with regards to the on-the-record issues, I will backtrack when I get my third Legislator. We do have a presentation this morning that I would like to begin. We have two, I'm sorry, this afternoon. The first one is from Nancy Gaska of Interactive MD, and we'll be talking about the next generation of health care. Nancy, are you here? Please come forward. You can have a seat at the table and we'll let you begin your presentation.

*(*Legislator Kennedy entered the meeting at 2:32 P.M. *)*

We officially have a quorum. So this is official meeting for the Clerk's Office, you can note the record. Thank you.

MR. BARCH:

Mr. Chairman, is it okay if we pass out hard copies?

CHAIRMAN SPENCER:

Absolutely. Thank you.

MS. GELLERSTEIN:

I can do it.

MR. BARCH:

Oh, thank you.

CHAIRMAN SPENCER:

Go right ahead. Good afternoon. And thank you.

MR. BARCH:

Mr. Chairman, thank you very much. And I am deeply honored to have use of your time here. I understand I have 15 minutes to do my presentation; hopefully I can cover it in that amount of time.

I am Michael Barch and I will introduce myself in a moment, and I have next to me Nancy Gaska who many of you probably already know. And we have one of our principals from our company, MedTech in the audience, Richard Buono. I think it's always important to let people know who you are and where you're coming from and what your background is, that lends to the credibility of any presentation you make.

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My background is -- and I am now an officer with MedTech. I was the CEO at George Washington University Medical Center for 20 years, an officer at Hopkins for five years. I then ran a company called Managed Care Assistance Corporation that built HMO's around community health centers for the National Association of Community Health Centers. After that I came back and ran the Public Health System in D.C. After that, I tried to save a hospital in D.C., which I did not succeed in doing, Columbia Hospital for Women. After that, I then built a couple of pharmaceutical companies and thought I was retiring and I didn't, and don't think I ever will retire. I love health care, it is a passion of mine. And the company that I've now come to work with I think is on the right track.

When I look at health care today, it scares the dickens out of me from a budgetary fiscal policy. The United States is eating about 18% of GDP for health care, whereas the rest of the developed world is flat and under 10% and ours is going steadily up, and we'll be reaching 22%. I did take a chance to look at your budget presentations and I see your budgets are fairly aggressive on controlling costs and very optimistic. And consequently, I think our presentation today you may find of great interest and I think it is a presentation that has the opportunity to actually impact the cost curve.

MedTech is a company that has been formed by a number of serial entrepreneurs, all of them living out here on Long Island or in Manhattan, and they acquired an insurance company a while back and they realized in order to control their costs, they had to add certain components to it. And what I'm going to talk to today are the three companies that we have added to the parent company that are aimed at controlling the growth in health care costs.

The first -- go ahead and click. The first one is ATPA, and that's a TPA, as you can see -- click to the next one. It is a very old TPA, 56-years old. It is located in San Francisco, but it has offices all over the country. It is a Taft-Hartley TPA, qualified TPA. And as you can see from the services below, it pretty much does everything that you need done. I think it will be more important to come back at the end of my presentation, after we go through this, and let me answer any questions you have. I think that would be more constructive than me sitting for 15, 20 minutes or a half hour speaking at you. But it is a typical TPA, it's an award-winning TPA. It has won all sorts of awards for its processes and its humanity in servicing its clients. It is very tightly tied to the unions, and actually does a fair more -- a fair amount of collective bargaining agreement administration as well as paying claims and the rest of it.

If we could click back. That gives you a sense of volume. It pays over a billion dollars worth of health care bills a year. It sends out a hundred thousand pension payments a month and it is SAS112 compliant.

We can now go ahead to what I think is going to take the meat of the time. Interactive M.D. is a telemedicine company located in Florida. It is capable of providing both specialty care and primary care to the recipients 24/7, 365. You are guaranteed to see a doctor, talk to a doctor virtually. And we have -- we have networks that are capable of servicing in all 50 states. Most of the -- Interactive M.D. is -- flip to the next slide, will you? We can use either the web, we can use phones privately, we can use kiosk, and we guarantee seeing someone within three hours. We also can get an e-script out to any pharmacy in the country. We also have a national lab contract with LabCorps to get tests done. The cost is significantly lower than, one, going into the office to see a primary care doctor; and two, what it really cuts down on is the need to go to the ER. We can actually get our patients on the phone and prohibit a lot of expenses.

The other thing is that we have applied a lot of technology. We have the ability to hook EKG leads through the smart phone and the Wall Street Journal reported just a little while back, about two months back, that 65% of the population have smart phones and it is projected to be close to 80% in two years. We can hook glucose monitors, EKG's, otoscopes and blood pressure monitors through to the smart phone which gives us huge capability. We've also developed a relationship for

the development of a tablet that we can provide to certain patients. One of the things we do with self-insured accounts is we do disease management. We're doing some very interesting disease management programs with national companies, both in the pharmaceutical field and in the insurance field, where we actually reward the patient for complying with getting their glucose monitors inputted and getting back to us. And it looks like we'll be able to really break some of the cost curve with some of our disease management through Interactive M.D.

(*Legislator Anker entered the meeting at 2:43 P.M.*)

Another thing that -- one of the positions I have is Chairman of the Board of the Health Care Council, the greater Washington Baltimore area. And Maryland is doing some very interesting studies and one that I found incredible that I heard about last week was we know that you can curve the cost curve or break the cost curve by hitting on the chronic disease issues, chronic pulmonary disease, diabetes, hypertension, and that is old news. Maryland is doing an experiment with ten hospitals where they're prospectively paying the hospitals. So they went back to the 2009-2010 budget, looked at what their total expenditures or revenue were, capped them at that and told them you can get that total amount of money, but you've got to manage your population. So they've started doing case management on the chronically ill. But one thing they've learned -- and the first year they took a beating. The second year, after analyzing data and going back and this is non-reported data at that point in time, they learned that 100% -- well, let's step back a bit. Four percent of the population was contributing to 40% of the costs. One hundred percent of that 4% of the population that was contributing that largely to the cost had underlying mental health issues, and we have not seen that reported anywhere. How we are reacting to that sort of information in Interactive M.D. is by adding additional mental health workers to the teams that we have available to interact with the patients when they call in.

I'm excited about the ability. We're coming into an era where all the information in health care, as we get into the electronic health records, so much of the data that used to be paper and ink is now digitized. And our ability to take this data, analyze it and really start to impact cost is right on the horizon, I think. So as daunting as the percentage of GDP is, I also am very encouraged and excited about where we're driving health care today. You can see on the screen some of the equipment that we put in our packs and send out. We've actually contracted in China for tablets at a fairly very reasonable price and have the ability to put that out in selected populations.

This was going to be a video, but we couldn't figure out how to activate it (*laughter*). It was from CNN, and what it talked about was the hospital bills and bills coming from free-standing surgery centers and how complex they are and how often they're wrong. It talked about thousand dollar toothbrushes and \$40 Tylenol pills and that sort of thing. And it really left, in my mind, an impression that hospitals and other places are really trying to rip people off by this, but that's not the case in my mind. In my mind, what it is is the carry-over of an old cost-based reimbursement system and charge masters that just haven't been adjusted and mistakes. Eighty percent of hospital bills have mistakes in them.

One of the companies that we've acquired is True Facts, and if you've ever -- what you see is a summary of a bill. You don't see the full bill. The full bill with all the CPT codes and all the ICD-9 codes and all of the miscellaneous disposables and stuff on it is pages long of what goes to the TPA, and what we end up looking at as patients is just a few page summary of that. But virtually -- well, 80% of the bills that we process through TPA we find to be errant, and in some cases hugely errant. So one of the companies that we picked up was True Facts. It has proprietary software, it takes the bill, reorganizes the bill in a very quickly auditable fashion, it is then audited by physicians or technicians trained to audit bills, nursing staff. And we interface with the pair. We work for self-insured, we work for insurance companies, we work for all the people that have an interest in making sure the hospital bill is correct.

We have a list of lawyers on staff that, if there is a disagreement, that we then basically represent the client with the charging institution. We've never run into a real problem with adjudicating these bills, and the nice thing about True Facts is it doesn't cost you anything. We don't get paid unless we actually lower your cost, and then it's based off of a percentage of the lowered cost. So it's one of those sort of freebies. But I must say that the group of entrepreneurs has done the best job I've seen in my 40 years in health care in consolidating a group of companies that I truly believe are the best in the industry and could go a long ways to helping you. You may be happy with your TPA, I don't know, but this is a la carte. There are services here that I think could probably go a long way to helping you with your fiduciary responsibility to guard the dollars of your constituents.

CHAIRMAN SPENCER:

Thank you so much. We have several questions. I know I do, and I think also my colleagues do also. I'll just start with a couple of things.

One, your statements with regards to controlling health care costs. I'm a physician that started my own practice. I run my practice, I hire the employees and provide insurance for them. I'm a board member on the medical board in a hospital and I'm a Chief of a department. So you can tell me where you disagree. As I look at health care costs, I understand that most of them are incurred by patients usually in the final weeks of their life; over a lifetime we will incur most of our costs during that time. But I find a big reason for out of control costs is that -- is treating the 1%. And when I say treating the 1%, what I mean is that ten times a day I could have a patient who comes in who has a bump on the nose and I can tell them to put ice on it and the swelling will go down, take some Tylenol, but about one in a hundred, sometimes that may be like an angiofibroma or something. And so if I am suspicious, I wind up ordering expensive tests to make sure that I'm treating that either 1% or that one in 10,000 or that one in a hundred thousand, but yet the physicians are held responsible and that leads to issues of just torts with regards to malpractice.

So the thing that I see when you talk about treating someone through a webcam with blood pressure cuffs and things like that, how do you account for liability? You know, at least sometimes, and I think all physicians in practicing any amount of time, have been sued, there's an expectation that people think that they should get better all the time, and I understand that. I appreciate that. So would you have -- if you're treating someone through a webcam and there is a misdiagnosis, how is that liability controlled?

MR. BARCH:

Well, I certainly agree with you on the tort report. I think if we saw some tort reform, we could see some real reduction in costs, but we could spend days talking about tort reform. I've lobbied for tort reform for years in Washington D.C., to no end.

The liability is -- the liability is no different than it would be for you in the office. If you miss a diagnosis and there's consequences to the patient and they hire an attorney, you're going to end up with some liability. So it's a liability assumed by the company in practicing that profession. If there's doubt on the part of the viewing physician, we'll get them into a specialist and have them see who they need to see. We deal primarily with primary care issues and -- excuse me. And as I talked about the 4% causing 40%, it's largely a rotating door. And a lot of these people, what the studies are going to show when they ultimately are published, what it's going to show is that the mental health, you've got a lot of self-medicating, a lot of underlying addiction issues and a lot of other problems that we certainly agree that on the end-of-life stuff, that a huge amount of dollars go to that, and there's very little we're going to do in what we're talking about here in impacting that. But we can impact that other 40% of the cost in that yearly care by keeping those patients home and reasonably healthy, to the degree we can, by checking on them, by team inputs and by having some technology there that we can monitor.

CHAIRMAN SPENCER:

I -- and I did hear some whisperings in the background that there are more attorneys than there are physicians who are lawmakers.

*(*Laughter*)*

And I appreciate that, there is definitely a need for torts. There are definitely times where there's actions that patients suffer and endure consequences because of poor care and they should be protected, so that's not my point. But it definitely is an unchartered area as we move into new technologies, because I know that the color, the smell, the touch, all of those things that if you're looking at over a video feed, depending on how well the connection is, it could be a heavy lift. Radiographically, looking at x-rays, definitely, it works very well. So that would be one of my issues. But I could -- we could have this discussion off-line, because this can go on for a while.

I think in particular with regards to my role as a Legislator, and our role as stewards for the taxpayers, and the County's role in providing health care with our health care centers, and still currently with our nursing home, and our partnerships that we have with the -- forming Federally Qualified Health Centers, you are saying that your services, you could come in, assess, evaluate, look at some of the third party administration, and the County wouldn't necessarily incur any costs? You would gain your payment based on the savings. Is that -- am I hearing you correctly? And you're talking about doing this in the setting of a non-private situation, doing it for a County health care system.

MR. BARCH:

We certainly envision doing it for municipalities, counties, states, doing it on a very large scale. You can see some of the companies, some of the PR that we've gotten for our telemedicine, but if you flick to the next one you'll see some of the partnerships that we already have going with, and there's a good number that are not on there currently.

CHAIRMAN SPENCER:

Are you working in particular with any counties or municipalities at this time, or how long have you been doing this?

MR. BARCH:

We've been doing telemedicine largely for our own insured. As you remember, we didn't put up an insurance company on here because that isn't something I was here to talk about. We've been doing it largely with our insured all over the country for 18 months, two years.

CHAIRMAN SPENCER:

I'll yield -- well, I'll leave room -- we can continue this conversation.

MR. BARCH:

But if I can come back to your question?

CHAIRMAN SPENCER:

Sure.

MR. BARCH:

The TPA, obviously, if we did those services, there's a cost associated with it. Interactive M.D. has a cost associated with it, although it's a marginal cost. And quite often, what we see is your TPA is going to say -- or your self-insured underwriter is going to say, "Here's the people that are really costing us a lot of money." If we add some capacity to try to keep them from recycling through the ERs or going into the physicians' offices, we can cut down on our cost.

As far as the TP -- as far as the bill auditing, you're absolutely right. We only succeed if we are able to identify cost savings and share those cost savings with you.

CHAIRMAN SPENCER:

Do any of my colleagues have questions? Legislator Browning.

LEG. BROWNING:

I really don't have a whole lot. This is the one, the Internet, using the computer on the web CAM. I actually did see something about that some time ago on television and I thought it was a little bizarre.

MR. BARCH:

(Laughter).

LEG. BROWNING:

But again, I thought, well, you know, it would save a lot of time, especially for senior citizens, you know, in a bad weather situation, preventing them from having to go. But is this being done somewhere right now? And -- I mean, talking about liability, misdiagnoses, do you have any studies that are done so far that are showing that your diagnoses are coming up okay?

MR. BARCH:

We -- in the past, I think it's 18 months, could be two years, we've had no liability situations come out of any of our interaction with patients. And yes, it's being done all over the country for our insured.

LEG. BROWNING:

Okay. Now, like you say, going back to the senior citizen that maybe doesn't have a computer, so what does it take for -- or a low income family, what would it take to be able to provide them with this type of a system so that they could use it at home? Or is it strictly for --

MR. BARCH:

The whole system -- and I hate to get pinned down on pricing, but the pricing for it would be about a hundred dollars for the equipment. The calls and the actual taking care of is significantly less than a physician visit in the office and way less than an ER visit.

LEG. BROWNING:

But how is that paid for, through their insurance or private pay?

MR. BARCH:

We are eating it because it saves us so much money right now, for our insured. So it is a way of us getting how much we have to pay out under control. And it's quite -- it's really that simple.

CHAIRMAN SPENCER:

So you're paying directly the providers who are doing these services.

MR. BARCH:

Yes.

CHAIRMAN SPENCER:

Excuse me, I'm sorry.

LEG. BROWNING:

No, no. You know the business better than I do, so. No. I mean, I'm not necessarily saying it's a bad idea. I think there is some benefits to it because I know sometimes you'll get -- people will run

to the doctor for every silly little thing, you know, that this could probably help ease up the emergency room visits or, you know, clogging up in the doctor's office. So it's -- it's not necessarily a bad idea.

MR. BARCH:

And sometimes they just need someone to talk to, particularly in the mental health realm. Mental health is really being able to talk people through some things.

LEG. BROWNING:

Okay. Thank you.

CHAIRMAN SPENCER:

Legislator Kennedy is grabbing his microphone and usually that means a question.

LEG. KENNEDY:

Yes. Thank you. And I was listening, actually I was out of the room but I was listening to most of what you spoke about. I would have to look into more of the physician over the phone. And I have no reason to not believe what you're saying, but being an attorney by trade, I don't think I would let my client the doctor --

MR. BARCH:

(Laughter).

LEG. KENNEDY:

-- get on the phone, you know, with a patient. It's just -- it's hard for me to visualize or to understand. But nevertheless, look, I mean, there's many things I guess that go on that are routine visits for hypertensives or diabetes medication or things like that, and maybe the phone works, I don't know.

I'm interested, though, about some of the support things that you describe here, the prescriptions, and in particular for the lab tests. And I'm just thinking about it in terms of us as a municipal corporation with -- I think we have about fourteen -- thirteen, fourteen thousand direct insured members, family members and retirees and we go to -- what's the metric, about 40,000 lives I think? That's the last one that I heard when we were talking about EMHP things. So is your -- I don't want to call it business, but whatever it is. Is your company something that would provide service or health care availability for a large municipal corporation like us? How would you fit in with us? How's that?

MR. BARCH:

We could fit in -- as I said before, we could fit in in several ways.

LEG. KENNEDY:

Okay.

MR. BARCH:

We can either be a la cart or you can take the whole shabang.

LEG. KENNEDY:

Okay.

MR. BARCH:

We can either come in and work with your existing TPA and audit bills that they are paying to make sure you're not overpaying.

LEG. KENNEDY:

Uh-huh.

MR. BARCH:

Your underwriter could say, "If we manage this population in a different fashion, we're going to save X amount of dollars." And I'll tell you right now, without exception, on the audit of bills alone, our average savings is about 27%.

LEG. KENNEDY:

Wow.

MR. BARCH:

Okay?

LEG. KENNEDY:

That's amazing.

MR. BARCH:

We'll virtually guarantee you anything north of 20.

LEG. KENNEDY:

Wow.

MR. BARCH:

And that's a big number.

LEG. KENNEDY:

Sure.

MR. BARCH:

When you're dealing with numbers like you're looking at with 40,000 lives at a thousand dollars per member per month or something, and you add that out times 12 and then divide it by 35% of it is a hospital bill expense and do the math, you're looking at millions of dollars in savings.

LEG. KENNEDY:

And similarly you would be able to deliver probably competitive or better prices with equivalent service for both the lab aspect and the prescriptions. Because I see that in your menu of --

MR. BARCH:

We're not a pharmacy benefit organization, if you will.

LEG. KENNEDY:

Okay.

MR. BARCH:

But we can write prescriptions, e-prescriptions so that a patient has a prescription, we can call it in to the pharmacy.

LEG. KENNEDY:

Okay.

MR. BARCH:

You've already got a pharmacy benefits manager contract. I read your preamble to your budget and I think you've signed a contract for the next ten years or something on pharmacy benefits, with the exception of some wraparound for some retirees which is still before you, as I read the budget

information. But we can e-prescribe pharmaceuticals, we can send an order to the local lab and direct the patient to the local lab, LabCorps, which are all over the country.

LEG. KENNEDY:

Do you do any work with Medicaid? And the reason I ask that is because our health clinic network furnishes service to roughly 50,000 patients, I think it is, through about seven or eight geographic sites that we have throughout the County. They're run by hospitals now. We do some billing, it's hit or miss billing, we try to do sliding scale. Sliding scale yes, maybe, no? It's all over the place.

MR. BARCH:

Okay, we're getting a little far afield, but it's an area of keen interest to me. I noticed that you were in the process of trying to move a lot of your clinics into FQHC status, so that the Federal government would pick up a good deal of this cost.

LEG. KENNEDY:

Yes.

MR. BARCH:

And I think that's a brilliant thing to do. Do we work with Medicaid populations? Absolutely. We see this is a very at risk population and a population very susceptible to disease management.

LEG. KENNEDY:

Okay. All right. Well, thank you. Thank you very much.

CHAIRMAN SPENCER:

Thank you again for coming and giving us your time and really I appreciate a very fine presentation. And my office will be in touch to discuss how we can go to the next step in terms of finding out and exploring the potential of a partnership. Thank you.

MR. BARCH:

Mr. Chairman, thank you very much. Fellow Legislators, thank you. And Nancy will be available. This was just literally a hundred thousand foot flier to really understand these companies and how successful they can be in helping you control your costs. You really need to have your staff or yourselves spend a little time with Nancy drilling down a little bit, and I think we could really answer a lot of your questions. Thank you very much.

CHAIRMAN SPENCER:

Thank you.

MS. GASKA:

Thank you.

CHAIRMAN SPENCER:

I'm just going to take a moment. We didn't do the traditional aspects of our meeting and housekeeping because we didn't have a quorum. We do. So before I have our second presentation, I have just a couple of items I need to attend to. After the pledge we usually have our correspondence, and so officially we did receive two pieces of correspondence. One was from a Mr. Paul Caplan who was making an inquiry regarding the future of our health clinics, and we did reach out to the Commissioner of Health to work to give a response to Mr. Caplan and we will be reaching out to him, but we will be including his correspondence into the record.

Also, we received correspondence from a Patricia Posillico who was inquiring with regards to the West Nile Virus and relaying her own personal story, and also wanted to discuss the County's mosquito control and preventive plans for the 2013 season. So we will be responding to both of

these pieces of correspondence directly.

With that, I do have cards for the public portion. But before I do the public portion, I'm very fortunate, I need to ask -- I have Diane Gaines who is appearing and she has been recommended to serve on the Suffolk County Disability Board, and she made a special request of the committee if we could consider her appointment out of order. So I would like to make -- offer a motion to accept her resolution 1769 out of order, take it out of order. Do I have a second?

LEG. BROWNING:

(Raised hand).

CHAIRMAN SPENCER:

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

1769-12 - Approving the appointment of Diane Gaines to the Suffolk County Disabilities Advisory Board – Group D (County Executive). I'd like to make a motion to approve Diane Gaines to the Suffolk County Disability Board. Second by Legislator Browning. Ms. Gaines, will you please come forward? Thank you so much for your time. And I'm sorry that I held you longer than I would have expected. We needed to get the quorum before we could consider you. You can come up there, I think that mic -- we'll set it up for you. But if you would just tell us again just a couple of things about yourself with regards to your background and perhaps your willingness to serve on the Disabilities Board.

MS. GAINES:

Good afternoon. My name is Diane Gaines and I'm the Executive Director for an Alternative to Incarceration Program for women offenders, it's in Nassau County. And formerly I've worked in the 80s with the Suffolk Independent Living Organization. I started off as a peer counselor and I was a program coordinator when I left that organization. I work closely with Frank Krotschinsky and, you know, I'm interested in helping Suffolk County Handicapped Services, the advisory board, you know, in any way that I can, through my professional knowledge and also my personal endeavors with my own disability. I have a Master's in Correctional Counseling, I'm also a case -- Certified Alcohol and Substance Abuse Counselor with New York State, and basically that's some of my background.

CHAIRMAN SPENCER:

Well, again, thank you for taking the time to come out and come before this committee today. And thank you for your service. It sounds that you have just really impeccable credentials and just a long history of service. And I'm very excited to support your position on this board. Any questions? Again, thank you.

With that, we have a motion and a second with regards to Diane Gaines' appointment to the Suffolk County Disability Board, Group D. All those in favor? Opposed? Abstentions? ***Approved*** ***(VOTE: 4-0-0-1 - Vacant Seat)***. Congratulations. Thank you.

MS. GAINES:

Thank you.

CHAIRMAN SPENCER:

You are -- this will go before the full Legislature on Tuesday. You do not have to appear again, but I don't anticipate there will be any issues. Thank you.

MS. GAINES:

Thank you very much.

LEG. BROWNING:

Congratulations.

CHAIRMAN SPENCER:

Yes. Thank you. Thank you so much.

MR. KROTSCHINSKY:

I would like to thank the committee for acting quickly on this.

CHAIRMAN SPENCER:

Absolutely. It's our pleasure. I'm glad we could be -- we were able to accommodate.

LEG. BROWNING:

May I say something? Frank, before you leave, Legislator Horsley and I, we will have an informational gathering meeting on December 6th at 6:30? Six o'clock?

LEG. HORSLEY:

I thought it was six.

LEG. BROWNING:

Six o'clock, okay. And I know that I spoke with Douglas King about it. I don't know if you can have someone come to the meeting. It's more of an informational gathering, but obviously people with disabilities were very affected by the storm. So, you know, if you want to just get the message out, if you have constituents who would like to come and make comment, we'd be more than happy to have them come.

MR. KROTSCHINSKY:

Terrific. Thank you. I will do that.

LEG. BROWNING:

Okay? Thank you. Thanks a lot.

MR. KROTSCHINSKY:

Thank you.

CHAIRMAN SPENCER:

Thank you. Next, moving back to our agenda, the next item was our public comments. I have three cards from the public. The first one is Pamela Mizzi who represents The Quality Consortium and who has a topic of Narcan. Hello.

MS. MIZZI:

Good afternoon. Can you hear me? Is it on?

CHAIRMAN SPENCER:

Yes.

MS. MIZZI:

Okay. Thanks for your time. My name is Pamela Mizzi, I'm the Director of the Prevention Resource Center at South Oaks Hospital, but I'm here as a representative of The Quality Consortium, a group of 20 treatment and prevention providers here in Suffolk County that are licensed and organized to try and make a difference in people's lives.

I'm here really to commend Legislator Spencer and Legislator Hahn for their sponsorship of the resolution to extend the Narcan Pilot Program. So I'm here really to say thank you. Even though it

didn't occur this committee, it was in Public Safety, but I want to say thank you. And certainly, it will be saving lives, often very young lives, so that they can hear the word of recovery and live the rest of their lives.

I also just want to say that I want to commend you for upcoming discussions and possible legislation about the topic of energy drinks and education around energy drinks and offer my organization's full support in any way possible on that education campaign as it rolls out. That's it. Thank you.

CHAIRMAN SPENCER:

Thank you. I wish all the speakers were like that. That's great (*laughter*).

Thank you very much. I appreciate your kind words.

Our next speaker is Steve Rosario, who is from the American Chemistry Council, speaking about Resolution 2062.

MR. ROSARIO:

Yes. I have some information, Mr. Chairman, right here. Great.

Thank you. Good afternoon. For the record, my name is Steve Rosario. I am Senior Director of the northeast region for the American Chemistry Council. I've been here many times before but not recently. Quite a number of new faces on the Legislature. I see Legislator Horsley and some others. I am here, yes, because we are in opposition to Intro 2062. I always like to talk about who we are. First, as you know, we represent the chemical and plastics industry, but it's really made up of many women, mothers and fathers and grandparents who work in our industry, and we have a sizeable presence here on Long Island.

I'm not going to get into the debate over BPA. You've heard me speak many times that BPA has been found safe, not only by the FDA but by Europe, Japan, Germany, the World Health Organization and so many others. I'd like to focus on three or four other very quick points. First, we only recently found out about this. And I apologize, all we were able to do is to put together that fact sheet. I don't have actual comments, but I was informed that this bill is based on the Connecticut law, and I'd like to correct the record. The Connecticut law has a very important proviso in it that this law doesn't, and that proviso is that their law doesn't even kick into effect until 2015, and only if the EPA finds a suitable commercially-available alternative. We think that that is very, very important.

The second issue is, well, what are the alternatives that we are talking about? The one that we are familiar with, and there could be others, but this is the one that we're familiar with is BPS, which is a derivative of BPA or Bisphenol A. And my job is not to beat up on other compounds; obviously, I represent the chemical industry. But I think any legislative body that is looking to become the arbiter in this area really needs to know what the consequences are of other compounds, and the literature says that BPS is estrogenic, so there are no magic bullets here. There is information that we can provide related to BPS.

The second issue is that the receipts cover a very large net, and if you look at your ATM receipts, even things like movie tickets, something like EKG printouts. Those are all I've been told, made with thermo paper with BPA. So that is something that I think the Legislature really needs to, one, look into, and, two, hear from others, because I'm only here representing one segment of the industry.

The third is -- and this is where we get into the chemistry. Simply by substituting one piece of paper for another doesn't mean that the equipment itself can accept that transition, that substitution, which means that in addition to requiring retailers and others to change the paper, substitute the paper, it may also require changing the equipment that is necessary to print out the

paper, obviously that being an expense.

And the last point that I would like to make is, as you know, we are always held to a very high standard, one that we comport with. When we are asked for information, either on the science or medical side, we provide it. Well, I think, as Legislators, you also need to hold the proponents to a very similar standard to show two things. One, it's very easy to say there are alternatives. I think the Legislature needs to ask what those alternatives are. The second is to show that those alternatives are safer than what they're replacing. We think that anything less than that actually creates less safety.

CHAIRMAN SPENCER:

I apologize, Mr. Rosario. I gave you three minutes. You have to wrap it up. But you will get questions, so we'll give you a chance to speak longer, I'm sure.

MR. ROSARIO:

Okay. To wrap up, our request is that the Committee lay the bill over at least one month so that we can discuss some of this information in greater detail and we have an opportunity to provide the Committee with more information. Thank you.

CHAIRMAN SPENCER:

Certainly. I would like to -- one of the concerns --

MR. ROSARIO:

Uh-huh.

CHAIRMAN SPENCER:

-- that I have -- I mean, I understand, and I think we brought this up -- I brought this up in the past, was really considering the risk but my understanding is that there are alternatives that don't contain this compound that's available that will readily work in the current equipment, and you seem to be indicating that that's not necessarily the case. So I'm just curious to find out what is it about Bisphenol A that makes it irreplaceable. Is it the chemical compound that allows the thermal printing that occurs, and that's unique; is that your perspective, is what you're offering? Or are there other alternatives and they're not readily available? Could you comment on that further?

MR. ROSARIO:

Sure. Sure. Well, in -- again, this is where we get into the chemistry. And, again, you have BPA and BPS. Both of them dealing with some format of Bisphenol A, and the great thing about chemistry is that even if we just look at BPA, there are -- there are about a thousand different applications for BPA and -- but they're disparate, and it's because you're changing the molecules. For example, the lenses in my glasses, and anyone else who wears eyeglasses, that's polycarbonate; that has BPA in it. From a chemistry standpoint, when an application is created, it is created for a specific purpose. As it relates to thermal paper, yes, the equipment generally, not always, but generally is adapted to that application. Once you change that application, it could impact the performance of that equipment.

The second part of your question, as I understand it, in terms of the efficacy, well, again the reason why Connecticut put that proviso in their law, which basically says, "*We're not going to do anything until EPA does its alternative assessment*"; now they've been doing that for about a year or so, maybe 18 months at this point. To the best of their knowledge, they have not found a suitable alternative for BPA in thermal paper, and that's why I said earlier that it really is incumbent on the part of the proponent to show what those alternatives are because the only one we're familiar with is one that contains BPS. I hope that answers your question, sir.

CHAIRMAN SPENCER:

It does. Thank you.

MR. ROSARIO:

Thank you.

CHAIRMAN SPENCER:

Any other comments or questions at this time? Legislator Kennedy.

LEG. KENNEDY:

I had an opportunity to speak with the sponsor, and my primary question or area of concern is similar to what you just articulated, Doctor.

I have no reluctance whatsoever to move forward to, you know, restrict or eliminate as much as possible chemicals that the general public may not be aware of that are out there. I don't want to bigfoot chemistry. I'm not trying to, you know, portray your industry as something that's, you know, folks with black hats or something like that. Actually, without your industry, probably, none of us would sit here under the lights or in the chairs or use the equipment or anything that we utilize day-to-day.

But I do have -- you know, I am not a chemist by any means. You've made the statement that there is no -- it's not dispositive that BPA has any kind of negative health consequences. The sponsor's done a tremendous amount of work, and we've seen many, many studies, and we have looked at a variety of things. I would say there is at least a question as to whether or not BPA does have some harmful effects.

So where's my questions in all this? My question is, is it your statement here today that if we are to go forward with this, then when I go the 7-Eleven to get my next cup of coffee, the operator is going to say to me, *Hey, clown, I can't run my cash register now because I can't get tape.* Is that what you're saying, that there's no adequate alternative out there?

MR. ROSARIO:

In answer to your question -- and I'm glad the way you prefaced it in terms of the impact that our industry has. Again, just a very quick factoid: 96% of every product in commerce starts with us. I always joke what's the 4% that doesn't. So everything around us has chemistry in it, including ourselves --

LEG. KENNEDY:

Sure.

MR. ROSARIO:

-- as carbon substances we started out millions of years ago. In answer to your question about availability, it's not me speaking; this is the EPA. And we're -- again, because I did not have enough time to contact the EPA, I'd like the opportunity to at least get whatever information that they have in terms of the research that they have. Because it is agencies like EPA, FDA, and others that hire experts, some who have dedicated their careers to one compound. I met a scientist at the Consumer Product Safety Commission. She had been working for that commission for 20 years on one compound, Falites (ph). So we have to rely on the experts not only internally, because we hire a lot of scientists as well, but in answer to your question, it's really the EPA. It's not me saying that there is no viable or commercially available alternative at this point.

LEG. KENNEDY:

I'm going to try to stay with this just at little bit longer because the fellow that I see each day at 7-Eleven doesn't call the EPA about his cash register there. He just orders it from, you know,

Staples or whomever --

MR. ROSARIO:

Supplier.

LEG. KENNEDY:

-- basically wherever he can get it at the cheapest rate.

MR. ROSARIO:

Uh-huh.

LEG. KENNEDY:

Again, I guess this question that we keep coming back to, the sponsor has indicated that there are, you know, satisfactorily alternatives. You know, we've had paper since the Egyptians, so I'm just a little puzzled, then, I guess, if I will, by the concerns for your association and how we cipher from this the two disparate statements.

MR. ROSARIO:

Well, I have said that the only one we're familiar with is BPS. If the sponsor is claiming that there are, then I would suggest that the sponsor do two things. One, tell this Legislature what those alternatives are; two, are they efficacious? In other words, do they work, and are they safer? And lastly, are they commercially available? Because those are the kinds of questions that we constantly have to ask whenever we produce products and seek authorization from an EPA or an FDA before we can even put them out onto the market, just getting them through the process can be very arduous and expensive. Those would be the three questions that I would ask the sponsor.

LEG. KENNEDY:

Okay. What is BPA? How does it facilitate this process? Let's stay on a simple cash register. What about BPA helps to make the cash register do what a cash register does?

MR. ROSARIO:

Now you're getting a little more technical than I have the ability to answer, but we can get that response from one of the thermal paper companies.

LEG. KENNEDY:

Okay.

MR. ROSARIO:

I apologize.

LEG. KENNEDY:

No, that's okay. I'm trying to get at the essence, and maybe we'll have some more discussion. Thank you.

MR. ROSARIO:

My pleasure.

LEG. KENNEDY:

Thank you, through the Chair.

CHAIRMAN SPENCER:

Legislator Horsley has a question.

D.P.O. HORSLEY:

Hi. Good seeing you again.

MR. ROSARIO:

Likewise.

D.P.O. HORSLEY:

Just a quick question, the difference between BPA and BPS. I'm not sure I know what BPS is. You had mentioned BPS.

MR. ROSARIO:

It is another compound. It is a derivative of bisphenol.

D.P.O. HORSLEY:

Right.

MR. ROSARIO:

But again, you change the molecules for whatever --

D.P.O. HORSLEY:

And BPS is what is on the cash register tapes, or is it BPA?

MR. ROSARIO:

It is BPA that is currently in use on a commercial level. BPS, again, it's our understanding that is the major substitute that is out there in the marketplace for BPA.

D.P.O. HORSLEY:

Oh, I see. I see. So in other words -- and you're saying that it's very similar -- it would have some of the same chemical issues that, relating to BPA, would be the same for BPS.

MR. ROSARIO:

Well, we don't know for certain.

D.P.O. HORSLEY:

Astrogenic and all those things which I'm just reading about.

MR. ROSARIO:

We don't know for certain because, again, BPA has been in the marketplace tested for 45, 46 years now, almost 50. We don't have the same kind of information. When I say "we," I'm talking about whomever is producing BPS. They're not members of ours so --

D.P.O. HORSLEY:

That's where I was going. So in other words, they're outside your association where BPA is inside the association.

MR. ROSARIO:

Right.

D.P.O. HORSLEY:

You're going to defend BPA to the death and BPS is --

MR. ROSARIO:

Again, my job is not to beat up on other chemicals. I don't think we win that way. I'm just saying that that's an issue that needs to be taken into account the same way BPA -- the issues related to

BPA are being taken into account.

D.P.O. HORSLEY:
Right.

MR. ROSARIO:
You know, I don't want to be ever accused of beating up on another chemical.

D.P.O. HORSLEY:
Poor BPS, they could be a future customer. You never know.

MR. ROSARIO:
Could be.

*(*Laughter*)*

D.P.O. HORSLEY:
You never know. I think that Legislator Kennedy's question is a good question that we didn't want to get into before, but how is BPA placed on paper on these receipts and stuff like that; is it like a coating? I'm not sure how I understand the relationship between BPA and cash register tape.

MR. ROSARIO:
Again, that is a little beyond my technical expertise.

D.P.O. HORSLEY:
Is it, like, sprayed on?

MR. ROSARIO:
I really don't know. I don't like to answer questions that I don't know the answer to, Legislator, but we'll get you the answer to that.

D.P.O. HORSLEY:
Yeah. I think that's kind of an important --

MR. ROSARIO:
Yeah.

D.P.O. HORSLEY:
You know, is it lying on top; is it all throughout the paper?

MR. ROSARIO:
Yeah, uh-huh.

D.P.O. HORSLEY:
Is it part of the composition of the paper in its makeup?

MR. ROSARIO:
We'll get you the entire lowdown.

D.P.O. HORSLEY:
Well, lowdown away with us, okay? Thank you.

*(*Laughter*)*

CHAIRMAN SPENCER:

Thank you very much. We appreciate your comments.

MR. ROSARIO:

My pleasure. Thank you for the time.

CHAIRMAN SPENCER:

Absolutely.

The last card I have is Shelby Poole. Is Shelby still here? Please come up and you have three minutes to talk about anything you'd like.

MS. POOLE:

Anything, awesome. How are you? I'm Shelby Poole, I own Jackson's Restaurant in Commack, I run it. We've been using BPA free paper in our thermal printers for about a year -- I'd say about a year and a couple of months. We never had a problem with our printers before, so I've been dying to come up here and say that. I am a 31-year old, I have a two-year old daughter. When I found out about BPA on receipt paper from Karen Miller from HBCAC, I was devastated because I had just spent a year doing registries and doing research and reading about BPA and finding out how horrible it is and how no child should be exposed to it, and I grew up in this business, I was a child exposed to it. My Mom has been -- we're the bookkeepers of the restaurant, we're a small business, so we have been dealing with that paper as long as we've had those printers. Suffice to say, I was not a happy camper when I found out about that. My daughter plays with receipt paper, I mean, every kid gets into their Mom's wallet, that's how it goes. So the difference in price between the BPA free paper and the regular receipt paper is about \$10 case, which is 20 cents a roll. We don't use dimes and nickels in our register anymore, it's literally -- it doesn't add up to anything in the scheme of things for our business. So, I don't know, I would give anything to see that my daughter can color on any receipts, not just the ones from my restaurant, because that's all I let her color on. So that's about it.

CHAIRMAN SPENCER:

Do you know if the BPA free paper is BPS?

MS. POOLE:

I've never heard of BPS before. You don't go to Buy Buy Baby and get bottles that don't have BPS. So regardless of the fact -- I don't know about BPS. I think that's pretty telling, though. I mean, I think that the child care market is the first place that it would hit. If it were going to it, I kind of feel like -- I don't know. Karen Joy Miller from Huntington Breast Cancer Action Coalition is one of the strongest women I know and the loudest women I know, and if there were a problem with BPS I guarantee she would be talking about that. There is no doubt in my mind.

LEG. STERN:

Mr. Chairman?

CHAIRMAN SPENCER:

Legislator Stern.

LEG. STERN:

I don't have any questions, but I just wanted to say thank you. Thank you for taking time out of your busy day as a small business owner in our community to be with us today. Thanks.

MS. POOLE:

No problem. Thank you.

CHAIRMAN SPENCER:

Legislator Anker has a question.

LEG. ANKER:

Again, I just want to thank you for coming up here. And you know, I think Karen and her group at the Breast Cancer Action Network --

MS. POOLE:

She's amazing.

LEG. ANKER:

They're unbelievable. And Legislator Stern being able to take the initiative to do this, you know, I'm seeing this as the beginning of many other initiatives. If you do find something also of concern, since it sounds like you've been doing your own research, please let us know.

MS. POOLE:

Okay, definitely.

LEG. ANKER:

You know, and again --

MS. POOLE:

We try to stay on top of it. I think that's sort of the role of, I don't know, being on Long Island, being a woman on Long Island, that's what you've got to do.

LEG. ANKER:

And also it's to protect our children and you're doing the right thing. So thank you very much.

MS. POOLE:

Thank you.

CHAIRMAN SPENCER:

Thank you, Shelby. I appreciate it. That's all the cards that I have. Is there anyone else that wishes to be heard today? Anyone else from the public? With that, I'll end the public comment portion.

We're going to now resume our presentation. Our second presentation is from Aqua Vectors, and we have a team from Aqua Vectors who is here. I'd like to ask you to come up and introduce yourself. I know that Ed Sawchuk is amongst them, and they are going to be talking about innovative, ground-breaking technology that will change the way that waste water is treated in the future. So welcome, gentlemen. Thank you so much for your time, and the floor is yours.

MR. HOPKINSON:

For the record, I'm Mark Hopkinson, the President of Aqua Vectors, Inc., which is a fledgling business on Long Island dedicated to the research and development in water quality solutions. And I have here with me Dr. Raul Cardenas and Ed Sawchuk. And the rest of our team is also here, Bob Crispell and Dr. Joon Om.

For the last 20 plus years, one of our team members who has recently died had been working on solutions that put to work electrolytic cell technology for the purpose of removing stubborn pollutants from water supply. And as we've gotten increased population density and greater stress and demand on our water supplies, this is becoming an increasingly important issue. So we have had the good fortune of coming up with a solution that seems to be a great deal more effective than any other in the market place, or in practice anywhere, for removing nitrates from water. And so

that's what we're here to talk about. We think it's a blockbuster technology that will change the way that water is treated. Current technology relies on a combination of biological factors for digestion of oxygen-related nitrogen and for getting rid of nitrates, and that has some severe limitations. So, with that, I'd like to ask Dr. Cardenas to talk a little bit about the background on this, and I'll fill you in on our results.

DR. CARDENAS:

My name is Raul Cardenas. I'm a retired ex-professor from Polytechnic NYU, and my background is in environmental engineering with a specialty in microbiology and chemistry. My own work, personal research work, goes back to working with nitrification which is a biological process that all of you are familiar with that live on Long Island because you have a problem that I will try to address with respect to the concerns that you have specifically, the regulations, and then give you a few comments on the removal technology that we've developed.

We have a slide presentation here, the first slide is shown on the screen here. And as you can see, the primary concerns, although there are many concerns that you must have on Long Island, Dr. Spencer must well know that, but they are many but they deal with supply and adequacy that you've had for a very long time, seawater intrusion that has been a perpetual problem since you've been withdrawing waters from wells for years. And you also had a long session of farms that used pesticides and herbicides here. You also are looking for a potential for recharge to replace some of these waters that are being withdrawn for potable drinking water purposes, and you have an interest, of course, in preserving aquifers, your aquifers, you're down to the second or third or fourth aquifer, I'm not sure where you are now but you are very deep into the earth for retrieving potable water and water supply is one of your long-term concerns.

The water concerns that you have fall into two logical categories, potable water that deals with issues dealing with water quality, and the primary one that is Long Island that I'm aware of is nitrification, the formation of nitrates in your subsurface waters and your formation of nitrates from waters that fall to the surface of the earth and filter down into the aquifers. Nitrates are formed, just for your own background, from ammonia or protein compounds that are found in waste waters, that are found in pesticides -- that are found in fertilizers and that are discharged to the surface. Any -- almost any protein will break down eventually into ammonia and the ammonia is oxidized into nitrate, and the nitrate has a public health significance that has been around for easily a hundred years. When it was noticed that babies that ingested waters that were high in nitrate would become blue, would become deprived of oxygen, and this led to eventually working out the mechanism for this which was the fact that an infant's intestines had not been developed to the point where they could metabolize nitrate compounds and the nitrates were reduced in the intestine of the child and the nitrites themselves that were the abductive end product tied up the hemoglobin and the infant could not get any oxygen. So for this reason, we have regulatory concerns with the nitrates.

The non-potable waters give us a different problem. Non-potable waters are waters that we discharge from sewage or that we form from farms that run off into the receiving waters and they contained ammonia in them that is produced by the sewage treatment plant and that is eventually oxidized in the same mechanism by bacteria and mostly -- most of the nitrogen ends up, if it's oxidized long enough, as nitrate and ends up in the wastewater. And when that goes, is discharged into a receiving water that is on the coast, it becomes what we call a eutrophic Asian, that is it leads to enrichment, it leads to the reproduction of microorganisms in the water that eventually deteriorate the water, and they deteriorate it by forming algal scums or toxins or algal blooms as we call them that have had their own system of toxicity problems and if you have enough stimulation of these algae, they will result in a deficit of oxygen in the receiving waters and you have a very serious deterioration problem.

The removal of nitrate is difficult. Nitrate is a negatively charged compound that does not respond readily to coagulants and by its nature it's a unit -- it's a one-charge compound that is very infinitely soluble and it resists the traditional means that we use by -- for removal of coagulation and sorption. And the current methods that we use right now that are used in Long Island and in most of the world, oxidized biological methods, microbiological methods, and that's really the only proven methods that we have of reducing nitrate concentrations. And those are being used, but they do not take the nitrate to low enough levels, so that we have problems with excessive nitrate that comes from wastewater treatment plants. As it says there on the slide, the current methods are not effective enough to meet today's needs. The maximum removal rates can only reach three or four parts per million, and those are achieved biologically or microbiologically and those bacteria are susceptible to changes, they are susceptible to process, alterations and toxicity and cold weather and other problems that are resident in the east -- on the east coast.

We have developed a method of electrolysis that essentially goes back to a very, very old method of carrying out electrochemical reactions, and we have a pilot plant that is successfully operated in Long Island for two years and we have been experimenting with this for easily three or four years. And in my own background, the first -- after I first retired, I worked with an electrolytic company for another couple of years to develop innovative methods of treating other waste waters with electrolysis, but we have successfully operated a plant at Northport, a wastewater treatment plant that oxidizes biological waste, and we've gotten down as low as -- we've gotten below one part per million, as you can see. And from what they tell me that you can expect here, the nitrate -- limits will be set around two parts per million in the coming years, and this means that you've got to have a treatment plant that can deliver that level of nitrate. We have a system that electrolytically has been shown to operate, that Mark will be talking about in just a minute, that has taken it effectively down to very low levels. And we are running right now tests for optimization and effectiveness of testing.

MR. HOPKINSON:

I'll talk for a bit about what we have done at Northport. We have installed a pilot unit there that runs at the rate of about 3,000 to 4,000 gallons per day. This year, starting in May, we ran for a consistent period of 120 days and found that what we were using as our supply was the effluent from the Northport Wastewater Treatment Plant. The average nitrate concentrations in what they were putting out into the harbor were coming in at about six point eight milligrams per liter, or parts per million, and that's what we call our influent, that's the feed for our system. We ran, over that period, an average of 2.5 milligrams per liter on our effluent, meaning that we reduced it from 6.8 to 2.5. The existing methodologies on a really good day will get down to somewhere around three and a half parts per million, and typically the removals run in the five to six to seven parts per million range. So our removal efficiency over that 120 day period was over 60% with removal range at a lull of 36% and a high of 90%.

One of the unanticipated sidelines of our process that we've now moved to -- I'll use it in quotes but to "perfect" -- is also bacteria removals. We've observed that this particular process is very effective at removing bacteria. In fact, my colleagues Dr. Cardness and Dr. Om, when they first did the test and kept getting zero readings on the output, felt that they had to retest; they thought there must have been something wrong with the equipment.

This is a chart that shows, over the 120 days, what we were actually experiencing. As you can see, this line as the two part per million line and we were basically hovering around that through most of the period, without regard to what the levels of influent were. So our ability to remove is not driven by how much is coming in so much as it is by our being able to tweak all the inputs and control the competing reactions.

This is a photograph of the equipment at Northport. We have prefiltration equipment that makes sure that what goes into our system is what we're trying to treat, and then inside the shed we've got -- got our electrolytic process. This is a simplified chart that shows how our system works. This is where the water comes in to where it's filtered, it then falls into one side of our electrolytic cell which is a chamber which creates a highly acidic condition, and then it goes into a tank where it's exposed to a metal and it liberates the metal into solution as a free ion and then travels into the catho chamber where it combines with the hydroxyl ions that are being pumped out by the cathode, and then it passes out -- it creates a metal hydroxide that is -- I'm going to skip to this. It creates a metal hydroxide that is a very, very powerful absorbant, when it's freshly formed. It cannot work as effectively if it's simply added as a powder or as an additive, it's only when it is actually being formed in cito that it seems to work effectively.

And it absorbs the nitrites -- nitrates and a number of other things as well, and then after it passes out of the system it goes through a filtration system where, in a crystal in form, it's captured and it's a harmless byproduct. It can, in fact, we believe, be used as a fertilizer, feedstock, or as fertilizer, it's simply iron and nitrate. So when that gets put down on the ground it would stay put, it wouldn't run off and you'd have a productive use for what would otherwise be going in the landfill. This electrolytic approach is actually quite an old technology and dates back to the 1890s where they started using it for the chloralkali process, production of chlorine. It's been used routinely over the years in electroplating and for chemical analysis. This whole arena is a very specialized branch of electrochemistry, it's a cross between physics and chemistry. And as such, it's not really that well understood. Most scientists are either chemists or physicists, but this realm in between is a gray area that not so many of the scientists really understand. But it is gradually becoming more mainstream, there's more and more electrolyte cells that are being used for water softening, for desalination, for a variety of purposes.

We've also found that, without having gone through rigorous testing, that this process is effective for disinfection, probably kills viruses as well as it kills the bacteria. We believe it will be robust for preparation of groundwater for recharging your aquifers. We also know that through experimentation that we've done in the past ten years, that it's actually quite effective for cleaning UV Quartz jackets, that's one of the disinfection techniques that's current. It can also be used for Ph adjustments on water supply, for heavy metal removals and for hardness reduction. So those are applications that remain in our pipeline for further RND, but we have gotten to a place with nitro removers that we're quite confident that it's a workable proposition.

So where we are is that we've gone through the concept step in this technology development and we're in the process of deploying this for commercial application. We have proposed a scale up unit at Northport to run somewhere between 50 and 70,000 gallons per day, that clears the threshold of roughly 17,000 gallons per day that the water industry views as proof of infinite skill ability. And we are teaming with -- we're prepared to team with engineers to build a full-scale unit once the scale up has been demonstrated.

We're also looking to install digital pilot projects for testing and proving other applications, nitrate removals for potable water, for instance, and for removal of pharmaceuticals. Some preliminary study has indicated that the service chemistry that we're dealing with, it will be effective at removing in particular acetaminophen and hormone-based pharmaceuticals, which are two of the more problematic ones and the ones that are likely to hit some thresholds of health hazard before the others. And in addition, for disinfection of viruses, cysts and spores, we haven't done the testing to prove that as yet, but we'd like to take that -- take that up in our next steps.

So what we have proposed is a scale up at Northport which is roughly a \$375,000 project. We're proposing that there be some public support for this. We are also looking for opportunities to install additional pilots for the nitrate removals. We would love to get some public support on doing more sophisticated analytical work on the results of this process, and we'd be seeking testing in sites and

funding for these additional pilot projects.

We believe that this is a symbiotic relationship, or could be, between us and the public sector, because it serves a lot of the more urgent health issues and water quality issues that the public is facing. The stress on the system is rising exponentially and the time is running out before we're going to have some major water crisis. So thank you very much.

CHAIRMAN SPENCER:

Thank you. I have several questions, and before I start my questions, I know that just I wanted to bring the public and the rest of the board up to speed, the rest of my committee members.

First of all, I came and I toured this technology. We signed confidentiality agreements. At this particular point, are you all -- just judging from the conversation here, is there still an aspect of this conversation that's proprietary, before I start my questions?

MR. HOPKINSON:

At the level that we have been discussing it, no. There are some aspects of the technical workings of the process that we're uncomfortable getting into publicly until our patent has been finally issued, which should happen by February at the latest.

CHAIRMAN SPENCER:

Okay. My question is -- first of all, just to kind of set the stage, the issue with Northport is that there is a toxic algae bloom, red tide, that is driven by nitrates, a lot of times. And the reason this is so important is because we -- and we're looking at after the sewage has already been treated, what is produced by the plant comes out at about 6.8 parts per million of nitrogen, and they are able to get the nitrogen down to two parts per million, which is similar to what we were seeing with the Nitrex sewer treatment systems. So to be able to do this commercially is just really an unbelievable opportunity. And so as we look -- is there an application -- is this strictly for -- this does not take the place of the traditional sewage treatment in terms of getting the solids. This is really post treatment; is that -- am I understanding it correctly?

MR. HOPKINSON,

That's correct, yes. It's what we refer to as a tertiary treatment, where the secondary treatment is a nitrification, denitrification process, typically with activated sludge. We've chosen that as a place to start because we think it's probably the single most chronically difficult area to address.

Other places such as fresh water supply with nitrates in them would actually be a much simpler process for us to address, but the scrutiny and regulations and hurdles associated with potable water treatment are significantly higher and more challenging from a regulatory standpoint. So we've chosen to go for the wastewater treatment as a place to start, A, because it demonstrates the robustness of the technology; and B, because there are fewer barriers to entry.

CHAIRMAN SPENCER:

And do you envision, as you look at the cost of a tertiary treatment to municipalities or sewage treatment facilities -- because I know that one of the issues that we have been involved in Water Quality Hearings and our third Water Quality Hearing is actually at the Cold Spring Harbor Library and I would like to invite you to come out to present for that; is that December the 5th?

MS. GELLERSTEIN:

Yeah, six o'clock.

CHAIRMAN SPENCER:

Yes. I think that's very important. But one of the issues with water quality was really eliminating pharmaceuticals, the nitrogen levels. So this is really something that I was astounded and very

excited about the potential of this particular technology, so it is something that's very exciting. And so if I look at what I know from the tour, we're saying that the two items that are required are electricity and really the substrate metal to run the reaction, that's -- and then the nominal cost for the equipment to set up the reaction; is that correct?

MR. HOPKINSON:

Yes, that is. And I think at the time you saw some information that we prepared that was projections of what the cost of construction and installation would be and what the O & M costs would be. And our projections indicated that the -- that the construction cost would be somewhat less than half of what Northport is going to be required to do by -- I guess it's DEC or EPA {FIAT}, to try to meet the 2014 limits, and with no guarantee that that will be successful.

Our owning costs are running somewhere around, between 35 and 40 cents per thousand gallons. All-in, that includes the iron and the electricity and the maintenance and the replacement of parts that we expect to have to replace over a period of time. So that's roughly where it stands.

CHAIRMAN SPENCER:

So the benefit here is that the EPA has 2014 nitrogen standards that our sewage treatment facilities have to adhere to. And with your technology, you can take currently what is coming out of the sewer treatment facility, and if you're talking about going from 6.8 to two parts per million, you can eliminate 66%, 80% of the nitrogen that -- so you can -- am I looking at that the correct way?

MR. HOPKINSON:

Yes, that's right. I want to differentiate between the EPA and some of the local regulations. My understanding is that locally there is a move afoot to impose a two part per million limit on discharge. The EPA's regulations, while they're not expressed as parts per million of nitrate, they're expressed as total nitrogen in pounds per day, but it equates to roughly three to 3.2 parts per million. So the best that Northport's been able to average has been a little over six using known technology.

CHAIRMAN SPENCER:

Thank you. We'll talk further later. Legislator Anker.

LEG. ANKER:

I wanted to thank you for coming here today. You know, I remember probably about eight years ago I invited a company to go to the Town of Brookhaven to present, and it was FABCO, I don't know if you know Jack Peters, and it was to do something similar where you have a filtration system to clean our water. And this is incredibly exciting, what you're doing.

A few questions. Again, very impressive, removal efficiency, 61.2%. And this was just from the Northport pilot plant?

MR. HOPKINSON:

That's correct, yes. And understand, I'll take you back to that slide that shows the removal rates. There are certainly ups and downs. This is a pilot location, and so through this period we were continuing to experiment with amperages and additives and subtractives, you name it, so there was expected variation. The best day we had was zero point nine parts per million, and typically it never went above three parts per million. What we're trying to accomplish during this particular test period was simply to provide assurance to Northport that they be able to meet the EPA deadlines, because they're potentially facing substantial daily fines if they don't meet those requirements.

LEG. ANKER:

What other companies are you working with right now?

MR. HOPKINSON:

The only company we have been working with is Paul Corporation, the filtration company. They provide -- they have provided us with what they call a test rig that pre-filters the material coming out of the treatment plant before it goes into our electrolyte excel. Just as a little side-bar story, we were running it without that filter for the first say third of this test period and we found that the volume of biological destruction that was floating to the surface of our electrolytic cell was becoming an obnoxious problem. But the output from our system in July that we put into a bleaker and sealed still shows no signs of growth. So whatever went in there was dead.

LEG. ANKER:

Again, it sounds like there's going to be -- you know, you're morphing or, you know, developing into where you're going to be, you know, which is good science, using good science. And you can think, you know, salt, if you take the compounds and elements that have salt, you have some that are very explosive, very dangerous, but when you put them together, we eat salt. You know, it's beneficial to us. It's amazing that science has not caught up with its own problems. You know, I'm on Brookhaven National Lab's Legislative Advisory Board and, you know, they're cleaning up, they're doing a lot, but we do need more science. And again, it's amazing what you have here. I wish you all the best. If there's any way we can help facilitate, it sounds like our Legislator is very on board here, Legislator Spencer. And again, thank you for coming out here.

MR. HOPKINSON:

Thank you. If I can just add one thing. I don't mean to gobble up too much time here, part of the elegance of the system is that if you look at this, how it's flowing in, if I can do this without torturing my neighbor here. It flows in, becomes highly acidic, goes through here, and then it gets neutralized before it passes out. So the Ph of the water coming out is the same as the water coming in. What it does is it basically takes the water apart, uses it, puts it back together and delivers it back for reuse in the environment.

LEG. ANKER:

And again, this is cost effective, from what you've found so far --

MR. HOPKINSON:

Yes.

LEG. ANKER:

-- which is so important. Have you been in touch with Suffolk County Water Authority? Have you met with them to discuss a potential project?

MR. SAWCHUK:

Thank you. That's in the works. They have been very helpful, actually.

CHAIRMAN SPENCER:

Legislator Horsley has a question.

D.P.O. HORSLEY:

Yes. Hi, good afternoon. First of all, I just wanted to make a comment on the doctor's report about how the -- the good doctor, about how the nitrogen problems of long -- of Suffolk County are because of our inefficient, insufficient plants. I would argue that it's because of the lack of having plants and the fact that we've got cesspools across Suffolk County is the reason -- the more important reason why we have nitrogen issues. But that's not to say anything about your work here at the Northport plant.

The Northport plant, is that -- it's under a consent order, isn't it, to reduce their levels of nitrogen?

MR. HOPKINSON:

That's my understanding, yes.

D.P.O. HORSLEY:

Yeah, that's my understanding too. I was wondering where this -- and by the way, I think that your -- is it a machine, would you call it?

MR. HOPKINSON:

That works.

D.P.O. HORSLEY:

Machine works, okay. Is it at the exit point of where it goes into the -- where the effluent goes into the harbor? Is it -- where exactly is it placed in the location of the plant itself? I'm kind of familiar with plants, so.

MR. HOPKINSON:

If you walk to the steps that go up to the office --

D.P.O. HORSLEY:

Okay.

MR. HOPKINSON:

-- the tank that you are walking up the side is where with the final treatment is. That's where the UV lamps are before it flows out into the harbor. We're withdrawing water from there.

D.P.O. HORSLEY:

Okay. So you're extracting water, then putting it through this machine, and then you are testing it to see what the nitrogen levels are, and you're saying you're getting it down to almost zero which is -- I'm sitting here going, "Well, that's beyond." And that's what you're finding and that's how this thing would work.

MR. HOPKINSON:

That's right, yes. Yes. And I should add that the Village of Northport has been very, very supportive in all of this. And really, they're pretty excited about this as well, because they were actually hoping we would be a little further ahead on development of this so that they could avoid having to build the whole conventional system that they're going to have to add on.

D.P.O. HORSLEY:

They have an alternative, Dr. Spencer, is that what they're saying?

CHAIRMAN SPENCER:

They just want to everything possible to make the water clean, that's all.

D.P.O. HORSLEY:

There you go (*laughter*). Dr. Spencer is seeking funds to help the Northport plant and his colleagues are always supportive of Dr. Spencer.

But let me go on a little bit further on this so I can understand how this thing works. Does this have any application for -- it seems like it would have a better application for smaller operations. Is that -- would that -- you know, like, maybe an STP or something like that, before it's discharged into the waterways out on the East End? How big do you have to get to get to -- what is it, about \$450,000 gallons, is that what Northport plant is? Or fourteen million gallons a day?

MR. HOPKINSON:

Northport's license is 450,000 gallons day.

D.P.O. HORSLEY:

Right, 450,000, right; I knew it was one of those. So how big do you have to make this thing to get to that point? You said it was scalable, I understood that.

MR. HOPKINSON:

Yes. Our scale-up plan is to go to roughly one-fifth of that in the scale-up site, and then it's modular. So, I mean, it would be a series of tanks that would just add incrementally to the volume. So the scale-up test site would be two tanks, and we'd add another seven tanks to be able to accommodate the full 450,000 gallon flow.

D.P.O. HORSLEY:

So you feel there is the possibility that those tanks -- I don't know how big a tank it would be. Are we talking big enough to contain -- how much would -- how large would they have to be?

MR. HOPKINSON:

Four feet high, six feet wide and eight feet long.

D.P.O. HORSLEY:

Uh-huh.

MR. HOPKINSON:

And again, this is all, in part anyway, it's driven by all the mechanics of how these electrodes need to be situated with respect to one another and to the membrane that separates them. The reason this system works is because we have a membrane in between them that allows ions to pass back and forth but doesn't allow water to pass back and forth. So as the water flows past the {anode}, that whole chamber goes from a PH of two, a PH of somewhere between two and three almost instantaneously. And when --

D.P.O. HORSLEY:

It's supposed to get electrolysis of water.

MR. HOPKINSON:

Yes, exactly.

D.P.O. HORSLEY:

I got it. Okay. And that does it, and that gets rid -- and then at that point, once you've broken the bonds within the water, then it would be -- that's when you reduce the nitrogen? How does the nitrogen come out, filters?

MR. HOPKINSON:

No. The hydrogen ions that make it acidic then cause a number of reactions. But in particular what it does is it liberates the iron into an FE3 plus ion that then is in solution; it's not a particular, it's in solution. So then it passes it on to the cathode chamber, it combines with the hydroxyl ions to form a crystal structure that is an extreme powerful absorbant when it's fresh, and we're starting to get into some stuff that I'm not comfortable talking about because --

D.P.O. HORSLEY:

Okay, I don't want to -- yeah, I don't want to make you uncomfortable. I'm already uncomfortable as it is. But I think I understand your process a little bit. And at the end of -- what do you think it would cost for a plant of 450,000 gallons to put this -- to scale it to the size for the full plant, what kind of range are we talking about to build that kind of machinery?

MR. HOPKINSON:

It's about two-and-a-half million dollars.

D.P.O. HORSLEY:

Two and a half million.

MR. HOPKINSON:

And that's allowing for some fairly heavy cushions, because we've never built that scale.

D.P.O. HORSLEY:

Right.

MR. HOPKINSON:

And I don't like to --

D.P.O. HORSLEY:

And you feel that that would actually get the Northport plant down to zero nitrogen levels releasing into the harbor.

MR. HOPKINSON:

I doubt that it would be zero, but it would certainly be --

D.P.O. HORSLEY:

Right. I never did think so either, but that's okay.

MR. HOPKINSON:

-- pretty damn close.

D.P.O. HORSLEY:

All right. I'm impressed. Okay, thanks.

CHAIRMAN SPENCER:

Thank you so much, gentlemen. I do appreciate your time and, you know, definitely intriguing discussion. Just a quick thought. Your -- like carbon tetrachloride are your very stable organic molecules, they're not affected by -- well, I was doing some more -- would they be susceptible? Because it's hard to ionize these very stable carbons. Is that true? I mean, would we be able to do things like carbon tetrachloride?

DR. CARDENAS:

You're referring -- if it's -- we are able to combine negatively charged ions. A nitrate, for example, combines in a complex with the iron, and that is our removal mechanism.

CHAIRMAN SPENCER:

Okay.

DR. CARDENAS:

Now, there may be other anions that are soluble that may come down with it. We haven't explored the pesticides or organic compounds or other substances yet. We're almost in an infantile state with nitrate oxidation and nitrate removal.

CHAIRMAN SPENCER:

By using this technology, then, would it be possible to take a recurrent capacity of an infrastructure that's designed to treat a certain amount? And by using this, would we be able to expand the capacity of the plant?

DR. CARDENAS:

With more units, of course we could expand the capacity of the plant. But it is essentially designed to take the discharge waters from a nitrification, denitrification plant, such as they have at Northport, and further remove it.

CHAIRMAN SPENCER:

Okay. Thank you so much. I appreciate your time. Thank you.

With that, we are now going to move to our agenda.

Tabled Resolutions

The first is our tabled resolutions. We already covered 1769.

1920-12, which is *Establishing "The Truth About Energy Drinks" public education campaign to increase awareness of side effects associated with energy drink consumption (Spencer)*, I'm going to make a motion to table as a result of me working with other agencies to do this, and also working with the industry. But we are doing the educational campaign, so at this point I'm comfortable tabling. Seconded by Legislator Anker. All those in favor? Opposed? Abstentions? **Tabled (VOTE: 4-0-0-1 - Vacant Seat).**

1929-12 - Adopting Local Law No. -2013, A Local Law to strengthen requirements for safe disposal of expired and unused medications (Hahn).

LEG. ANKER:

Motion to table.

CHAIRMAN SPENCER:

Motion to table has been offered by Legislator Anker.

LEG. KENNEDY:

Second.

CHAIRMAN SPENCER:

Seconded by Legislator Kennedy.

LEG. ANKER:

There's a reason.

CHAIRMAN SPENCER:

Is there any --

MR. PERILLIE:

It was requested by the sponsor.

CHAIRMAN SPENCER:

Requested by the sponsor was the tabling motion. The motion has been made and seconded to table. All those in favor? Opposed? Abstentions? **The motion is tabled (VOTE: 4-0-0-1 - Vacant Seat).**

2062-12 - Adopting Local Law No. -2012, A Local Law to reduce exposure to Bisphenol A in Suffolk County ("The Safer Sales Slip Act") (Stern). The public hearing was closed recently on this. I would like to make a motion to approve.

LEG. ANKER:

Second.

CHAIRMAN SPENCER:

Any other discussion on this particular topic? All right, there's a motion to approve which has been seconded by Legislator --

LEG. STERN:

On the motion.

CHAIRMAN SPENCER:

-- Anker. On the motion.

LEG. STERN:

Thank you, Mr. Chairman. I am not on the committee, but I appreciate the opportunity to speak. I wanted to make sure that I was here at the committee meeting to make myself available to my colleagues to answer any questions. I was going to go through some things, but perhaps my colleagues would prefer if I used my time to go through some of the statements that were made by the industry. I think going through some of those comments, you might find most helpful as we go through the conversation.

LEG. KENNEDY:

To the sponsor, if I can, through the Chair? Unfortunately I have a time commitment across the street. I have an appointment that's been waiting for about 20 minutes, and I do have to actually move shortly. I would very much like to be a part of this vote. I'm inclined to support it. I'm going to ask one simple question, through the Chair.

CHAIRMAN SPENCER:

Absolutely.

LEG. KENNEDY:

Is there a suitable, adequate, similarly priced product that merchants can avail themselves of that does not contain BPA? And please don't take me through BPA and BPS, because *(laughter)*. Can we get anything that doesn't have some chemicals in it that gives you a receipt?

LEG. STERN:

Yes; the easy answer is yes. And Legislator Kennedy, to you and my other colleagues who serve on this committee, you should have in front of you, I did address that question specifically. You can see here, this is taken from just any ordinary website, there is a comparison between identical products; one containing BPA and one without. You can see the cost comparison there. If you do the math, ultimately the cost differential comes out to literally two cents per roll. I would call that quite comparable.

We heard from a local small business owner in our community who says that she's using BPA-free paper in her business. She has found it not only to be not an issue for her financially, but takes great pride, actually, in doing what's safer for her workers and for her community.

One other item here, and it should be in my letter to my colleagues, pointing out -- where is the letter? Legislator Kennedy, going to your concern, you can see my letter to my colleagues, very well-known companies such as Target, Starbucks, Kroger Supermarkets, Whole Foods, Pizza Hut, Taco Bell, K of C all use BPA-free paper. So certainly it is widely available --

LEG. KENNEDY:

Great. Okay.

LEG. STERN:

-- and cost effective at the same time.

LEG. KENNEDY:

Good. Thank you.

CHAIRMAN SPENCER:

I guess, again, I understand the BPA-free, it's beautiful, I like it. But there's something that's causing the thermal reaction, so I guess I would like to know, as we move through this through, maybe before the General session, if it's BPA-free, what is the chemical that's allowing the thermal reaction? And are we getting rid of one chemical for another chemical that could have the similar sort of effects? So what does BPA-free mean? It means it's free of BPA, but what is it containing to do that same function?

LEG. STERN:

I can go through the BPS discussion, but I know that, again, Legislator Kennedy is pressed for time. So I'll --

CHAIRMAN SPENCER:

It is BPS, then; the BPA-free is BPS?

LEG. STERN:

BPS -- the two second version, BPS is actually -- it's called 4-hydroxyphenol, which although it has the same first couple of letters and makes it sound kind of the same or similar, it's not. It's chemically and structurally different than BPA, and it's the -- all of the studies that you will look at regarding alternatives address it and determine that best practice is that this is the chemical that is the best to use as a substitute. And so that is what's being done, that's the industry standard at this point. But again, because the letters are similar, you start to think that maybe it's similar, but again, chemically and structurally it is very different.

CHAIRMAN SPENCER:

Thank you.

So we have a motion and we have a second. All those in favor? Opposed? Abstentions?
The motion carries unanimously. Congratulations. ***Approved (VOTE: 4-0-0-1 - Vacant Seat).***

Introductory Resolutions

Next, Introductory Resolution ***IR 2141-12 - Accepting and appropriating 100% Federal grant funds from the National Highway Safety Administration passed through the New York State Governor's Traffic Safety Committee to Suffolk County Office of the Medical Examiner for the NYS Highway Safety Program (County Executive).*** Motion to approve and place on the Consent Calendar.

LEG. ANKER:

Second.

CHAIRMAN SPENCER:

Seconded. All those in favor? Opposed? Abstentions? Motion carries. ***Approved and placed on the consent calendar (VOTE: 4-0-0-1 - Vacant Seat).***

2142-12 - Amending the 2012 Adopted Operating Budget to accept and appropriate additional 100% State Aid from the New York State Office of Alcoholism and Substance Abuse Services (NYS OASAS) to the Town of Smithtown (County Executive).

LEG. KENNEDY:

Motion.

CHAIRMAN SPENCER:

Okay, motion. Second? Motion to approve and place on the Consent Calendar; is that the motion, Legislator Kennedy?

LEG. KENNEDY:

Yes, it is.

CHAIRMAN SPENCER:

For approval and for the Consent Calendar.

LEG. KENNEDY:

Absolutely, yes.

CHAIRMAN SPENCER:

All right. Seconded by Legislator Browning. All those in favor? Opposed? Abstentions?
Approved and placed on the consent calendar (VOTE: 4-0-0-1 - Vacant Seat).

That's all the resolutions that I have today. That's all the business I have before this committee today. If there is nothing else, then we stand adjourned. Thank you.

(*The meeting was adjourned at 4:26 P.M. *)

{ } - Denotes Spelled Phonetically