

HEALTH COMMITTEE
OF THE
SUFFOLK COUNTY LEGISLATURE

Minutes

A regular meeting of the Health Committee of the Suffolk County Legislature was held in the Rose Y. Caracappa Legislative Auditorium of the William H. Rogers Legislature Building, 725 Veterans Memorial Highway, Smithtown, New York on Thursday, February 28th, 2012 at 2:30 p.m.

Members Present:

Legislator William Spencer - Chair
Legislator Kate Browning - Vice-Chair
Legislator Rob Calarco
Legislator Ricardo Montano

Members Not Present:

Legislator John Kennedy - Excused

Also In Attendance:

Legislator Sarah Anker - District #6
George Nolan - Counsel to the Legislature
Sarah Simpson - Counsel's Office/Suffolk County Legislature
Renee Ortiz - Chief Deputy Clerk/Suffolk County Legislature
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
Ali Nazir - Aide to Legislator Kennedy
Matthew Rojas - Intern/Legislator Kennedy's Office
Bob Martinez - Aide to Legislator Montano
Tom Vaughn - County Executive Assistant
Katie Horst - County Executive Assistant
Dr. James Tomarken - Commissioner/SC Department of Health Services
Jen Culp - Assistant to the Commissioner/SC Dept of Health Services
Art Flescher - Director - Community Mental Hygiene/DHS
Butch Langhorn - Assistant to Sheriff DeMarco
Richard Koubek - Chairman/Welfare-to-Work Commission
Kathy Liguori - Vice-Chair/Welfare-to-Work Commission/Tutor Time
Ellen Krakou - Nassau-Suffolk Law Services/Welfare-to-Work Commission
Colleen Merlot - Mental Health Association/Welfare-to-Work Commission
Matt Prawicka - Social Worker
Ernie Mattace - Long Island Director/NYCOSH - New York Coalition for Occupational Safety & Health
David Pratt - NYCOSH - New York Coalition for Occupational Safety & Health
Dr. Ben Luft - Director/World Trade Center Health Program
Melodie Guerrera - Director of Administration and Outreach/World Trade Center Health Program
Janene Gentile - North Shore Youth Council/Re-Entry Task Force
All Other Interested Parties

Minutes Taken By:

Alison Mahoney - Court Reporter

*(*The meeting was called to order at 2:36 P.M. *)*

CHAIRMAN SPENCER:

We are happy to welcome you to the Health Committee meeting, February 28th -- 27th. So I'd like to ask all --

MS. GELLERSTEIN:

The 28th.

CHAIRMAN SPENCER:

I would like to ask all Legislators to report to the horseshoe so that we can begin. If we could all stand for the salute to the flag to be led by Legislator Montano.

Salutation

Could we please stand for a moment of silence for, again, all those who are serving around this country and all those who have suffered loss with regards to our super storms and blizzards of the recent weeks.

Moment of Silence Observed

You may be seated. We have quite a rich agenda with presentations, and all very extremely important items. So with that, the -- with our correspondence, that does require some question and answer and feedback from the Legislators. I'm going to go to our public comment, and the only card that I have at this time is from Janene Gentile. Janene, if you would come to the podium, and you can press the button, the green light should stay lit there. You have three minutes to tell us about anything that you so choose; it looks like re-entry of task force.

MS. GENTILE:

Oh, so choose (*laughter*). Thank you so much for this opportunity. I've been a part of -- my name is Janene Gentile, I'm with the North Shore Youth Council and the Re-Entry Task Force of Suffolk County. We're here to support Legislator Anker's Behavioral Health Care Services for Incarcerated Youth Study, IR 1026. This is very crucial to our services for our incarcerated youth. In working with these young people in the past two years, we have now formed a task force of 40 non-profits that are working together to provide services for these young people. This is important for the safety of our communities, that if the mental health and the services for substance abuse are being provided for these young people while they are incarcerated and they are tracked and case managed while they come out, our communities will be a safer place for all of us.

So I please do ask you to please support this study, and thank you so much for this opportunity.

CHAIRMAN SPENCER:

Thank you. Thanks for taking time out of our schedule to come and share with us. I appreciate it.

MS. GENTILE:

Thank you.

CHAIRMAN SPENCER:

That's the only card I have. Is there anyone else that wishes to be heard from the public? With that, I'll close the public comment.

I had a couple of housekeeping announcements to make. We have -- Legislator Kennedy has an excused absence. As some of you who were here for the last committee may know, his daughter had a baby boy this morning. I think his name is CJ, if I'm not mistaken.

LEG. BROWNING:

Christopher.

CHAIRMAN SPENCER:

Christopher, so CJ for short. So congratulations to Legislator Kennedy and his family, and so our best wishes and prayers are with them.

Also, I am sad to announce the death of Dr. Parkinson who was a member of the Suffolk County Board of Health. He served with distinction for many years and he has been -- he fought valiantly through a long-term, chronic illness. So we are saddened by his loss and we recognize the service that I -- that was the other moment of silence that I wanted to have, was in his memory. So I do think he is deserving, so I'm just going to take the Chairman's prerogative and ask if we could all stand and have another moment of silence for Dr. Parkinson.

Moment of Silence Observed

Thank you. So throughout the last several weeks, there's been a lot of correspondence that has come before the Health Committee and I wanted to address each of those items. All Legislators, you should have received a letter from Legislator Barraga with a public/private partnership proposal for the John J. Foley Nursing Home. So we've submitted a copy of Legislator Barraga's letter for the record.

The second correspondence was from Legislator Montano which came on behalf of a constituent and that was regarding HIV services and our health centers. There is a letter from Dr. Tomarken in response to Legislator Montano. And also, Legislator Kennedy had written an inquiry regarding our sliding scale fees for some of our health care services and how they have increased. So we're going to address each of those items with our Commissioner for the record.

And last but not least, there was a letter from one of our County employees regarding the status of our Public Health Nursing Division and future plans for the division and recent activities, and that we plan to take up in more detail after speaking with the Executive's Office at our next committee meeting which will be in a couple of weeks.

So with that, I'm going to move on to our presentations. After our presentations, I'll ask the Commissioner to come up and we'll address each of the concerns that we were presented in our correspondence.

So our first presentation is from Richard Koubek who's Chairman of the Suffolk County Welfare-to-Work Commission, and they recently submitted a very detailed, elegant report on struggling in suburbia. And Rich, we appreciate you taking the time. We did have the privilege of having this report given at our Human Services Committee, and I think that that was a complete outline which went over a 45-minute to an hour period of time, and so my colleagues are familiar because we have the transcript of that as well as monitoring it. So I'm going to ask if just for this committee, there used to be one committee, that if you would give us a summary. If you would take five minutes and introduce just kind of like who you're working with and what you're doing, and maybe another five minutes to kind of fill us in on the highlights` since we have the detailed

transcript of the full presentation that you've already given.

MR. KOUBEK:

Thank you, Mr. Chairman. I'd like to --

MS. MAHONEY:

The mic is not on.

MR. KOUBEK:

Oh, okay. Thank you, Mr. Chairman.

CHAIRMAN SPENCER:

There's one that you can just press it once and it stays on. I think it may be that one.

MR. KOUBEK:

I thought I had that one. With me is -- I'll let them introduce themselves and then we will be briefer than we were Monday. To my left.

MS. LIGUORI:

My name is Kathy Liguori, I'm the Vice-Chair of the Commission and representing child care.

CHAIRMAN SPENCER:

Welcome.

MS. LIGUORI:

Thank you.

MS. KRAKOU:

I'm Ellen Krakou and I'm with Nassau-Suffolk Law Services.

MS. MERLOT:

Hi. Colleen Merlot, I'm with the Mental Health Association in Suffolk County, and I'm also representing substance abuse today.

MR. KOUBEK:

So we'll leave the bulk of our comments today, Mr. Chairman, to the specialists who are with us. Just a very quick overview. As you know, the thrust of our report was directed at the 178,000 people in Nassau -- in Suffolk County, rather, who live between the poverty level and 200% of the poverty level; the working poor, people who earn too much to be considered poor by the Federal government, which defines a poor family as \$23,000 a year and double that, or 46,000, which is the true poverty level for our County. One hundred and seventy-eight thousand of these people, they earn too much to qualify for most government programs and supports, they earn too little to pay their bills. And so we come to them -- to you today on their behalf, really, because one of the critical needs that they have is health care. We document very thoroughly in the report the kinds of problems they have. I think the most troubling thing for me was the realization that these families and their children are permanently tracked into insecurity through all kinds of systems. We tend to think of them as people who make bad choices, who are lazy, they're there because of their own bad decisions; that's simply not true in most cases. They are stuck in systems that keep them there, starting, for example, with our racially and class-segregated school systems. I used to be a teacher. I know all about tracking and what tracking can do to destroy lives. So it's on their behalf we're going to speak to you today, and specifically let's get right into our recommendations.

Let me say just very quickly that we didn't want to just throw programs without funding streams and so we did pick up the Budget Review Office recommendation that you go for a quarter cent sales tax increase in 2014 and that you raise the General Tax Fund, which has not been raised for nine years, to the 2% allowed by the State, that would raise \$71 million. And if you looked at our recommendations, we are asking for 15 million of that to help these people who, in the long run, cost the County a lot of money.

And so with that said, I'd like to just call attention to two of our recommendations that we were concerned about. The under staffing at the Department of Health. One of the things we asked for was that the 41 positions that were cut going back two years be restored to 2011. With the demands at our health care centers, you just can't do that with these kinds of cuts.

The other thing we're going to be doing which will not cost you any money but as a commission we are going to monitor, we're quite concerned about the privatization of the health care centers. It could be a good thing if they become Federally Qualified Health Centers, but it could also be a bad thing, so we have some questions.

So with that, let's go to two of our specialists who will talk specifically about some of the health concerns. Let's start with Ellen who will talk to you about people with disabilities who really suffer if they're in that group of 178,000 working poor people.

MS. KRAKOU:

Good afternoon. We had two fact-finding meetings, we have people who suffer from traumatic brain injury and developmental disabilities, their parents are also often their care givers, and also their professional service providers. And we heard recurring, really, three sets of problems that they're experiencing. One has to do with -- we'll start with the parents of people with these disabilities. They are part of the families that we documented in our report that suffer -- are suffering for the first time real financial strife and are having to navigate their way through various systems, contacting agencies like DSS for the first time and having difficulty getting helpful information, often requiring many, many attempts at getting information. We think that's partially tied to the staffing issues that have been plaguing DSS for quite a while.

The other problems that we were hearing center around transportation. Individuals with severe disabilities are reliant, almost completely reliant in some instances, on public transportation and we were hearing that there are recurring problems accessing SCAT for many individuals and there's gaps in the kinds of transportation that they can have available to them. Medicaid transportation does not -- while these individuals are on Medicaid, does not fill those gaps because that only provides transportation to medical destinations and there are mileage restrictions. So they are having a hard time getting to the places they need to go to.

And the other thing that we heard, sadly, was, and not surprisingly, that they are not able to get the critical services that they need if they are even lucky enough to find providers that are able to help them because of the massive reductions in Medicaid funding coming from the State and from the Federal government. There are long wait lists for critical services that help with developing independent life skills and developing vocational skills. And we have individuals that want to work, many did work at one time prior to their injuries or debilitating conditions, and with the right kind of vocational training and independent life skills training, they could be working again in some capacity and they could be living more independent lives. But this funding keeps getting cut back, Albany just announced another \$120 million in reductions in funding for providers that these kinds of services for developmentally disabled to go effective April 1, and so we're going to see even a further shortage, particularly on Long Island where it's most acute in the provisions of these essential services.

CHAIRMAN SPENCER:

Thank you. Colleen?

MS. MERLOT:

As we think about addressing poverty and we think about mental health, we have to think about it in a comprehensive way, and there's definitely a correlation. And when we think about mental health, you know, often times we think that persons with mental illness are, you know, receiving subsidized care and things like that. But I also want to think about mental health in the way that people who are exposed to poverty are at increased risk for mental health concerns, so we have to think about it in both directions. You know, mental illness does cause poverty, and also that poverty can cause mental illness from the environment that the person is living in.

I just want to point out very briefly the recommendations that were made by the Welfare-to-Work Commission, and the first one has to do with substance use. We had asked the commission -- the commission asks that we continue to monitor sober homes. Many of the sober homes, the deplorable conditions were brought to light last year and the years before. We need to monitor them, because if sober homes are not really a sober environment, we are undermining people's recovery and their ability to gain employment and contribute to society.

The other aspect that I want to point out in regards to mental health is that we really do need to focus on prevention; the earlier the intervention, the better outcome we can have. And we also want to make an effort to target training programs within this County so that people who are both physically, developmentally, as well as people who have substance use disorders and mental health conditions can be more self-sufficient through tailored education training programs to reduce the reliance on government-run programs and to enhance also early intervention and detection. Thank you.

MR. KOUBEK:

So just to conclude, and then if you wish we'll answer questions. There's a little news in what we're telling you. I mean, Newsday's done a great job covering this, we're grateful to them. We know of these people. I think the challenge before you in a governmental system with the Federal government and the State government is not -- are not cooperating and passing more and more responsibilities to you, there are things that can be done. You'll notice our recommendations were very specific, they were very doable, if you agree with the revenue stream proposals we made. And quite a number of them are not going to require any money at all, it's just tweaking systems we already have. But I think, if could say this as a conclusion, you've got to look ahead to the long-term benefits of helping these folks. I happened to -- I don't know if you've seen the documentary on Koch, it's quite good, I saw it recently at Cinema Arts and --

LEG. MONTANO:

Which one?

MR. KOUBEK:

-- there's an amazing moment where they talk about one of his greatest contributions to the city was back in the 1980's, the construction of affordable housing in burned-out areas. And one of the experts said, *"You know, the crime rate dropped dramatically."* And it wasn't because of Mayor Guliani's tightening up of police procedures, that helped, but basically it was going at the core of the dysfunction in these families, in these communities, and once the housing was provided, the crime rate went down. So we're not saying we need a major housing program. I mean, we do have housing recommendations, but everything we're talking about has long-term benefits. When the disabled are cared for properly, they're less of a burden and they become more self-sufficient.

We had an amazing moment, we spent two hours in a focus group with mentally ill folks at the Clubhouse, and I can't tell you the degree to which these folks said, *"We want to work."* That stereotype that the working poor are lazy, it's just not true. And in this case, these were folks who

were being restricted from work by Federal regulations, they wanted to work. So the more we can make them self-sufficient, whether it's through transportation or counseling service, so they can become functioning, taxpaying members of the society, the more we will benefit and even things like crime rate will go down.

So with that, that is our presentation and we will be talking about this report for a long time and we'll take any questions, if you have any.

CHAIRMAN SPENCER:

I do have a speakers list. Actually, Legislator Montano has questions.

LEG. MONTANO:

Yeah, I'm going to be brief. Thank you. Hey, Richard. How are you doing?

MR. KOUBEK:

Good.

LEG. MONTANO:

Your opening was really two issues; one is the under staffing of the Department of Health. But as I read all the articles, I have one in front of me from Times Union and all the other articles, you're really talking about cutbacks that are -- which you've indicated, coming from on high, from the State and the Federal government.

MR. KOUBEK:

Uh-huh.

LEG. MONTANO:

And without having your recommendations in front of me, but very quickly, how do you anticipate that we can resolve those issues which, in many ways, amount to the mandates that are coming from the State without the appropriate funding. What -- how are we going to hire the staff if we don't have the money that -- where's it going to come from; what is your recommendation with respect to that, in a nutshell? And I don't want a whole long dissertation, but did you identify specifically where we're going to get the cash to pay for these restoration? And I agree with you, by the way. You know where I stand.

MR. KOUBEK:

I do.

LEG. MONTANO:

That this is an outrage. But what I'm implying is you might be in the wrong forum, but I'd like to hear what you have to say.

MR. KOUBEK:

Well, first, as I said, we do have specific recommendations that the County can implement. However, we do have one case study in there of child care and outrage in the funding of child care and we have made this a major issue. It's a Child Care Block Grant that has underfunded us to the point where we now have cut subsidized child care from families earning \$46,000 a year. What we believe --

LEG. MONTANO:

Is that where we went from, the 200% to the 100% and there's a whole --

MR. KOUBEK:

Yes, 100%. Yeah.

LEG. MONTANO:

You know where I stand on that. I've been very, very clear that, you're right, it is outrageous.

MR. KOUBEK:

You want to speak a little to that?

LEG. MONTANO:

Go ahead, I'm sorry. We've had this conversation, you've been here before.

MR. KOUBEK:

Yeah.

MS. LIGUORI:

We have. And through these cuts, there have been over 400 child care providers in the workforce that have been laid off. We are recommending a total allocation methodology change formula. The State has changed the formula five times in the last seven years and it's increasingly difficult.

From a health perspective, immunizations alone, the long-term benefits of the families not being held accountable to have the immunizations in order to keep their children in child care is imperative. The living conditions in itself, but child care we know ends up paying for itself and it is an economic investment. So we've been lobbying for --

LEG. MONTANO:

How have you been doing?

MS. LIGUORI:

We've been doing it through --

LEG. MONTANO:

I don't mean how. You know, I mean, I know how you are. What I'm saying is how has it been going?

MS. LIGUORI:

It's been very, very slow and it's -- we feel that we're taking one footstep at a time. We recently learned that our County Executive has made child care allocation change a priority within his request from the State.

LEG. MONTANO:

Good.

MS. LIGUORI:

And we're so happy to hear that because we've worn holes in our shoes meeting with State lawmakers and all of them have said, *"We want to help you, but we need your County Executive to be on board,"* and he is.

LEG. MONTANO:

Good. And I'm sure the Legislature will be helpful.

MS. LIGUORI:

So we're waiting, we're waiting. The next allocation that we anticipate hearing, you know, is this coming April and we hope we get what we want. Child care providers overall are -- have been cut. Financially it's becoming more and more difficult for them. Most recently the County has put in a request to the State for approval to reduce the absences, routine absences to be paid from ten down to three, and that will reduce the number of people -- of child care providers contracting with the

County.

LEG. MONTANO:

Well, without belaboring the point, I think you know that I agree that the formula that was used for Suffolk County and the cuts that were implemented were just simply unfair, and they were, in my opinion, done without really appropriate reasoning or analysis. But I want to move on to a second point because there are other people here.

You talked about the privatization of the health care centers, which apparently, from what I understand, there's an RFP that went out, and I'm not sure if the responses are in. But you said it could be a good thing, it could be a bad thing. When will you know whether it's going to be a good thing or a bad thing and, you know, do you have a recommendation on that.

MR. KOUBEK:

No, we do not.

LEG. MONTANO:

Okay. But you will be studying that.

MR. KOUBEK:

Yeah, yeah. Because one of the benefits, we're told -- and, you know, we have experts on the commission -- is that if it's privatized with the Hudson River Health Center as a Federally Qualified Health Center, we could have enormous advantages. On the other hand, some members of the commission really have concerns about the privatization of all the human services that's going on all over the country.

LEG. MONTANO:

Right, as do I.

MR. KOUBEK:

And that's a real problem. So we can see that --

LEG. MONTANO:

And have you looked at the issue of the County employees? I mean, aren't there County employees that work at these centers that will be affected also?

MR. KOUBEK:

We're very concerned about that, and we have now on the commission a representative from the AME. Staffing has been a priority for this commission since we began, so yeah, that's a real concern. And also the delivery of services.

LEG. MONTANO:

Okay, good. I would like you to follow that because we're going to be following that. Just, you know, to give back the mic, the last question I have is with what's going on in Washington with the sequestration and so far the inability of the Congress to come up with, you know, some kind of budget plan. Should these cuts go into effect, how does that affect, if at all, where you stand and what we're doing? I mean, have you had a chance to analyze what the effects are going to be on the services that you provide?

MR. KOUBEK:

We just spent an hour-and-a-half with Robert Lipp and our last question was if this goes into effect tomorrow, what's going to happen to the County.

LEG. MONTANO:

That's the question I'm asking you (*laughter*).

MR. KOUBEK:

(*Laughter*) I know.

LEG. MONTANO:

Tomorrow's the deadline, right?

MR. KOUBEK:

I know.

LEG. MONTANO:

Do you know? What did Robert Lipp say?

MR. KOUBEK:

He said, "*We're not sure yet.*" We're not sure.

LEG. MONTANO:

Okay. All right.

MR. KOUBEK:

I mean, it's chaos. I just want -- one last point about the State. I think Legislator Browning knows very well that another area where we have been short-shifted by the State is sober homes, which Colleen mentioned. Our commission helped to create the oversight -- Sober Homes Oversight Board. We have watched them, we've bugged them, we've -- what we do is sort of whistle-blowing, Legislator Montano.

So if we can get articles in the press and if we can do reports as we did on sober homes and call attention to the shortfalls out of the State and Federal government, particularly the State, we're going to do that.

LEG. MONTANO:

Okay.

MR. KOUBEK:

So we have been on the back of OASIS, we've been on the back of OCFS and we're not going away. We just continue to insist that they treat the County fairly.

LEG. MONTANO:

I know you're not going away because I've been seeing you for ten years.

MR. KOUBEK:

No.

LEG. MONTANO:

But this is the first time that I'm on this committee, so I would like you to keep us informed of what you're doing and we might be able to work with you.

MR. KOUBEK:

Yes. That's why we're here today. Thank you, Sir.

LEG. MONTANO:

Thanks.

CHAIRMAN SPENCER:

Thank you, Legislator Montano. Just I know one of the issues -- I have the same concerns with regards to our health centers being transitioned. But one of the issues that we have to look at, we in County government a lot of times will play a pass-thru role where we rely on those resources that come down from the Federal and State government. And I think that one of the things that we've seen on the national stage is a rising health care dollar cost, and now some of the strategy is to take that pot of money that's been allocated for a particular sort of issue -- and I think we had the conversation in our office, Colleen -- and shift that pot to the private industry.

So a lot of times, you know, as a County where we were getting \$30 million in Article 6 funds in 2008, and now that amount is half of that. So it's -- you know, I have the concerns, but figuring out a way that we could have a sustainable formula and somehow we need to capture that money that has been shifted maybe into the private industry or to the private insurers and make sure that we get that money to the places where it needs to be. I don't have the answer to that, but a lot of times I still -- you know, I can complain about the privatization of our health care services, but I also -- as I complain, I want to make sure that I offer constructive answers in terms of what can we do. We need to -- and that's what the FQHC model does, although in its shortcomings it still allows us to go to where some of the remaining pots of money is. So I don't know that we're advocating our responsibility on the Federal level by saying, "*Here, you deal with the problem, you take the money and handle it.*" We've got to get to the resources so that we can have a sustainable plan to meet those needs. I don't have the answers, but I do understand what we have to do to address those.

MR. KOUBEK:

We're fortunate that we have several members of the commission who deal with this on a daily basis. Michael Stoltz who's with Clubhouse and now with Mental Health Association; Dr. Jeffrey Reynolds with Alcohol and Drug Dependents; Ron Greenberger with FECS. So we have people who know this stuff. And it was Mr. Greenberger who said, "*We really need to watch the privatization of the health centers,*" because there is a potential benefit. But we just don't know. And, you know, and frankly, Hudson River Health Center is not from Suffolk County, they're in Poughkeepsie. So these are the kinds of things we need to stay on top of.

CHAIRMAN SPENCER:

I met with Mr. Schultz, too -- Stoltz. And I guess as we do it, we ought to make sure that we have the oversight in place.

MR. KOUBEK:

Absolutely.

CHAIRMAN SPENCER:

And that was one of the things to make sure that if we do -- because I do think we need these private partnerships. We have to work together and put those resources in hands where they can administer more efficiently where they have the infrastructure to be able to do it, but we can't turn our backs and just say, "*Here, you take it,*" and walk away. We've got to make sure we keep our oversight function.

MR. KOUBEK:

I was with Catholic Charities for 13 years prior to my current position, and I know how the partnerships can work. I also know how they don't work (*laughter*). So I've seen both sides.

CHAIRMAN SPENCER:

Thank you. Legislator Browning.

LEG. BROWNING:

Well, it's always a pleasure to see you.

MR. KOUBEK:

Likewise.

LEG. BROWNING:

I haven't seen you in a while. But -- and I appreciate all the work you have done to help me on the sober home issue, and we're actually making good strides. So I have a couple of State representatives who are being very aggressive and working with me on trying to get OASIS on board with this, and I think we're going to succeed this time.

Ellen, you talked about -- because recently I received an e-mail from Diane Cahill from Autism Speaks about the developmentally disabled and the cuts. And I always think about why is it, when there's budget problems, that the least fortunate and the infirmed are the ones who are getting hammered and getting cut, and it's wrong. It's just wrong. And I'm not even going to talk about the nursing home, but that's one of them. But, you know, what are you going to see now with the developmentally disabled and how -- what kind of money are we going to be losing? What kind of cuts? I mean, I'm sure Mike Stoltz is probably fit-to-be-tied right now when I think about it, but, I mean, what is this going to do for the developmentally disabled?

MS. KRAKOU:

Well, for the DD community, they're predicting -- because it's the providers that are taking the hit, and the providers already, as I mentioned, there are too few of them having to do work for too many, and that results in long wait lists and, frankly, just not enough -- not enough people in the field to provide the services.

From the providers we're hearing, that they are -- some may have to close doors, some may have to -- those that can't stay in business are going to have to curtail what they do and maybe pick out certain functions of what they do. Rehabilitative services have always been something that was the most financially difficult for the voluntary providers of services to the DD community to run and we're going to see probably now other certain departments within these private agencies start to shut down.

LEG. BROWNING:

And that's the likes of like IGHL. You know, because I -- you know, good friends of mine, they're no longer able to take care of their daughter. She's 28, 29, I think, with Cerebral Palsy and, you know, she's in an independent living setting, you know, and being well cared for. But, you know, that's my concern, is, you know, what's going to happen to them when you start cutting the funding and her parents are getting older, and that's the only reason that she's not living with them anymore. They bring her home on weekends and holidays but, you know, on a 24-hour, seven days a week basis, it's impossible for them to do it. So when you start hearing about these places closing down and you have aging parents with children who are still here and they're going to be here when they're not here, and what's going to happen with them?

MS. KRAKOU:

I don't think it's hyperbole to say that the health and safety of individuals with developmental disabilities is going to be in jeopardy. The services have been too few and you've had to wait too long to get them already, and you lay on top of that these outrageous new reductions that are coming from CMS and that are going to, by the way, impact other disabled persons, populations, but more specifically, the ones that I know about are for the developmentally disabled populations. We're talking about health and safety and not just maximizing independence, which used to be the thing that we were most focused on.

LEG. BROWNING:

Another question is the Safety Net. As you know, that the funding for Safety Net has been -- was a 50% share from the State, now it's a 29% share, if I'm not mistaken. And again, that's something that when I look at what the State's doing in making cuts, and I think that -- honestly, I think Safety Net is something they should be looking at. Maybe not to eliminate it completely, but from what I understand is people who have now expired from -- you know, they can no longer receive TANF, and many of the people, like many of the residents who are living in our sober homes, are receiving the funding from Safety Net. However, if you're suffering from substance abuse and in treatment, you're considered disabled. Why wouldn't we be pushing to have those people on Social Security Disability to relieve from Safety Net, to give us some relief on the Safety Net? And I don't know if that's something that we can continue to talk about and have a conversation about, but I'm looking at -- I know we were looking at what it's going to cost us. It went to I think about 64 million last year is what our cost was, and I think by next year, if I'm not mistaken, Craig, it's 80 something thousand? And that's the County's cost share, if I'm not mistaken.

MR. FREAS:

I'll take a look and see what it is.

LEG. BROWNING:

But, you know, these are things that I think that, you know, the State really should be looking at Safety Net and saying, "*How can we reform this*"? And again, I've seen it in my district, people coming from states where Safety Net's not being offered. And, you know, they -- they'll leave Florida or Arizona and they come here when their TANF runs out. And I think that's something else that needs to be done, because it sounds awful to say it, but we can't continue to have everybody coming from everywhere else because we have enough people of our own. And maybe that money could be shifted over for day-care. Maybe that money could be shifted for developmentally disabled. But why should we be taking the money away from them, and why aren't they looking at putting people on SSD rather than Safety Net?

*(*Legislator Anker entered the meeting at 3:13 P.M. *)*

MR. KOUBEK:

One of the things we're doing, Legislator Browning, in the commission is working very closely with the Department of Social Services to come up with a better way of assessing people under the Americans with Disabilities Act. I know that the Department of Social Services has a DCAP Unit. I know that for a while they were prioritizing having people moved from DSS to SSI or SSD. I know the folks we met with at the Clubhouse were all on SSI or SSD and they were having their own problems. But maybe, Ellen, you want talk a little bit about what we're trying to do so we can identify these systemic problems people have and then move in the direction you're suggesting.

MS. KRAKOU:

Sure. We made a lot of progress working as a committee in devising an ADA-compliant policy, written document, a very in-depth document that we hope will actually soon be completed and published and disseminated and with a training. And with it will come an important screening tool that we hope will enhance the kind of screening that happens when an individual comes to a local center to help the caseworkers identify who might not be disclosing a disability and often for individuals suffering from addiction issues or mental health issues or both often won't disclose, but there are ways, certainly, that a caseworker might be able to identify and help that person make certain disclosures.

So we hope that that will increase the number of individuals that are identified and then can be put into the DCAP Program that will then help them, hopefully, be able to obtain SSI or SSD or a combination of the two.

I can tell you as somebody who used to be an attorney that would represent individuals before the Social Security hearing office that suffered from mental health issues or addiction or both, for many that would contact us at Law Services, we couldn't even begin to make a case for them because they couldn't access mental health treatment. So you can't just go before the Social Security Judge and say, "Guess what? I suffer from bipolar and I use in order to self-medicate and expect that the Judge is going -- the Administrative Judge is going to take their word for it. They need to be in treatment. But what prevents many times for these individuals to get treatment is that the clinics they can't get to or there's long wait lists in order to begin treatment. So you have the person suffering from a disability with many obstacles in their way in order to establish a relationship with a practitioner so that they can get treatment, get help and then have something to help substantiate their claim of a disability.

LEG. BROWNING:

Well, that sounds good if you can get -- make that happen. Because like I said, Safety Net's not going to get any better. And obviously they're trying to fiction their budget by shifting the burden on us and we can't afford it. But I think it's something that we need to push, but obviously -- now, in DCAP, my question for you is I don't know if there's anybody here from Social Services that may be at some point can answer. I guess we can check, but as far as the staffing is concerned, if we're going to start trying to push more people into collecting SSI or SSD, do we have the staffing capability to -- when those numbers wrap up?

MS. KRAKOU:

If I can make one point along those lines, not so much on the staffing issue which I can address, but I can tell you as an attorney with Law Services that we have a program that contracts with the County. We get DCAP referrals, referrals directly from. So we are working in partnership at Law Services with DCAP so individuals, all individuals who have a potential claim for SSI or SSD can have the ability to get legal assistance.

LEG. BROWNING:

Okay. Well, thank you.

CHAIRMAN SPENCER:

Thank you. I appreciate you all taking the time. And it's just really, really important. I can't tell you how much we appreciate what you're doing and that you have our undivided attention and cooperation. We have a big agenda, we're going to move -- I'm sorry, Legislator Montano, you had a quick follow-up question?

LEG. MONTANO:

Yeah, I'm looking --

CHAIRMAN SPENCER:

And then we'll move on.

LEG. MONTANO:

I'm looking under the Time Union Website. I thought I read this morning that the Governor's budget proposed closing some psychiatric institutions. Do you know anything about this? Am I wrong in this or is that something that -- I don't see it here now. There were two articles.

MS. MERLOT:

There were recommendations to close psychiatric facilities, none of which were on Long Island.

LEG. MONTANO:

Okay. So that's not going to affect us here.

MS. MERLOT:

Right.

LEG. MONTANO:

Okay. Thank you. That was it. I couldn't find the article.

CHAIRMAN SPENCER:

Thank you, again. And we look forward to getting regular updates and you have our support, and please keep us posted. Thank you.

MR. KOUBEK:

We will. This is going to be a living document, all year we're working off this report. So we thank you for the time and we will be seeing you again.

CHAIRMAN SPENCER:

Thank you, Richard.

We have a second presentation, but before we move to that, we usually will have those that are appearing before our committee for -- to serve on different boards, we'll take them out of order. And I know that we have two people here today who are Introductory Resolutions that have come before this committee for our screenings, and that is to serve on the Early Intervention Task Force that we are convening to address the issue of special education in Suffolk County. And just an extremely important area for our youth and for the future of our County and we know that there's -- we want to look for ways to strengthen special education and to make it better for our children. So with that, I have Dr. Irene Christoforou-Gioules, and I also have Eileen McGaw-Dietrich; I'm going to ask if they would come forward at this time. And I'm going to ask if -- make a motion if we can take IR 1088 out of order. May I have a second to that?

LEG. MONTANO:

Second.

CHAIRMAN SPENCER:

All those in favor? Opposed? Abstentions?

IR 1088-13 - To appoint member to the Early Intervention Task Force (Irene Christoforou-Gioules, PhD, CCC/SLP) (Spencer).

So I'm going to make a motion to approve Irene Christoforou-Gioules, Dr. Irene Christoforou-Gioules. And may I have a second?

LEG. CALARCO:

Second.

CHAIRMAN SPENCER:

Second, okay. So on the motion, thank you for coming, Doctor. We appreciate you taking the time and being with us, and also your desire to serve. If you wouldn't mind, if you could just introduce yourself and just give us just a minute just kind of an introduction to your background and just your -- why you would serve on this task force.

DR. CHRISTOFOROU-GIOULES:

Thank you, everyone. My name is Irene Christoforou-Gioules, I'm a speech language pathologist. I hold a PhD in Speech Language Pathology, I work with children with various disabilities. I have an agency, a private practice agency in White Stone, Queens, New York. We work with children through the New York City Department of Education and through various health insurances.

I've come to Dr. Spencer during the summer very upset, too, because there were significant changes that occurred with New York City Department of Education. Overnight we lost about 80% of our business. The city decided to provide services through different means. They hired these big corporate agencies to provide the services to the children that we've been providing services to for several years. We've had various schools in under privileged areas such as the Bronx and Brooklyn where we had therapists going to the schools to provide the services, and out of nowhere the city came in and said, "*We have our own people providing the services,*" and unfortunately this has significantly affected the quality of services to our children, our parents who are very upset. They've had relationships with these therapists for years and these corporate agencies that came in, some of them don't even -- the way they interviewed the therapists was -- they just couldn't believe it, over the phone, they just brought people in. And it's really -- even at my office, unfortunately some of the children were not able to come to us anymore for speech, physical and occupational therapy. And I'm here to assist in any way to help Suffolk County. I'm a Suffolk County -- I live in Suffolk County in Cold Spring Harbor, and that's all.

CHAIRMAN SPENCER:

Thank you. Are there any questions from any of my colleagues? With that, I'll -- we have a motion to approve which has been seconded. All those in favor? Opposed? Abstentions? Congratulations, Irene. ***Approved (VOTE: 4-0-0-1 - Excused Absence: Legislator Kennedy).***

You are -- you've been approved by the committee. We have -- the final say will go before the full Legislature in Riverhead. You do not have to appear on that particular date and we will give you a call and let you know. Good luck. I'm supportive. I appreciate your willingness to serve and thank you for, again, taking time to come out today.

A second resolution that I'd like to take out of order is IR 1090 and that's to appoint to the Early Intervention Task Force Eileen McGaw-Dietrich, and she's with us. May I have a second to take that resolution out of order?

LEG. MONTANO:

Second.

CHAIRMAN SPENCER:

All those in favor? Opposed? Abstentions? We have that resolution before us.

1090-13 - To appoint member to the Early Intervention Task Force (Eileen McGaw-Dietrich) (Spencer). I am also going to make the motion to approve.

LEG. CALARCO:

Second.

CHAIRMAN SPENCER:

Second by Legislator Calarco. And good afternoon. How are you?

MS. McGAW-DIETRICH:

I'm good, thank you.

CHAIRMAN SPENCER:

Good. Thank you, Eileen, for taking the time to come and also be with us. I would also like to extend you the same courtesy; if you would introduce yourself in your own words.

MS. McGAW-DIETRICH:

Sure. My name is Eileen McGaw-Dietrich. I come with a little different profile than my partner here. I have a degree in Early Childhood Education and I have a Master's in Special Education. But I think

what I'm most proud of is that I am a parent of a 41-year old non-verbal Cerebral Palsy young man, and I have taken a journey as a parent from 1971 until today, and currently I am an Early Intervention Official Service Coordinator for the Department of Health in Suffolk County. And my feeling is that I come to the table wearing two hats; one with the sensitivity and the importance to the families of Suffolk County and their children to maintain all of the wonderful things that have existed since the get-go in 1971. And so with that in mind, I feel that I would be a great resource.

I did serve under John Foley's special task force as a parent when early intervention services came under agencies and the State Education Department. And one of the things that we learned was that the population that comes firsthand to early intervention are families who have young babies that are coming out of hospitals with many medical needs. So we saw that the most important players should be coming from the Health Department.

Back in those days, most of us, like myself, worked in those agencies on the other side of the fence. But most of the people who came aboard as the initial coordinators came because they had a commitment to the families and children of Suffolk County. And I think what I'm most proud of is myself as well as my coworkers, we are the gatekeepers and the watchers for the Suffolk County tax dollars. Because all of the children who come out here are viewed and evaluated by agencies. However, their contracts, their plans and their services come with a team approach from us representing the tax dollars of Suffolk County and protecting and making certain that they are served appropriately with the correct amount of funding. And so for that in mind, I really feel that I could bring a lot to this task force and hopefully keep the families and the children protected, safe and well taken care of.

CHAIRMAN SPENCER:

Wow. Thank you. I can imagine having a child with special needs and just fulfilling those challenges. Just being a mother in general, but to provide that extended care and then to then reach out and give back and also be a part of us here in Suffolk County. We really appreciate that.

Again -- you know, you were charged with just a very important duty and we are looking to strengthen our program. We're looking to make it better for our children, we're looking to be able to identify, diagnose correctly and be able to make sure that the funds are being used in the correct places and being used as efficiently as possible. So with that, if there are no questions, I'm going --

LEG. BROWNING:

I have a quick comment.

CHAIRMAN SPENCER:

We have a comment from Legislator Browning.

LEG. BROWNING:

I just want to say, I'm happy to hear your story, because obviously the conversation we just had before about developmentally disabled --

MS. McGAW-DIETRICH:

You are right.

LEG. BROWNING:

It sounds like my friend's daughter is just like your son. And again, anybody appointed, John J. Foley appointed many years ago for what you did then, you've got my support a hundred percent.

MS. McGAW-DIETRICH:

Thank you.

CHAIRMAN SPENCER:

So with that, no further comments. All those in favor? Opposed? Abstentions? Congratulations, Eileen. *Approved (VOTE: 4-0-0-1 - Excused Absence: Legislator Kennedy).*

Congratulations, Irene. We appreciate you both being here. Irene and Eileen, the team that will help us revamp special education and make it better for all of our kids. Thank you so much.

There was one other person that was supposed to appear and she will appear before us at the General Session.

Getting back to our presentations. I thank you, Ernie, for waiting patiently, we appreciate that. But we do have Ernie Mattace and David Pratt who are here to discuss the NYCOSH efforts, and that stems from the 9/11 World Trade Center Health Program, to tell us just kind of what they've been doing. I'm going to ask you if you would come forward, have a seat at the table. If you could take five minutes, five, ten minutes and kind of let us know what you're up and to and accept any questions from my colleagues.

MR. MATTACE:

We also have Melodie Guerrera from the 9/11 program.

CHAIRMAN SPENCER:

Welcome. Thank you. We appreciate you being here. Please introduce, you know, yourselves and just however you want to describe what you're doing.

MR. MATTACE:

Well, my name is Ernie Mattace, I'm speaking for Long Island Fed and NYCOSH. I am currently the Long Island Director on the Executive Board of NYCOSH. And to my left is David Pratt, our staff member; and to my right is Melodie Guerrera, the head of the 9/11 Program on Long Island.

What I'd like to do first is let you know what's happening with LIOEHC. LIOEHC is the health center that was developed 25 years ago and one of the centers that are all around the State, and it was done -- set up for workers and a place for them to go to be basically taken care of. At this point, unofficially, Stony Brook has decided not to resubmit, all right, to the State program. I really can't go into detail where it's going, but we're hoping by April 1st it will be back into effect, and we're looking at approximately \$1 million a year to help the residents of Suffolk and Nassau County. So as soon as that program gets put into effect, I will be back to bring you up-to-date.

In the packet that I have here, what I'd like to present to you is a couple of things. On the left-hand side you see the Long Island Federation of Labor and NYCOSH's Health & Safety Program. We put these presentations on each year, usually it's monthly, and it's open to everyone; not only union members, but anybody who would like to attend. Next week we have one on noise. We had one on mold a few weeks back, and we had approximately 35 individuals from all over the County who came down to find out what's going on. And we tied that in basically with what happened with Sandy.

The next sheet will show you what we can do from NYCOSH and Sandy. There's a booklet in here on the clean-up and what NYCOSH is all about. I'd like to present David Pratt so he can tell you what we can do, and then after that Melodie Guerrera from the 9/11 Program.

MR. PRATT:

Hello. Thank you for your time. My name is David Pratt, I work for the New York Committee – New York Coalition for Occupational Safety and Health.

I think we'd like to start a discussion or a dialogue beyond today on one issue that I'll just touch on here briefly. There are a slew of repercussions stemming from the Sandy disaster on Long Island, as in the City. We're involved in the VOAD and have been active in training and intervention and consulting. With the volunteers, AmeriCorps and others, the religious groups here going out to do muck-outs and clean-outs and then recovery, renovation and so on. But we've identified a number of issues and this -- and when Melodie speaks, I think the preface to this is that we would like to avoid what has happened in the past. And she'll talk about 9/11, but it was a very different disaster in terms of the particulars. For example, Sandy we're talking about residential, commercial also, of course, in schools and so on, but the devastation has impacted hundreds and hundreds and thousands of residential buildings as well as, you know, commercial and office buildings and so on. So a very different disaster. But we've identified a few things that are problems that have arisen already and may become worse.

First of all, we have thousands of people who are coming in and doing response work. Now, these are not -- at least officially, these are not emergency responders. After a disaster, there were trained people, police, fire and EMT's and so on who are available. But within days and the following week and the following months and going into the next year, we have many occupations. We have people who are volunteering, we have electricians, we have service people who are doing cleaning and so on, who are not trained. And we've determined through our interaction with them that, in fact, it is the case that there's very little training, even of the basic kind of OSHA training that happens for construction workers and so on, which Suffolk County has been very good on, as has New York City in terms of insisting on OSHA construction training.

There's a lack of training. There's an imminent problem with mold. Now, mold in some ways is the lesser of problems in terms of public health, because if we're thinking about asbestos, lead, silicone that has been disturbed in homes by the workers going in, left there for the families with children and so on, the workers exposed; we consider those major health problems in terms of cancer and so on. But in terms of the broader public, mold is going to be an increasing problem. As the spring comes and if these renovations have not been done correctly, if the buildings have not been dried out, we already have high water table and other issues on Long Island, as you know. We're going to see a resurgence, unfortunately, of mold growth in buildings. People are going to have to go back in and do work again. Homeowners are getting ripped off.

So we're interested in a few things, just to move to ask or suggestions. I think we'd like to see some kind of support for training for disaster response people beyond immediate first responders. And we have a curriculum available, but there's not a mandate for it and I think that the County could play a role, possibly through legislation or other means in supporting this kind of effort in advance so that we have people to turn to from the get-go who know what the lay of the land is and know what to expect and how to help. Likewise, we think that resources need to be provided, maybe from the State, and applied to community awareness around mold, so that homeowners and renters and residents understand what a proper clean-out should be and what an incorrect one is, and possibly other resources around that.

The City is doing dozens and dozens of workshops that people can go to, get their questions answered from experts, you know, doctors and so on. And I think it might be worth looking at the County level at legislation at some point. We have certification requirements for asbestos, for hazardous materials, for lead removal and contractors and so on. It might be worth thinking about around mold, because homeowners are really being preyed upon, and we'd rather solve the problem quickly as opposed to having a long-term, chronic problem where we're having to go back and deal with it again and again. Would that be worth looking at? I don't know, but it's something we've been thinking about, even on the County level, to have some kind of a certification requirement for contractors or inspectors and so on.

But I'll stop and turn it over to Melodie. Thank you.

CHAIRMAN SPENCER:

Thank you.

MS. GUERRERA:

Good afternoon. Thank you. My name's Melodie Guerrero. And although Ernie inadvertently gave me a promotion, I'm not the Director of the World Trade Center Health Program with SUNY Stony Brook, I am the Director of Administration and Outreach. Dr. Benjamin Luft is the actual Director, and since he's in the audience, I figured I would clear that up right away.

(*Laughter*)

Thank you. One other thing I would like to say before giving a brief presentation, I wanted to express my appreciation for your moment of silence for Dr. David Parkinson. He was a close friend, he helped establish this program, and I know he was a friend to the working men of Suffolk County as well, and it was appreciated. Thank you.

CHAIRMAN SPENCER:

You're welcome.

MS. GUERRERA:

With regard to the World Trade Center Health Program, to give you a brief overview, we are funded through the Federal government, through NYCOSH and the CDC. The money comes to us, it started coming to us quite some time ago. We've been in existence for over ten years, we've actually been in existence prior to funding coming directly right after 9/11. Since that time, we have grown to over 7,000 patients being cared for on Long Island, including both Suffolk and Nassau, pretty equally divided. And these patients are entitled to monitoring visits, treatment visits, both physical and mental health services. And it's recently been expanded to also include coverage for over 50 types of cancer. The care itself is quite extensive, and as long as the person has been identified as being a responder, identified as being -- as having a condition that is World Trade Center related, then just about every aspect of that care is covered, whether it's pharmaceutical in nature or whether it is surgical in nature, whether it's counseling, doctor visits. It's a huge, huge cost saving to the person involved.

Now, I've heard a lot of conversation tonight -- today, rather, about cost concerns. This is a different situation, the Federal government willing to put their money where their mouth is. They're saying thank you. They're saying thank you to a population that went into harm's way to help others. It's a giving population. They're not used to taking. They're not used to getting something in return. But in this case, our Federal government said, "*You made a sacrifice,*" because they did. They went into an environment that is now causing them health concerns.

This program started off as monitoring just to see if there were trends, health issues that were coming up that were affecting larger people -- larger amounts of people and we could be proactive. Early on it was recognized that it had to go from monitoring to treatment almost immediately, and it had to be for physical as well as mental health conditions. We now have it up and running, it's established in Nassau, Suffolk, Brooklyn, Queens, Manhattan, upper and lower Manhattan, as well as the nation. Our biggest challenge is getting the message to the people who were down there. Now, these people may be Police Officers in Suffolk County, they may work in Suffolk County, they live in Suffolk County and they're entitled to extensive medical coverage. It would be a great savings to the County if they're employed by them, to private industry if they have employees that provide medical services. It would be shifted from -- the burden of providing medical care for illnesses that were caused by the World Trade Center would be shifted to where it belongs, the World Trade Center Health Program, rather than being borne by the Counties and the employers and the citizens of the County.

So our challenge is to get the message out to all of the individuals who were down there, and that's part of the reason we're working with NYCOSH who has funded to help us get this message out. But we also wanted to make an appeal to this body. Perhaps there is a mechanism by which we can work collaboratively to get messages to volunteer firefighters, to construction workers, to Police Officers, to ambulance workers, and all the others who rushed in to help when help was necessary and who are sometimes reluctant to ask for help when they themselves need it. But the statistics are showing these people have become ill, they're entitled to the service. And perhaps whether it be a task force or some other collaborative effort that this body could consider working with us to get the message out, that's our appeal.
So thank you.

CHAIRMAN SPENCER:

Thank you. I actually, in my private practice, I have the privilege of treating approximately 70 to 75 patients who were first responders at the World Trade Center site, as an Otolaryngologist. And one of the things that I've identified, which is pretty interesting, is some -- with regards to sinus and ear, nose and throat issues, that some of the problems of the exposure are delayed in terms of their symptoms being expressed. And so, you know, you have with the pulverized concrete and the chemicals that they were breathing at the time and that, you know, although even with protection, noticing that some of the cilia and the ciliary clearance in their nose and sinuses had been reduced and seeing patients that have CAT scans with normal anatomy today that may have been told, you know, told that, "*you're fine.*" It's not like an automobile accident where you check -- if there's no whiplash then, you're not going to have a whiplash later. But then seeing several years later where these patients have developed significant respiratory systems, sinus symptoms that are quite debilitating. And so it's important that we have the occupational support and that we also be aware, I've even kind of identified kind of a 9/11 sinus syndrome that I've seen a pattern of findings in these patients.

So it's so important to make sure that we have what you're doing in place and realize that it's going to be an ongoing task for a generation, or two possibly. So I can appreciate what you're doing on a personal level, being involved in that -- in the treatment for this group of individuals. So I just wanted to share that personal note with you. But with that, do I have any questions? Legislator Montano.

LEG. MONTANO:

Hi. Thank you. I just have one question, and it's the same question I asked the group that came before you. Because you said your money is Federally funded -- no, your program is Federally funded, where do you stand or do you know what effects, if any, are going to come down on your program if the -- if Congress is unable to resolve its -- you know, its budget problems and the sequestration. Have you been identified as an agency or a program that is going to lose funding?

MS. GUERRERA:

The World Trade Center Health Program has not been protected formally from the sequester.

LEG. MONTANO:

Are you in that \$3 billion possibility from the -- what is the fund?

MS. GUERRERA:

The Zadroga bill?

LEG. MONTANO:

Yeah. Is that part of it?

MS. GUERRERA:

Yes. We are funded through the Zadroga bill and I know there are efforts underway currently, probably as we speak, to try to have the World Trade Center Program put in a protective status so that it would not be impacted from this sequester or any future sequesters.

LEG. MONTANO:

Right. But I understand that -- from what I've been reading, that the likelihood of that is somewhat -- the likelihood of that passing isn't certain right now. So the question, if it doesn't pass, if you're not put in a separate category, what does that do for your program? I'm just curious.

MS. GUERRERA:

Well, my understanding thus far is similar to the comments that were made earlier, no one is totally sure.

LEG. MONTANO:

Okay.

MS. GUERRERA:

But our funding is in place until 2016 with the possible renewal of five years thereafter. And there's been some expression by NYCOSH, which is our funding agency, that any cuts that would be made may not impact until the end of the contract period or they may take whatever that dollar amount is and then slice it up, so to speak, for the remaining years. Right now they have not made any decisions and they're waiting to see how it plays out.

LEG. MONTANO:

So you don't expect an immediate impact, is what I'm saying.

MS. GUERRERA:

If there is -- not immediate, but if there is an impact within the next few months, we don't expect a devastating impact; let's put it that way.

LEG. MONTANO:

Okay. Thank you.

CHAIRMAN SPENCER:

I did have to recognize in the audience Dr. Luft who I have the privilege of serving with on the Board of Health. I didn't want to -- and I know that he is studying the effect, he's an expert and given a lot of time and I appreciate that where he's looking at the biological underpinnings related to respiratory illnesses. So Dr. Luft?

DR. LUFT:

Thank you. I just want to make one comment.

LEG. BROWNING:

On the mic.

CHAIRMAN SPENCER:

You can make the comment, but you've got to do it on the mic.

DR. LUFT:

Sorry.

CHAIRMAN SPENCER:

And we may even have a question for you, too.

DR. LUFT:

Melodie, you better stick around if they have questions (*laughter*).

I just want to make one comment in regard to our program. You know, as Melodie said, we started almost immediately after 9/11, we did it on a voluntary basis at first, and an important part of it was the monitoring aspect. I had a conversation with Dave Pratt earlier about the work that we're doing with Hurricane Sandy, and we're following our responders the same as World Trade Center responders as to the impact on those responders. Ever since -- as far as I know, this is one of the few programs that is doing that active monitoring. We're doing it with those responders because we had access to that population. And I really want to encourage the Legislature to consider that it's important to actively monitor your population for the health impact of Sandy. If we didn't do that after 9/11, believe me, most of 9/11 would have been -- the impact of 9/11 would have been brushed under the rug.

If you don't look for it, you're not going to find it. And I think that the impact of the mold and the cilia and the asbestos, the impact on our construction workers and our police and our firefighters who go in there and do a lot of -- you know, do God's work very often and taking care of all of us is overlooked. We tend to think very often of these people as just functionaries; you know, this is their job. Not really actively looking at the impact of all of this on them and only later on in life do they suffer without any real knowledge as to where it was derived from. I know that the State has got \$51 billion, it's important. Perhaps a very small portion of that should be going toward assessing the health impact and the ongoing impact and perhaps to support some of the work that they talked about as well. So I just wanted to kind of put a plug in for that. It's very important for us to be ahead of the curve and not to be reactive. Thank you.

CHAIRMAN SPENCER:

Thank you, Dr. Luft. Legislator Browning has a question.

LEG. BROWNING:

Ernie, you had mentioned about Stony Brook not renewing the contract for the 9/11 responders.

MR. MATTACE:

No, no.

LEG. BROWNING:

That's not what you said?

MR. MATTACE:

This is separate. This is a health center. It's separate.

LEG. BROWNING:

Right.

MR. MATTACE:

It's separate. It was one of the health centers that was set up all around the country, all around the state, okay. Actually, Bill Lindsay helped set it up.

LEG. BROWNING:

Right, right. You know, because it was thanks to Dr. Luft that my husband's going. Because when he was talking about his health related stuff and he was not breathing properly and can't run anymore, and it was thanks to him having a conversation with you, Dr. Luft, that he's finally going and been getting checked every year.

DR. LUFT:

Great.

LEG. BROWNING:

But so now what happens if they don't continue doing what they're doing, who would take it over?

MR. MATTACE:

I really can't say it official, okay.

LEG. BROWNING:

You can't say. When would --

MR. MATTACE:

April 1st.

LEG. BROWNING:

When can that -- April 1st?

MR. MATTACE:

April 1st.

LEG. BROWNING:

Okay.

MR. MATTACE:

And if I hear about it sooner, I will be back, all right. We do have -- hopefully going to be all set up, all right. And I intend it to be expanded, okay, from before. All right? I'm hoping that if all goes well, we'll just have a great program.

Again, we're here, all right, not to ask for any money, all right. We have the money, we want to use it, all right. And the health center is one of those issues. Once it gets set up, we're looking at a million dollars a year that we can use for workers in Nassau and Suffolk County.

Just to make you aware what happened with NYCOSH, two years ago we lost all our funding. Everything just went down, all right. Last year we had Senator Flanagan and he was able to get us money to reopen our office, which is at the nicer office on Motor Parkway. We're also looking at money from OSHA, okay, for Sandy, all right. We have the money available. In this packet it explains the programs that we can do training for. And this is not only for unions, this is companies that might need us to do training. Again, we're not asking for money. What we need, okay, is your help to get the word out there that we're here, with 9/11, with NYCOSH, with the health and safety programs that we have through the Long Island Federation of Labor. These are all designed basically for workers, okay, and volunteers.

So we thank you for the time that we're able to spend in front of you. Once I get the rest of the information, I will definitely, you know, bring it to your attention.

CHAIRMAN SPENCER:

Thank you. Thank you for being with us.

MS. GUERRERA:

Can I just make one thing clear, in case it wasn't. The 9 -- your husband is a 9/11 responder?

LEG. BROWNING:

(Nodded head yes).

MS. GUERRERA:

Yes. The funding -- the lack of moving forward with Stony Brook making the application to LIOEHC, does not impact his care at all. A sequester, on the other hand, may, but we don't expect a devastating impact initially. So I just wanted to make that clear. And Stony Brook is still very much involved in the 9/11 program.

CHAIRMAN SPENCER:

Thank you again. Thank you all for presenting to us and good luck and we'll be in touch.

MR. MATTACE:

My information is on there. The address is wrong, we moved to 61 Broadway in the City. Thank you all.

CHAIRMAN SPENCER:

Absolutely.

At this particular -- that ends our presentations. We have the response of correspondence that we have to discuss with our Commissioner. As he's coming forward, I am going to ask that -- Legislator Anker, who used to be a member of this committee but she's come here especially today, she's asked that we could take a resolution out of order and typically we honor those requests. She has to -- has another appointment, and that is IR 1026. So I'm going to ask for a motion to take IR 1026 out of order.

LEG. BROWNING:

Second.

CHAIRMAN SPENCER:

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

All right. *IR 1026-13 - Studying Behavioral Healthcare Services for incarcerated youth and adults (Anker)*. I'm going to make a motion to approve. May I have a second?

LEG. BROWNING:

I'll second.

CHAIRMAN SPENCER:

A second. On the motion, are there any -- is there any discussion on this resolution? To the sponsor, thank you for taking the time to be here. And if you would like to tell us a little bit about this and why we should approve it.

LEG. ANKER:

I'll be very brief. I just wanted to bring the attention to something that is very much needed in our jail system, and that is a focus on mental health.

You know, you wonder why people go to jail. Why do they commit a crime, especially our youth? And from what I've read and what I've seen, it's usually because there's some instability in their life related to some type of mental illness or mental challenge. So right now -- again, from what I understand -- we do not have mental health counselors for our youth in our jails, in our County jails. And, you know, it makes me wonder, you know. So I have a 16-year old son and, you know, either him or one of his friends makes an unwise choice, gets arrested, he gets placed with other criminals within the system, and instead of mental health counseling by a professional, he gets counseled by these people within the jail system to a certain extent and that's very concerning. I know there is some counseling available. But what I would like to see is every inmate in the jail system to have the opportunity to have counseling. And again, you know, we're trying to get these folks on the

right path. They went off, they committed a crime, they're in our jail system. I believe it's -- is it \$300 a day we spend per person as we -- you know, with them being incarcerated.

What I have observed is that there is a wonderful program, it's called the Youth Reentry Program. Sheriff DeMarco is working with North Shore Youth Council. And I've visited the jail and visited some of the young men there, and also the women are participating in these programs. And again, I just am very much encouraged to see a proactive approach to mental health regarding our incarcerated youth. So ultimately, as our new jail opens, as we get -- you know, as it starts to, unfortunately, fill with people, I would love to see a program instituted in the facility. So I think the study is a part, is a first part of this idea. And from what I understand, this program was studied, actually is being looked at, Stony Brook interns are working towards the focus of this study. And I appreciate being here today and discussing it and I hope that you will support these efforts. Thank you.

CHAIRMAN SPENCER:

Thank you. If there's no questions, you explained it perfectly.

Thank you for identifying this need and thank you for your leadership in bringing this forward, and I support it. With that, we have a motion and a second. All those in favor?

LEG. MONTANO:

One question.

CHAIRMAN SPENCER:

Legislator Montano.

LEG. MONTANO:

Do we have anyone from the Sheriff's Office? Did I see Rich there?

LEG. BROWNING:

I --

LEG. MONTANO:

You had a question, Kate?

LEG. BROWNING:

Oh, no. Actually, I spoke with Sheriff DeMarco who does support it.

LEG. MONTANO:

Okay. That's all I wanted to know.

LEG. BROWNING:

I'm sorry, that's why you're here?

LEG. MONTANO:

I thought I recognized you here, Butch. How are you feeling?

MR. LANGHORN:

Slow.

LEG. MONTANO:

Slow.

MR. LANGHORN:

I have to talk in the mic.

LEG. MONTANO:

Yeah, unfortunately. Actually, Legislator Browning did answer the question. I thought you were here to speak on it, that's why --

MR. LANGHORN:

Well, seeing that --

LEG. MONTANO:

Have a seat, man.

MR. LANGHORN:

I would just like to thank --

MR. NOLAN:

Give him the mic.

LEG. BROWNING:

No, no, you've got to sit and speak into the mic.

LEG. MONTANO:

I'm sorry to do this to you.

MR. LANGHORN:

I'm Butch Langhorn, the assistant to the Sheriff out in Suffolk County. And on behalf of Sheriff DeMarco, I would like to thank you for -- and the Legislature for listening to this bill. It's definitely needed. So I just wanted to come here just to give you my support and say thank you for doing it. Any questions?

CHAIRMAN SPENCER:

With that, we only had a motion to take it out of order. We do need a motion to approve. So I did the motion for out of order, but I was informed by the Clerk we didn't get a motion to approve.

LEG. BROWNING:

Motion.

CHAIRMAN SPENCER:

Motion by Legislator Browning. Seconded by Legislator Calarco. I'd like to be listed as a cosponsor. All those in favor? Opposed? Abstentions? **Approved (VOTE: 4-0-0-1 - Excused Absence: Legislator Kennedy)**. Congratulations, Legislator Anker. I miss you being here with us on this committee and good luck. Thank you. We'll see you on Tuesday.

LEG. ANKER:

Thank you.

COMMISSIONER TOMARKEN:

Could I just add to that? Art Flescher, our Director of Community Mental Hygiene, worked closely with Legislator Anker in formulating this bill, and so we're very much in support of it as well.

CHAIRMAN SPENCER:

Thank you.

Commissioner, thank you so much for being with us. We appreciate you taking the time. And we just -- a lot of your correspondence that you sent back in response to the inquiries really have answered the question. Legislator Montano, though, is on this committee, and just with regards to the issue of HIV services in our health care centers, and I think your letter explains that that is something that will be continuing and that we're looking to make sure we have the appropriate support. So I didn't know if you had a comment and I didn't know if, Legislator Montano -- do you have any questions with regards to HIV services, Legislator Montano, as to the Commissioner's letter?

LEG. MONTANO:

The one thing I do have a question on, Commissioner, is my understanding is that the RFPs are out. They're not in yet or are they in?

COMMISSIONER TOMARKEN:

They're in, they're being reviewed.

LEG. MONTANO:

And who is the reviewing -- who is reviewing the RFPs? Could you just name the people?

MS. CULP:

I'm Jen Culp from the Health Department.

LEG. MONTANO:

How are you?

MS. CULP:

Good, thanks. How are you? I'm not sure exactly who the individuals are, but the RFP Review Committees are comprised of representatives from the Health Department, which in this case would be someone from our Patient Care Division. There's also a representative from the Legislature, the County Executive's Office, and I believe the Budget Office.

LEG. MONTANO:

That would be in the RFP, would it not, or is it not?

COMMISSIONER TOMARKEN:

No, that's determined by the Purchasing Department that runs the RFP process. We don't --

LEG. MONTANO:

Okay.

COMMISSIONER TOMARKEN:

We're not in charge of the RFP process itself.

LEG. MONTANO:

Got you. Has the committee been named already? The individuals, not where they come from.

COMMISSIONER TOMARKEN:

Not to my knowledge.

LEG. MONTANO:

Okay. Do you know when that will take place?

COMMISSIONER TOMARKEN:

It's, again, up to -- I think it will be soon, but it's up to the procurement department.

LEG. MONTANO:

So we should direct this to DPW.

COMMISSIONER TOMARKEN:

Correct.

LEG. MONTANO:

Thank you.

CHAIRMAN SPENCER:

Thank you.

The other issue was with regards to a letter that we received regarding the County's sliding scale and there was, for some patients, potentially a 400% increase. And this was explained very well at the Board of Health, and my understanding is -- and then I'll ask for your comment, is that with the sliding scale in the past, we looked at income levels and then based on those income levels, deducting the poverty level, then used that income as a way of seeing where they fit on the sliding scale. But really finding out that we had to be uniform in our application and so that we could only look at the income as it truly was, and that caused some increase in fees. So although we can't change how we look at income, that is set -- that's the standard that we have to maintain. One of the ways we may be able to potentially address this issue may be actually looking at the sliding scale itself where we can set our fees. Do you have a comment on that? And is this something that we can do together, do we need legislation, is it something that we are working on internally?

COMMISSIONER TOMARKEN:

We internally have revised the actual fees applied to the different categories, so that everybody is now back to their original fee schedule fee payment. So nobody should be paying any more than they did before, unless they had an increase in their income, which everybody is subject to potentially.

CHAIRMAN SPENCER:

Wow, you can't beat that. So the inquiry was made and it's been addressed. Thank you. And then there was a request from Legislator Hahn regarding the status of our Public Health Nursing Division. And recently I understand that definitely due to issues of just the Public Health Nursing Bureau and changes in terms of staffing, but also attrition and a sequence of events after an inspection that led to some concern that we weren't in a position to fulfill our responsibilities. And so I have reached out to the Executive's Office just with regards to those issues and they are aware and for our next committee they're going to give us some concrete answers with regards to this particular situation. Is that your understanding? Do you have anything else to add at this time?

COMMISSIONER TOMARKEN:

No, I think we're going to sit down with the administration and make a presentation and move forward on this issue.

CHAIRMAN SPENCER:

Thank you. I appreciate that.

I think that was all of the correspondence issues that we had. Was there anything that you had for us, a concern for the committee?

COMMISSIONER TOMARKEN:

Nothing at the moment.

CHAIRMAN SPENCER:

Legislator Calarco has a question.

LEG. CALARCO:

Thank you. And thank you for coming today, Dr. Tomarken. I just had one quick question for you regarding our health centers and the fee schedule at the health centers; not the mental health fee, but for all your other health centers.

And I know under the previous administration there was a policy put in place that anybody who wanted to access care at our health centers had to first show that they applied for Medicaid and were denied before they would be able to gain access, otherwise they'd have to pay the \$75 fee each time they came to the center. And it's my understanding that that has not changed yet, that policy. Is there -- are we going to look at changing that back to -- unfortunately, I think there's a certain portion of our population that have a hard time getting that needed paperwork from Medicaid. And though they maybe can't afford the \$75 fee, we're not affording them the access to the sliding scale because they're unable to get their Medicaid denials. Are we looking at changing that policy so that we can allow everybody to access the health centers, which is the point of having our health centers?

COMMISSIONER TOMARKEN:

The answer is we've made that suggestion. It cannot be done by us because it came out as a County Executive order in the previous administration. It has to be reversed by that level of government.

LEG. CALARCO:

Have you had conversations with the Administration on that?

COMMISSIONER TOMARKEN:

Yes, we put a proposal forward. What we would propose is that we move to the Federally Qualified Health Center payment schedule.

LEG. CALARCO:

So you are suggesting that we just shift to a similar schedule that -- that we have at the Coram Center with all of our other centers?

COMMISSIONER TOMARKEN:

Right. It's a consistent one, it makes sense, it tries to embrace more people and would have a very positive effect on the number of people who would access -- could access the health centers.

LEG. CALARCO:

Okay. I see Mr. Vaughn back there from the County Executive's Office. Do you have any input on whether or not the Administration is leaning one way or another on that request?

MR. VAUGHN:

Well, it seems to me that since we will be sitting down with Dr. Tomarken and the Health Department to discuss the Public Health Nurse issue, we could probably talk about this all at the same time. Do two for the price of one; efficient government, we love it.

*(*Laughter*)*

LEG. CALARCO:

That's great. Thank you very much.

LEG. MONTANO:

Can I add to that?

CHAIRMAN SPENCER:

Yes, certainly.

LEG. MONTANO:

Hey, Tom. While you're discussing that, could you also add this to the agenda? Doctor, you said that an Executive Order from a prior County Executive stays in effect? Because I never heard that. I mean, I thought they expired with the expiration of the term of -- and I asked Counsel and he doesn't know either. So would you do me a favor, Tom? Could you ask them? Because there are probably a thousand Executive Orders that we don't listen to.

MR. VAUGHN:

Actually, sir, I actually know the answer to that and I can --

LEG. MONTANO:

You do. Enlighten me.

MR. VAUGHN:

My understanding, based on a conversation that I once had with Paul Sabatino, was that, yes, an Executive --

LEG. MONTANO:

With who? *(Laughter)*.

MR. VAUGHN:

With Paul Sabatino *(laughter)*.

LEG. MONTANO:

I'm not sure that's -- yeah, that's good authority. Go ahead.

*(*Laughter*)*

MR. VAUGHN:

Since when do we --

LEG. MONTANO:

Paul's a friend of mine. Go ahead.

MR. VAUGHN:

And mentor of mine. The conversation that I had with him, and this was years ago and if you'd like us to ask for a second opinion on that, we would be more than happy to. But the conversation --

LEG. MONTANO:

You mean from Paul? *(Laughter)*.

MR. VAUGHN:

Well, we can always ask our new County Attorney.

LEG. MONTANO:

And in all seriousness, I think you should.

MR. VAUGHN:

But yes, in all seriousness, the answer -- and that's fine, and we would be happy to -- we would be happy to ask that question, not a problem.

LEG. MONTANO:

All right. But what did Paul say? Just --

MR. VAUGHN:

Mr. Sabatino confirmed that an Executive Order stays in power until it is reversed. Because I had asked that question years ago myself.

LEG. MONTANO:

It's a good question. I'm not sure -- I respect Paul, I speak to him occasionally, but I would like a formal answer from your department. Thank you for bringing that up, Doctor.

CHAIRMAN SPENCER:

Thank you, Commissioner. I appreciate your again coming forward and making yourself available. Thanks, Jen. Thank you, Art, for being here.

With that, we are ready to get to the rest of our agenda. So the first one, we're going to our **Tabled Resolutions:**

IR 1920-13 - Establishing "The Truth About Stimulant Drinks" public education campaign to increase awareness of side effects associated with stimulant drink consumption (Spencer). This is a resolution that I've been working carefully, again, to craft language that would be more appropriate. And also, really the idea here is that we're -- just as you may know how many fat calories you should have, how many carbohydrates, there's really not a general knowledge in terms of what's a good amount of caffeine. So we're looking at an educational program. It's been out there for six months, we've changed the resolution, we'll continue to make it something that is positive.

And at this point, I'm ready to move it, it's expiring.

LEG. CALARCO:

I have a quick question.

CHAIRMAN SPENCER:

Yes, absolutely.

LEG. CALARCO:

I just wanted to get clarification. The title on the agenda that we have here is no longer the correct title of the bill, correct?

CHAIRMAN SPENCER:

That is correct.

LEG. CALARCO:

Okay.

LEG. MONTANO:

So you need a second on this, right?

CHAIRMAN SPENCER:

What was that?

LEG. MONTANO:

We need a second on this?

LEG. CALARCO:

I'll second it.

CHAIRMAN SPENCER:

All right.

LEG. MONTANO:

And on the motion?

CHAIRMAN SPENCER:

On the motion, yes, Legislator Montano.

LEG. MONTANO:

I spoke to Counsel, he tells me that it's going to expire if we don't pass it.

CHAIRMAN SPENCER:

That's correct.

LEG. MONTANO:

Okay, and I'm going to vote to approve it out. But I do have some concern about -- since, you know, I'm new to the committee, I do have concern about the resolution, RESOLVED clause number three where it says, "*Each Legislator shall judge entries.*" I'm not really sure, you know, I would prefer to be a judge on this. I would prefer that maybe you reconsider that. I certainly would be willing to get some community people to or some other people to be a judge, but I don't want to be, as a Legislator, the one to judge these entries and select.

CHAIRMAN SPENCER:

Absolutely.

LEG. MONTANO:

That's a concern. It's a concern that I have because, you know, if you select someone, you're not selecting ten people, constituents.

CHAIRMAN SPENCER:

Absolutely. We have always left that discretion. I crafted this after, I think, the pool safety contest that we've done in the past. But I'm happy to put language in there to really make it where -- and Legislators have the option of not participating, too. So it's something that is totally volunteer. It's an educational --

LEG. MONTANO:

I didn't read that part. So we'll get to that. Thank you.

CHAIRMAN SPENCER:

Okay, all right.

With that, we have a motion and a second. All those in favor? Opposed? Abstentions? Thank you very much. I appreciate that. **Approved (VOTE: 4-0-0-1 - Excused Absence: Legislator Kennedy).**

Moving on, on our agenda, next is ***IR 1929-13 - Adopting Local Law No. -2013, A Local Law to strengthen requirements for safe disposal of expired and unused medications (Hahn)***. As per the sponsor, motion to table.

LEG. CALARCO:

Second.

CHAIRMAN SPENCER:

All those in favor? Opposed? Abstentions? ***Motion is tabled (VOTE: 4-0-0-1 - Excused Absence: Legislator Kennedy)***.

IR 2230-12 - Adopting Local Law No. -2012, A Local Law to amend the membership of the Suffolk County Disabilities Advisory Board (Cilmi). So with this particular composition of the board, I think there was some questions with regards to the board has currently 30 people and this would expand it to 31. We wanted to get some clarification on that from the sponsor, and I think at this time we were going -- the bill still has life. Motion to table.

LEG. CALARCO:

Second.

CHAIRMAN SPENCER:

All those in favor? Opposed? Abstentions? ***Motion is tabled (VOTE: 4-0-0-1 - Excused Absence: Legislator Kennedy)***.

Introductory Resolutions

We already did IR 1026.

Moving on to ***IR 1081-13 - Requesting legislative approval of a contract award for Enhanced Breastfeeding Peer Counseling Program Services for the Department of Health Services, Division of Patient Care Services. (County Executive)***. Motion to approve.

LEG. CALARCO:

Second.

CHAIRMAN SPENCER:

Seconded. All those -- seconded by Legislator Calarco. All those in favor? Opposed? Abstentions? ***Motion is approved (VOTE: 4-0-0-1 - Excused Absence: Legislator Kennedy)***.

IR 1085-13 - Adopting Local Law No. -2013, A Local Law to protect minors from direct mail stimulant drink advertising and samples (Spencer). Motion to table for public hearing.

LEG. MONTANO:

Second.

CHAIRMAN SPENCER:

All those in favor? Opposed? Abstentions? ***Motion is tabled (VOTE: 4-0-0-1 - Excused Absence: Legislator Kennedy)***.

IR 1088 was taken out of order and approved.

IR 1089-13 - To appoint member to the Early Intervention Task Force (Kimberly D. Snyder) (Spencer). Kim Snyder could not appear, so she will come to the General Session. So with --

LEG. MONTANO:

Discharge without recommendation?

CHAIRMAN SPENCER:

Motion to discharge without recommendation. I second the motion. All those in favor? Opposed? Abstentions? ***Motion is discharged without recommendation (VOTE: 4-0-0-1 - Excused Absence: Legislator Kennedy).***

And then ***IR 1090 was taken out of order.***

I have no other business before this committee today, and I thank you for your attention. Motion. We are adjourned. Thank you.

(*The meeting was adjourned at 4:16 P.M. *)