

**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, May 30th, 2013 at 2:30 p.m.

Members Present:

Legislator William Spencer - Chair

Legislator Kate Browning - Vice-Chair

Legislator Rob Calarco

Legislator Ricardo Montano

Legislator John Kennedy

Also In Attendance:

Presiding Officer William Lindsay - District #8

George Nolan - Counsel to the Legislature

Sarah Simpson - Counsel's Office/Suffolk County Legislature

Alicia Howard - Legislative Aide/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

Bob Martinez - Aide to Legislator Montano

Ali Nazir - Aide to Legislator Kennedy

Tom Vaughn - County Executive Assistant

Mary Barbone - County Executive Assistant

Dr. James Tomarken - Commissioner/SC Department of Health Services

Margaret Bermel - Director of Health Administration/DHS

Jen Culp - Assistant to the Commissioner/DHS

Iftikhar Shahede - Director-Public Health Division/DHS

Allison DuBois - Chief Operating Officer/DHS

Phyllis Seidman - Deputy Bureau Chief/Suffolk County Attorney's Office

Anne Nolan - President & CEO/Hudson River HealthCare

Jim Sinkhoff - Chief Financial Officer/Hudson River HealthCare

Reverend Jeannette Phillips - Hudson River HealthCare

Carmen Chinaea - Hudson River HealthCare

Daniel Miller - Hudson River HealthCare

Rafael Molina - Hudson River HealthCare

Gary Bie - Chief Financial Officer/Stony Brook University

Dr. Susan Lane - Internal Medicine Residency Program

Stony Brook University Hospital

Barbara McGuade - Stony Brook University Hospital

Bob Chaloner - CEO of Southampton Hospital

Dr. Daniel Van Arsdale - Administrative Director of Medical Education & Program Director for the

Family Medicine Program at Southampton Hospital

Joanna Solmonsohn - New York State Nurses Association

Marc Kesner - Mental Health Association of Suffolk County

Mary Finnin - Representing Public Health Nurses

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Paul Caplan - Spouse of Registered Nurse of Tri-Community Health Center
Kevin McEvaddy - Legislative Liaison/Association of Municipal Employees
Nancy Marr - South Brookhaven Health Council Advisory Committee
All Other Interested Parties

Minutes Taken By:

Alison Mahoney - Court Reporter

*(*The meeting was called to order at 2:35 P.M. *)*

CHAIRMAN SPENCER:

It looks like we have a quorum. I'm going to ask if everyone could stand and we could give the salute to the flag led by Legislator Calarco.

Salutation

Good afternoon, and welcome to the Health Committee meeting. We have a lot that's going on with a couple of important topics. We usually begin with our public portion, but there's been -- one of my members has a conflicting meeting that is of utmost importance and he has made a request that we take one of our resolutions out of order that doesn't relate to any of the public comment; that's IR 1422 and that's just a Capital Budget, appropriating funds in connection with the Brentwood Health Center. So I would like to make a motion to take 1422 out of order. May I have a second?

LEG. MONTANO:

I'll second it.

CHAIRMAN SPENCER:

Okay. All those in favor? Opposed? Abstentions? We have IR 1422 before us.

1422-13 - Amending the 2013 Capital Budget and Program and appropriating funds in connection with improvements to the Brentwood Health Center (CP 4083) (County Executive).

LEG. MONTANO:

May I?

CHAIRMAN SPENCER:

Yes.

LEG. MONTANO:

Yeah, I'm going to make a motion to approve. And I just want to say, I appreciate -- I know that we're taking this out of order before the public comments. This is simply the replacement money for the Brentwood Health Center. And there is a conflicting meeting because there were three shootings, three killings in my district and there is a meeting across the street that started at 2:30 that I need to be at and that's why I'm making this request; extenuating circumstances.

*(*Legislators Gregory & Kennedy entered the meeting at 2:37 P.M. *)*

CHAIRMAN SPENCER:

Well, Legislator Montano, we wish you the best. We're sorry about that occurring here in Suffolk County, especially in your district. And with that, I'll second the motion to approve. Is there any discussion on that particular resolution? Any Legislators; no? If there's no discussion, we'll take the vote. All those in favor? Opposed? Abstentions? The motion carries. ***Approved***
(VOTE: 5-0-0-0).

LEG. MONTANO:

Thank you very much.

CHAIRMAN SPENCER:

Thank you. Good luck, Legislator Montano.

LEG. MONTANO:

Could you please excuse me? Thank you.

CHAIRMAN SPENCER:

Thank you.

With that, we'll start our *Public Portion*, and I have a few cards.

The first is Mary J. Finnin and she is speaking on the topic of the health centers. So Mary, welcome, and please come up to the podium. We ask that you limit your comments to three minutes. Thank you.

MS. FINNIN:

Thank you. My name is Mary J. Finnin. I'm distributing a copy of my report so that you will have it. I'm opposed to the Suffolk County HEAL money going to HRH. I don't disagree with the position that Legislator Montano took. I want the money to be placed -- to build a new health center for the Central Islip/Bay Shore/Brentwood community, which was the original intent of that HEAL money. And if the County isn't going to keep that as a County facility, I would like to see it go to Southside Hospital which has maintained continuity of care to patients for decades and they maintain -- it would maintain continuity for the patients, the providers and the employment of the staff.

Under Resolution 1408, again, I oppose the HEAL money going to HRH. This resolution speaks to the consolidation of East Hampton and Amagansett and Southampton, plus two other unnamed County health centers; I wonder where they are. For years the County has been given free space for a satellite clinic at Amagansett and paid rental for the property at Southampton Hospital. There are two other unnamed centers and I don't know what kind of deals have been made and I don't know what the plan is for the County. It's not listed in that resolution, they're just unnamed. The HEAL money should be used for the renovation of the old nursing home. That is the property of Southampton Hospital and it should remain in the property of Southampton Hospital which is a Suffolk County facility, a Suffolk County corporation. Again, that would maintain the services with providers in our County who have taken care of our patients for many years.

The resolution talks to the fact that there would be no disruption of the County employees and their service. How can you make a plan when you're going to -- we know that you plan to close all the other County clinics, so where are these employees going to go? All of the primary care services are currently provided within our County health clinics. Dental, mental health, AIDS/HIV, pediatrics, women's health, public health nursing and drug clinic is on-site and we have support services in Social Services, counselors, et cetera. It's a one-stop care for the entire family. That's what we provide now in our County health centers. There's a small staff of County employees who provide these services and they operate in an efficient, culturally sensitive manner. Why change this? It's not going to have a major impact on the County deficit and they didn't cause the deficit.

We have public/private agreements throughout the County network. I want to request a copy of the standard agreement mentioned in No. 8. This proposal also includes giving HRH \$3.9 million from the County over a five-year period, as well as furnishings, et cetera, now used in our centers. Where's the cost benefit ratio? Keep the jobs, keep the business in Suffolk for our residents and for our employees. Thank you.

CHAIRMAN SPENCER:

Thank you, Mary. As usual, you've been a regular here and you have a lot of passion and a lot of wisdom and we thank you for your comments and we'll take them to heart.

MS. FINNIN:

Thank you. Could I make one other comment? We the public get three minutes at these meetings, and yet we come to meetings and they invite other groups in to sit at the table for 10, 20 minutes and say whatever they want to say. I think it's disproportionate opportunity for us to give input. Thank you very much.

CHAIRMAN SPENCER:

Certainly. And Mary, if there's ever a situation -- the public comment are those that show up and fill out a card. But if you ever wanted to give a presentation and you wanted to come, we just have to arrange that in advance and you can have that same opportunity.

MS. FINNIN:

Thank you. I'll do that.

CHAIRMAN SPENCER:

So we do make that available and we do schedule people. So just for your information.

The next card that I have is Rafael D. Molina. Mr. Molina, also speaking about the HRHCare and Suffolk County Health. Please come to the podium.

MR. MOLINA:

First of all, thank you for giving me the opportunity to be here and talk to you and everyone else present. My name is Rafael Molina and I've been living in the Suffolk County community for the past almost 18 years. And I believe that this community needs services like the one Hudson River HealthCare provides to people.

I've been an employee of Hudson River HealthCare for the past three years and a half, and I'm glad to work for a great organization who cares for people, for the family, entire families, working people, any kind, any background. And we at Hudson River HealthCare, anyone can have access to the health care that we provide.

*(*Presiding Officer Lindsay entered the meeting at 2:44 P.M. *)*

I start working for Hudson in '09 and I'm a community care partner, and it's great to be part of this team and provide the services to many people and without seeing their backgrounds, their religious beliefs. We don't see no obstacles for anybody to get access to the health care. So I believe for the eastern Suffolk community, it will be great to have the Hudson be part of this community. It will be beneficial for everyone, for the families, and I am glad to be -- I'm repeating myself. I'm glad to be part of this team and I hope that Hudson River will help more communities in the future. Thank you very much.

CHAIRMAN SPENCER:

Thank you, Mr. Molina. Any questions? Our next speaker is Daniel Miller, also with regards to HRHCare. And on deck is Reverend Jeannette Phillips.

DR. MILLER:

Good afternoon, and thank you for giving me the opportunity to speak here today. My name is Dan Miller, I'm a family physician. I've been in practice for 25 years, and I'm the Chief of Clinical Quality & Training for Hudson River HealthCare.

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I joined Hudson River Health Care about three years ago and I want you to understand a little bit about this organization and about our commitment to really outstanding health care and our commitment to continuing to make that health care better. That history is long and deep. I'm sure you already know the story of our fore founding mothers, and Reverend Phillips is here today to represent that history and how it comes into the present.

We were first established in 1975, and I think part of the history you may not know is that in 1998, we were one of the first health centers in the United States to be accredited by the Joint Commission on Accreditation of Health Care organizations, and we've been accredited by JCAHO ever since. Likewise, we were one of the early health centers to be recognized by the National Council of Quality Assurance, NCOA, as a patient center/medical home. We first accomplished this in 2009 in the early days of this program. We've just reestablished this with 16 of our health centers being recognized now under their much more rigorous standards. And I want to say, we were recognized with scores that were really unusual in this country.

In addition to being a patient center/medical home, we've also been recognized by NCOA for our treatment of patients with diabetes, and here I want to get a little bit specific for a minute. The measures that we have to live up to as a diabetes-recognized program are really specific, clinical quality measures about how we treat people's blood pressure, how we get people's blood pressure to normal levels, how we get people's blood sugar to normal levels, how we work with our patients to take care of their feet, their eyes, their kidneys. These are things that make a significant difference in people's lives, the lives of their families. You know, these are very important recognitions for us.

I want to say that recognitions and awards and honors are good things; we have a number of them, we're proud of them. But those of us who have been around health care for a long time recognize that there's something much more important than those awards and those recognitions, and that's the care we give to our patients and that's the care we bring to our communities. What I want you to understand is that because of the systems that we've developed and the way we've done this for years, in the use of our electronic medical records, in the use of our teams, as the Chief of Clinical Quality, I'm now in a position to look at how we're doing in individual patients, in individual practices of how we're treating people's blood pressure, how we're treating their diabetes, how we're vaccinating our children, and to see that we're doing this at the levels we should be doing this. Very few practices today have this ability. Very few people are looking at it this way, and we've been at the forefront of this.

We are not perfect. We don't do everything perfectly, we've got a lot we're working on, and that's the point, is that we're continuing to improve, continuing to work on these things. Our practice, we benchmark ourselves not against family health centers, not against community health centers, not against safety net practices, we benchmark ourselves against the best practices in the United States. And as our Chief of Quality, I'm going to tell you I'm happy to compare ourselves with anybody in this country. We do a really good job, we bring really good care to our patients.

We're a value-driven organization. Clinical quality and the care we bring our patients is one of our central core values. Thank you for the time today.

CHAIRMAN SPENCER:

Thank you. And thanks for the work that you do and thanks for coming and sharing it with us. We appreciate it and we've actually seen the results in our communities. Thank you.

DR. MILLER:

Great. Thank you, Dr. Spencer.

CHAIRMAN SPENCER:

Jeannette Phillips. Would you like to sit at the table, or are you okay there?

REV. PHILLIPS:

I'm okay here.

CHAIRMAN SPENCER:

Okay. Very good. Thank you.

REV. PHILLIPS:

I'm going to be rather brief, so. But I am pleased to be able to be here this afternoon and certainly have the greetings of this Legislative body that continues to help us as we embrace community health care.

As one of its founding mothers, and I say that with a heartfelt feeling. You know, for many years we heard of the founding fathers, but now we have to give way to the founding mothers as well. And being a part of Hudson River HealthCare's foundation, when we opened our doors in 1975, we opened our doors to meet the unmet need of health care for our families in that particular County. And for us coming here today and continuing to share with this Health Committee, the fact that all of our families, all of our families that are in need of health care, because health care is a right for our families and not just a privilege for some, we can travel the distance to come to say we stand together. As you've heard Dr. Dan Miller just say about the quality of care that Hudson River HealthCare has been able to provide, that's the concern that the founding mothers stood up for to be able to say, "*What can we do? What can we help implement in our communities?*" And we have a Board of Directors that, in meeting this unmet need, didn't mind being able to expand the horizon to say whether we're in Westchester, whether we're in Suffolk or whatever the County, the fact that if people are in need of health care and you're able to help provide that access, this board was ready and willing to do so.

So I stand here today to just be able to say that we're here to be with you in providing that care and we hope, as you continue to not only learn more about us, but also being able to hear from the citizens of this area in terms of what it has meant to them since we opened the center at Elsie Owens in May of last year, to where we have been able to bring that center to today. It's a remarkable piece of work that has been done as they've added dental care and behavioral health care and certainly brought a light of color to the waiting areas and to the exam rooms. That's the dignity of health care being able to be provided in a setting that makes people healthier, if you will. So thank you for your time and we look forward to continuing a relationship.

CHAIRMAN SPENCER:

Thank you, Reverend. We appreciate everything that you've done and, again, what you represent. And you've got impeccable timing, your remarks were exactly two minutes and 58 seconds.

*(*Laughter*)*

REV. PHILLIPS:

There you go.

CHAIRMAN SPENCER:

I was hoping -- I would have given you as much time as you needed, but you saved me from an awkward situation, so thank you. We appreciate that.

I have no other cards before me. Is there anyone else in the audience that wishes to be heard? Is there anyone else that wishes to be heard? All right.

LEG. CALARCO:

You have somebody.

CHAIRMAN SPENCER:

Oh, great. Come forward.

MR. CAPLAN:

Thank you, Dr. Spencer.

CHAIRMAN SPENCER:

Just do me a favor. Even though I know who you are, just state your name. I'm going to need you to fill out a yellow card, but just give us your name and just kind of where you're from, speaking as a private citizen or what organization; for the record, please.

MR. CAPLAN:

Thank you. My name is Paul Caplan. I am a private citizen, my wife is an employee as a Registered Nurse of the Tri-Community Health Center, and I've spoken in front of this body several times in concerns about our health centers, understanding the need to spend the \$4.3 million grant awarded to Suffolk County to be used by December 31st, 2013, for the purpose of upgrades to the various health centers. I would hope that if any health centers are privatized to Hudson River HealthCare, the County would recover any and all monies used on these projects.

My issue is whether these upgrades are a sweetener to have HRH take over the clinics. I would request a thorough breakdown on how much money the County expects to save with any privatization. Included should be receivables, or not, of rent, utilities, upgrades to facilities, as well as the actual cost of the salary and benefits to the current employees.

I would also suggest that an audit of HRH's incoming grant money from Federal, State and local governments, as well as Medicare and Medicaid and what their reimbursement rates are. The question is what percentage of their operating budget is the County responsible for? Should funding from other sources be reduced? Does that leave the County with a larger contribution to maintain the County Health Centers? Has there been an audit of the Coram Health Center? Does HRH have the contractual rights to increase the subsidy from the County should their business model not meet their expectation?

I would also remind the County Executive that in his State-of-the-County Address earlier this year, he stated that there would be no layoffs for 2013. What happens to any employee who is not retained by HRH? Did the Executive say that it was HRH and not the County who administered the layoff? Once the County gives up its care, custody and control of these facilities, they no longer control their responsibility to over 70,000 residents who expect their County to safeguard them. Thank you.

MS. FINNIN:

(Applause)

CHAIRMAN SPENCER:

Thank you, Paul. Is there anyone else that wishes to be heard?

LEG. CALARCO:

One more.

CHAIRMAN SPENCER:

Please come up, sir. And again, I'm going to need you to fill out a card, and if you could just give us your name and who you're representing on the record, please.

MR. McEVADDY:

Not a problem. I do apologize, last minute. My name is Kevin McEvaddy, I'm a representative from AME. I don't have a prepared statement. Unfortunately, due to some immediate scheduling conflicts, some of the board members that had planned to attend, to be here today, they couldn't. I'm here to speak on behalf of the legislation before you. Obviously AME is opposed to it. They would like to reach out to any and all Legislators regarding this and any further privatization of any County health facilities or other facilities, and that's where they stand. They're willing to work with the Administration, with you. They want to keep as many employees on the books as possible and anything they can do to help out, that's what we're here for. Thank you.

CHAIRMAN SPENCER:

Thank you. Please come forward. Thank you. And also I need your name.

MS. MARR:

My name is Nancy Marr and I'm a member of the South Brookhaven Health Council Advisory Committee, and I've been on that committee for many, many years. And I'm not going to say anything logical or important, but I do want to say what I'm thinking which is that our health centers have been delivering wonderful health care, particularly the one that I'm familiar with. So I know that HRH also does, but it's a question of how can we continue what we're doing and make it a County program? I understand the issue is money, but are there ways that we could continue the involvement of the County, involvement of County employees. In the case of ours, our employees are Brookhaven Hospital employees. It's important that since they've given all this time and energy, that they be kept to keep their benefits?

So all I'm doing is asking if there are ways that the final decision could be made in a way that doesn't exclude the County and all of its resources, even though maybe we would like to take advantage of the extra Federal funding from HRH. Thank you.

CHAIRMAN SPENCER:

Thank you. That concludes our public portion, so we're going to close the public portion at this time.

What we have done for this particular meeting, we've suspended presentations because we expect a lively discussion. I know we had postponed Amy Yuchatz appearing who will discuss public health assessments, and we will have Amy come to us in July.

With that, I do have a couple of pieces of correspondence that I would like to present to the Clerk for the record. One is an Annual Report from Hudson River Care with regards to Elsie Owens Health Center, and it's from May, 2012 to May, 2013. It's a comprehensive report that's approximately 15 pages long, but the Executive Summary is fairly brief and I will read that into the record:

"The transition of the Elsie Owens Health Center has been a tremendous success. We seamlessly transitioned care for the Elsie Owens Health Center patients to HRHCare. As of the end of March, we have provided care to 85% of the patients seen prior to transition. We have increased our scope of services offered at the health center to include dental, mental health services. We have implemented an electronic health record and other additional quality improvements, such as the NCQA Primary Care Medical Home Initiative to enhance care provided at the Elsie Owens Health Center. We have preserved and expanded jobs. No employees have lost their jobs due to transition and HRHCare has hired 20 additional staff members, everything from physicians to nurses to patient care partners and patient representatives. We renovated and reorganized the physical space to enhance the patient experience and services. We have increased the visit volume at the health center by providing a comprehensive growing list of services to our patients."

So in -- this is presented to us from HRH and I am going to present a copy to each of the members of the Health Committee, and we will have a copy for the record.

I have no other correspondence. There's one other piece? Okay. We're also distributing another piece of correspondence which is an e-mail that is with regards to the John J. Foley Nursing Center, and just -- it's also a fairly lengthy document from Linda McGreggor. And the considerations at the end of the e-mail, which I'm not going to read the entire correspondence, but the four recommendations:

Making proposal with the Legislature to hire those that she has included by name, Lowell Fein and Bruce Peckman to run John J. Foley and turn it around; please vote against the health center consolidation proposal because of the concern that it violates the RFP process; three, making a proposal to eliminate the new County position of Deputy Fund Administrator; and four, making a proposal that all written decisions related to RFP Committee be available for public viewing.

So I'll also give the complete document to -- for the record, it will be presented to the Clerk. That's all the correspondence that I have.

Introductory Resolutions

With that, we are going to turn to our agenda and that's where we'll have the discussion with regards to the transfer of the health center. So the first item I have before me is ***IR 1415, and that is amending the 2013 Adopted Operating Budget to transfer funds from the Town of Islip to Human Understand and Growth Seminars (HUGS) Inc., and to accept and appropriate additional 100% Federal aid pass-through New York State Office of Alcoholism and Substance Abuse Services to HUGS, Inc. (County Executive).*** I'm going to make a motion to approve and place on the Consent Calendar.

LEG. CALARCO:

Second.

CHAIRMAN SPENCER:

Second by Legislator Calarco. All those in favor? Opposed? Abstentions? The measure is carried ***approved and placed on the Consent Calendar (VOTE: 5-0-0-1 - Not Present: Legislator Montano/**Presiding Officer Lindsay included in vote**).***

IR 1421-13 - Adopting Local Law No. -2013, A Local Law To Modify The Food Policy Council Of Suffolk County (Hahn). I'll make the motion to table for a public hearing.

LEG. BROWNING:

Second.

CHAIRMAN SPENCER:

Second by Legislator Browning. All those in favor? Opposed? Abstentions? Motion carries. I mean motion is ***tabled (VOTE: 5-0-0-1 - Not Present: Legislator Montano/**Presiding Officer Lindsay included in vote**).***

IR 1422 we've already taken out of order.

So ***IR 1428-13 - Authorizing the County Executive to enter into an agreement for the operation of a consolidated health center located on Southampton Hospital Campus and approving consolidation and operation of the existing Kraus Family Health Center at Southampton and the Suffolk County Health Center at East Hampton into a single FQHC Health Center to be operated by Hudson River Healthcare, Inc. (County Executive).*** So we

have this motion before us. For the purpose of discussion, I'll make the motion to approve. Second on the motion?

P.O. LINDSAY:

I'll second it.

CHAIRMAN SPENCER:

Seconded by Legislator Lindsay. We have the motion before us.

So prior to debating this issue, I know that we have several visitors who have come on this, and I would like to invite Commissioner Tomarken to come to the front at this time with representatives from the interested parties; we have Hudson River, Southampton, the Executive's Office.

Good afternoon. Thank you, everyone. If you could -- if we could, just so that we know, and my colleagues, who to direct questions. If we could start just at this end of the table, or Dr. Tomarken, would you like to introduce everyone --

COMMISSIONER TOMARKEN:

Yeah.

CHAIRMAN SPENCER:

-- and make an opening remark?

COMMISSIONER TOMARKEN:

Please. Thank you.

CHAIRMAN SPENCER:

Okay. Commissioner Tomarken, thank you.

COMMISSIONER TOMARKEN:

Good afternoon. For the record, I'm Dr. Tomarken, Health Commissioner, and I'd like to have the other parties to this proposal introduce themselves. We'll start on my left.

MR. CHALONER:

Good afternoon. I'm Bob Chaloner, CEO of Southampton Hospital.

CHAIRMAN SPENCER:

Welcome, Bob.

MS. NOLAN:

Anne Nolan, President and CEO of Hudson River HealthCare.

MR. SINKHOFF:

Jim Sinkhoff, Chief Financial Officer, Hudson River HealthCare.

MR. BIE:

Gary Bie, Chief Financial Officer for Stony Brook University.

DR. VAN ARSDALE:

Dr. Daniel Van Arsdale, Administrative Director of Medical Education and Program Director for the Family Medicine Program at Southampton Hospital.

CHAIRMAN SPENCER:

Did you get all the names? Are we okay?

MS. MAHONEY:

I'm good.

CHAIRMAN SPENCER:

Excellent.

Dr. Tomarken, would you give us kind of an overview or a presentation of what we're considering?

COMMISSIONER TOMARKEN:

Thank you, Mr. Chairman. As you can see from our slide, this is Resolution IR 1428 that deals with the consolidation of two health centers for the County. And I want to put it in perspective, because what the health centers focus on nowadays is being a primary care home, which is a model that has received attention across the country for its potential to advance the triple-aim goals of health care reform; number one, a healthier population; two, exemplary patient care; and three, reasonable cost.

Patient-centered primary care homes achieve these goals through a focus on wellness and prevention, coordination and integration of care, proactive management and supportive individuals with chronic diseases and a patient-centered approach to all aspects of care. The primary care home consists of six core attributes; access to care, accountability, comprehensive whole person, continuity, coordination and integration, and person-and-family-centered care.

Who are the organizations in this proposal? Well, you've heard some introductions, but just to reiterate, it's Suffolk County Department of Health Services; Hudson River HealthCare, otherwise known as HRHCare; Southampton Hospital and Stony Brook University. The proposal will expand services for the East End in a new state-of-the-art facility on the Southampton Hospital campus to be operated by Hudson River HealthCare. This will create a unique cooperative arrangement between the Health Department and a teaching hospital and a community hospital, as well as an FQHC entity. This will utilize the FQHC model of care to provide essential health services to the medically underserved. This is an extraordinary opportunity to provide a national model for our residency program on the East End of Long Island.

MS. NOLAN:

Thank you, Dr. Tomarken. And thank you, Dr. Spencer and the Health Committee. We very much appreciate being included in this presentation.

I'm just going to talk a little bit about what an FQHC model of care is. What is an FQHC? A Federally Qualified Health Center is a designation from the Bureau of Primary Health Care and the Centers for Medicare and Medicaid Services given to a non-profit, public or private clinic that is located in a medically underserved area, or provides care to a medically underserved population. FQHCs must provide a detailed scope of primary health care as well as supportive services to all patients, regardless of their ability to pay. They must be governed by a board of which the majority members must come from the community served by the FQHC. And you've heard from our board member and founding board chair, the Reverend Mrs. Phillips.

Most, but not all, FQHCs receive Federal grant funds under the Health Center Program, Section 330 of the Public Health Service Act. Now, there are benefits that come with being a Federally Qualified Health Center. They include the 340-B pricing, Drug Pricing Program which is a reduced cost of prescription and non-prescription medication for outpatients. Access for vaccine for the children's program. Remember, FQHCs are authorized through Section 330 of the Public Health Law and must provide preventive and primary health care services for all age groups, regardless of the ability to pay. There is a sliding fee scale in place and there is a commitment to serving the uninsured and underinsured.

With the benefit of -- one of the major benefits I think you see in a Federally Qualified Health Center is that our medical malpractice coverage is covered under the Federal Torts Claim Act. We also have eligibility, long-term, for various other Federal grants and programs, and at this point the Federal government sees the Federally Qualified Health Center System as the foundation for the primary care expansion of the Affordable Care Act.

COMMISSIONER TOMARKEN:

I want to spend a couple of minutes on the key benefits of this proposal. First of all, it will expand services for the residents of the East End of Long Island, a very important point. It will preserve and expand access to care. It will establish a primary care training program to develop new physicians in Eastern Suffolk County, which has always been a chronic problem. Stony Brook University will be providing a preceptor staff with a training of osteopathic and family residency staff. This proposal invests and leverages New York State HEAL funding; 2.2 million from the County and 700,000 from Southampton's HEAL funds. It will increase Federal resources in the County through FQHC benefits. It will save the County \$3.87 million over four years with no further financial commitment from the County. There will be two Suffolk County residents on the Board of Directors, there will be immediate protection for the County from malpractice insurance claims.

And now we should spend a few minutes on how did we get to this point in time. The County has eight health centers which provide excellent quality care and have done so for many, many years.

MS. FINNIN:

(Applause).

COMMISSIONER TOMARKEN:

But they have been impacted by the State aid reductions and the current fiscal crisis. At New York State's recommendation, the responsibility for providing health care services at Elsie Owens Health Center was transitioned to HRHCare in the FQHC model. We were encouraged to pursue providing and expanding health care services at the health centers with HRHCare, and the department was granted an RFP waiver on June 21st of 2012 to proceed with contract negotiations with HRHCare for the County-staffed health centers, because HRHCare is the only entity having FQHC status in Nassau and Suffolk Counties.

Due diligence. Suffolk County Department of Health Services' Administrative staff, the County Executive's Budget Office staff and County Attorney staff have been negotiating terms with HRHCare and exploring all potential scenarios. The A-96 process, the County Executive held two Public Hearings on May 20th of this year; there were two Legislative hearings, one on May 21st, one on May 23rd of this year; and an A-96 analysis meets the 10% required savings for each of five years. The BRO report has certified these savings.

The timing of the project. The New York State approved use of HEAL dollars for the development of a new, state-of-the-art health center operated by HRHCare and these dollars will expire December 31st of this year. Renovations must begin soon because of this limited window of time. Project completion by the end of the year removes these health centers from the impact of the 2014 County budget request, All Department Heads Memorandum which requires a 5% reduction to all net expenses which includes health center budgets.

So who is HRHCare? And I will let them speak for themselves.

MS. NOLAN:

Thank you, Dr. Tomarken. We have presented before to you about the long history of Hudson River HealthCare. We have been serving communities in the Hudson River Valley and in Long Island for over 38 -- having started 38 years ago. We are a not-for-profit Federally Qualified Health Center licensed by New York State under Article 28 as a diagnostic and treatment center. We grew out of a

grassroots movement, a community movement of the late 60s and early 70s to increase access to quality affordable health care for the medically underserved. We remain committed to the community with a mission to increase access to comprehensive, primary and preventive health care and to improve the health status of our communities, especially for the underserved and vulnerable.

We have had -- as you heard Dr. Miller, who's our Chief of Clinical Quality and Training speak earlier, we are an experienced not-for-profit that has a proven track record for transitioning practices and transforming the care. We are JCAHO accredited and COA recognized, and recently won the HIMSS National Davies Award for Quality and Community Health. We currently operate 19 health centers in neighborhoods around the Hudson Valley and Long Island, an additional five health centers through a subrecipient agreement with Nassau University Medical Center.

We also have in our audience our Chief Medical Officer, Dr. Carmen Chinae. Dr. Chinae and Dr. Miller work towards always providing a sound operation of all of our physicians and all clinicians, working together to provide the highest quality of health care.

Now I'd like to turn just a little bit of attention to the existing partnership that the County does have with Hudson River HealthCare and that is the successful transfer of services in the Elsie Owens Health Center. This transfer of services took place in May -- on May 1st of 2012, with three stated goals set forth and we have met them. We have -- we met to enhance services, to increase access and to reduce the cost to the County. We have enhanced the services by most recently adding a three dental operatory service. It is in -- an incredible addition. Never before had the Elsie Owens Health Center had dental services, and here we have it operational at this point. We have increased access because of that. We've also added behavioral health services in collaboration with our local partners in Suffolk County. We have reduced the cost to the County. Our projected cost reduction is 57%.

We have other accomplishments to talk about. We implemented the Electronic Health Record; we did that early on in the month of July, and have seen the population grow. The increased Census, a number of people are being served, climbing since that point. We have renovated the health center to add the dental services. In addition, we've added bilingual support staff, so there's the ability for well over a third of our patients who are coming who are bilingual to be able to access services in their own language. We have introduced the key outcome measures and protocols that achieve the NCOA Primary Care Medical Home Initiative. All accomplishments were made while achieving nearly the same patient count as our pretransfer.

I would like to introduce Jim Sinkhoff, our Chief Financial Officer, to talk a little bit about the financial highlights.

MR. SINKHOFF:

Good afternoon and thank you. One of the aspects of the work that preceded this was to provide savings to the County. Based on the 2012 actual cost, the savings to the County in the first months of the transition is approximately \$1.7 million. As you know, there was a Community Benefit Grant that was provided that is time-limited, and after the fifth year that Community Benefit Grant goes to zero, so the County will have savings in perpetuity going forward.

And last but not least, as part of what's important is the increase in access to patients. We have 6,600 unique patients and we're currently, through the period of time, enumerated 21,300 visits. Thank you.

COMMISSIONER TOMARKEN:

This is a picture of the Elsie Owens Health Center and the dental suite that is now currently open and operating. There is a synergistic effect of this public/private partnership. This is a unique public/private partnership. It is going to consist of a newly-renovated, cutting-edge health center

located on the campus of Southampton Hospital. It will have an FQHC designation and all of the benefits that accrue to that. It will have an enhanced scope of services; primary care, dental, behavioral health, family planning, sexually transmitted diseases, tuberculosis treatments and women, infants and children services. It will be a teaching health center run by Stony Brook University, and transportation services will be provided as well.

What are the benefits to Suffolk County? As you heard earlier, there's a savings of \$3.8 million over five years with no further financial obligation; release from medical malpractice liability, lease expense savings from East Hampton and Southampton Centers that are currently functioning; enhanced services to the community; no layoffs as a result of this proposal. The County staff will be transferred within the Health Department based on staffing needs and locations. The proposal assures the County that health care services to the underserved will be enhanced, if not improved. The 5% budget cut to these and other health centers will be applied in 2014 necessitating service reductions.

What else does Suffolk County bring to the table? We bring 2.2 million in HEAL funds for the renovation of the facility. HEAL 6 funds are designated by New York State for primary care infrastructure to help diagnostic and treatment centers to expand and improve primary care services to meet community needs. There's a five-year Community Benefit Grant to HRHCare and the integration of certain mandated public health services such as STD and TB.

MS. NOLAN:

Thank you. So now I need to talk a little bit about what HRHCare brings to the table. We bring our FQHC status, as the only Federally Qualified Health Center in Suffolk County. We have experienced managing a network of FQHCs in New York State; as I said before, for 38 years, we've been involved. Although we were just one site from Peakskill, those early years we had 12 staff, so we were very small and we grew in these communities. And as the Reverend Phillips explained, the communities we've grown in have been the communities who have wanted us to be there. And we have been able to bring our Federally Qualified Health Center status and our good services and good hearts of our clinicians to the table to make sure that these programs are expanded in communities where there's need. We certainly have a commitment, have always had a commitment to the medically underserved. We intend to hire staff, so there will be new employment that will help to operate the health center here in Suffolk County. And we will intend, truly intend to enhance the services as we've done at Elsie Owens, including outreach and transportation and translation services, which in the Federal aim, under a Federally Qualified Health Center, are called enabling services, how it is that we can break down barriers to get people into care.

I know there have been some particular questions about transportation and we know on the East End and on the South Fork there is a concern. We've given quite a bit of thought to this to assure that there is transportation for patients to continue to get to the Southampton Health Center and also from the East Hampton Health Center where they were located and seen before. We -- of course, all of you know that there is a public bus route and that sometimes is a very long bus route, which is, by the way, one of the reasons that our health center is located in the community where we do serve people closer to their homes for the very reason that public transportation tends to be slow and long and our patients can't sustain that kind of wait.

We also, in our budget, have proposed the purchase of a transportation van and the hiring of an outreach worker and driver who would be responsible for maintaining a shuttle service on the south fork to make sure that patients get into care. We have also researched and intend to have a taxi service contracted for high need patients at those urgent times when they need to get to the health center or the hospital and they're under our care.

COMMISSIONER TOMARKEN:

What does Southampton bring to the table? And I'll let Robert Chaloner, CEO of Southampton Hospital address that issue.

MR. CHALONER:

Thank you, Dr. Spencer and Committee, for the opportunity to speak with you. I represent Southampton Hospital. We are a not-for-profit community hospital that's been serving the communities of the south fork from Westhampton to Montauk for over a hundred years. We have successfully partnered with the County on the Kraus Family Center on -- which is currently on our property, and welcome the opportunity to continue to work with the County to expand these services.

Southampton Hospital believes very, very strongly in this proposal for a number of reasons. Working and living and trying to provide health care on the East End, and particularly in the South Fork, is not an easy venture these days. We have growing and chronic shortages of physicians, our population suffers from access to care issues across the board, and Southampton is frequently turned to by our communities to build a network of services to support those who can't get care anywhere else. Travel distances don't allow people from Montauk, East Hampton to make it beyond the canal, much less to Riverhead.

We have had the opportunity to work with HRH and the County on this proposal and are extremely excited about it for a number of reasons. Number one, it allows us to expand the health facility with grant money that we've pledged and hopefully the support of the County to expand services that are desperately needed, including the mental health services and dental services that are not provided to our residents currently. It allows us an opportunity to incorporate a training program. We currently train medical residents, we need locations to train those residents. And one of the major benefits to our communities going forward will be the opportunity to continue to grow doctors that will continue to locate in the Towns of Southampton and East Hampton. Doctors are not, on their own, moving to these communities. They do tend to stay in the community when they train at Southampton Hospital, and we look forward to an opportunity to expanding the training site, and particularly with the help of Stony Brook which will provide sponsorship of the residency program. Very exciting opportunity to graduate new family practice residents.

We also look forward to the opportunity to incorporate with Hudson River HealthCare their information technology, and also their on-call services for the patients which we currently cannot access. Patients after hours show up in our emergency room, we have no ability to access their clinical records, know nothing about them with HRH. Their information system's linked to our community systems, our doctors will be able to work jointly, access their information and provide truly 24-hour care throughout the community.

I know that there have been some concerns about East Hampton. I live in East Hampton, northwest woods of East Hampton, affectionately known as the Adirondacks in East Hampton.

*(*Laughter*)*

And Southampton, in addition to the partnership we've had with the County, has been asked by the community to grow a primary care network. We have successfully grown and added 30 doctors to the community, from Westhampton all the way out to Montauk. Four of those practices are located in the Town of East Hampton and we will continue to make and grow those practices for the people in East Hampton. And in fact, we're excited about this program because it will graduate new residents who we can continue to place and grow those practices. We're extremely concerned about the growing shortage of primary care in our community. We need the opportunity to expand this residency program and hopefully the County will support this and not continue to default to our emergency room which is the current situation. Thank you.

COMMISSIONER TOMARKEN:

Thank you, Bob. I'm going to let Stony Brook acknowledge what they bring to the table. Gary Bie, Chief Financial Officer.

MR. BIE:

Thanks, Dr. Tomarken. If it's okay with Dr. Spencer, I'd like to invite my colleague, Dr. Susan Lane from Stony Brook, because we're going to speak about Stony Brook's vision for health care delivery in Suffolk County; just as important, the teaching aspects of what the largest academic medical center on Long Island really brings to the table.

So Stony Brook's vision for Suffolk County is really to expand its network of hospitals, nursing homes, other health care providers, and the FQHC is a critical piece to what we call an integrated health care delivery system. And we're very excited to have FQHCs in Suffolk County to help provide services to this vulnerable population of the community. Stony Brook is trying to prepare itself to be the hub, so to speak, of a hub and spoke system. We are the tertiary care and quaternary care facility for Suffolk County, the Level I Trauma Center, CPEP, et cetera. But we need to partnership with our other local community hospitals as well as these clinic settings, these FQHC settings. And again, as I said earlier, I'd like Susan to speak to the teaching mission, and she's going to tell you a little bit about the shortage of physicians and what this model will help bring to Suffolk County in the way of physicians as we move forward, and FQHC's critical role in this.

DR. LANE:

Good afternoon. And I want to say hi to Bill Spencer; he and I graduated from medical school together, so we haven't seen each other in a long time.

So I actually -- I'm an internist, I'm a general practitioner. I run our Internal Medicine Residency Program. I actually also run what we call our Ambulatory Care Clerkship. That's an out-patient clerkship trying to foster an interest in primary care in our medical students.

A little bit about the primary care shortage. I know you've all heard a lot about this, but I wanted to just give you some numbers. We have an estimated need of about 261,000 practicing primary care docs by 2025, and that's actually due to the implementation of the Affordable Care Act and the growth and aging of our population. That's actually almost 52,000 more than are currently practicing. The ten states that require the largest increase actually include New York, so we're in the top ten, which is not actually where we want to be.

For the supply and demand, we will actually grow our physician supply by about 7% over the next decade; however, the Census Bureau projects a 36% growth in the population over age 65. Those older patients are sicker and have more chronic conditions which require more time and coordination. And indeed, a third of physicians are actually due to retire in the next decade, so we kind of call this the "silver tsunami". The most severe impact is going to be on the 20% who are in medically-underserved areas --

One good thing that I've seen is a slight uptick in the increase in primary care over the past few years, we do track this. So we do see more medical students interested in primary care, and we want to make sure that they have a place to train that is someplace on Long Island so that they will stay here. And I will reiterate that point that where residents tend to train, they tend to stay and live and set up -- set some roots down.

From a view toward general medical -- graduate medical education, we really do want our primary care doctors working in an environment where they can experience an efficient and effective patient-centered medical home model that offers state-of-the-art facilities with an electronic medical record. The Institute of Medicine called for a reform to prepare doctors to be practicing efficiently as 21st Century doctors, and indeed to do that, they called for increased training in what we call the

"integrative competencies", which are quality, technology and systems of care. And I believe enabling our family medicine residents to train in this type of setting would be a wonderful way to approach that.

A few last points. We do feel that primary care is best learned in out-patient community settings where the residents are exposed to a diverse patient population, and where they can understand and help to work to breakdown health care disparities. Stony Brook has an excellent track record for a high level of educational curriculum. We have an excellent accreditation record, and our Dean is absolutely committed to increasing our primary care workforce.

COMMISSIONER TOMARKEN:

Thank you. We've heard from our partners, now let's spend a few minutes on how this proposal is funded. The project consists of Capital and Operating costs. The Capital costs to renovate the existing space to meet the ACGM, and that's the American College Graduate Medical Education -- basically the Stony Brook Residency Program -- requirements are approximately \$2.9 million. The source of funds available to pay for these renovations consist of New York State HEAL 6 and HEAL 11 funds approved for this project.

The County's payments to HRHCare will total of \$3.91 million over five years. After State aid, the net cost is \$2.5 million to the County. With the status quo, the net cost would be \$6.37 million; compared to the HRHCare net cost of 2.5 million, the savings to the County over five years is 43.87 million.

Residency programming expenses will be borne by Stony Brook University Hospital and Southampton Hospital. HRH's care -- FQHC status will enhance the project by implying its all-inclusive rate structure and the Federal Tort Claims Act protections. The County is relieved of medical malpractice liability immediately upon transition. The FQHC sliding fee schedule for office visits and laboratory services will be applied to patient visits.

The net -- the five-year net cost analysis is the following: If you look at the far column on the right, the County's payments to HRHCare will total \$3.91 million over five years. Again, after State aid, the net cost is 2.5 million. With the status quo, the net cost would be 6.37 million; again, compared to the HRH net cost of 2.5, the County savings over five years is \$3.87 million.

MS. NOLAN:

I, too, wanted to say how important this project is for Suffolk County and for -- really as a model for this country. It is rare to see a local Department of Health, community hospital, a teaching hospital with the prominence of Stony Brook, and an FQHC have an opportunity as a teaching health center to be involved in a project. And as we mentioned earlier, with the Affordable Care Act, so many more people would be brought into the system. But with insurance doesn't necessarily mean people can have access to health care. And this is a move to be sure that people have an access point, have a health center, have a medical home to go to.

How we intend to propose to increase access in quality? Well, we will expand access to dental and behavioral health care services, as we've done at Elsie Owens. We will expand evening and weekend hours. We will enhance care coordination with a 24/7 connection to Southampton Hospital for medical records and in-patient care.

We have achieved, as we've talked about, the NCOA quality assurance PCMH, patient-centered medical home program requirements and we will bring those -- that accreditation and those standards to this new site. We will also achieve and bring to this new site the JCAHO accreditation which is separate and apart from a hospital accreditation, it is an ambulatory care accreditation.

COMMISSIONER TOMARKEN:

Let's just spend a minute or two looking at the facility itself. This is the current old nursing home facility on the Southampton Campus. This is another view of it. It's right next door, literally across the street from the Southampton facility, hospital facility. It has ample parking. It's going to be right next to the bus route, it may even be right on the bus route. This is a room inside. The rooms are currently being used for administrative purposes, so the building is functional. This is a hallway; it's in good shape, but it does need changes to make it acceptable as a health center. This is the floor plan and proposed and the sites that are colored are going to be those that are being renovated. So they already have plans in place and just need to go ahead to start the actual work on the construction project.

So the key highlights. This is a very unique opportunity because we have access to New York State HEAL funding. We have a partnership with Stony Brook University Hospital providing a residency program. We have FQHC benefits, we have a net savings to the County of \$3.87 million over five years, with no further financial commitment from the County after that time, immediate release from medical malpractice and there will be two Suffolk County residents on the Board of Directors.

The outcomes of this effort will yield a new teaching health center, hospital involvement and continuity of care, hospitalization and emergency compartment care; transportation services will be provided, it will be close to specialty care, ancillary service and emergency medical services, kind of a one-stop shop; and it will provide expansion of services. And this makes this a very, very unique opportunity that I think the County should take advantage of, and it's the Health Department's recommendation that we move forward on this project.

MR. SINKHOFF:

One other outcome that's just not listed on the slide, is that when fully enrolled, 15 residents will be trained at the teaching health center.

COMMISSIONER TOMARKEN:

That concludes our presentation. We're available for questions.

CHAIRMAN SPENCER:

Thank you for a very, you know, comprehensive presentation. It's very exciting. I know that when you look at the benefits that you are presenting, it's something that I think would be beneficial to our residents. I think that some of the concerns with regards to my colleagues, which I'm sure they'll address themselves, really is trying to determine our responsibility as a County to our constituents and what that means for the future and what our responsibilities are to our workforce and how we can best, you know, serve our constituents moving forward. So I'm sure we'll get into a lot of those. I have an extensive speaker list, and in no particular -- Legislator Browning.

LEG. BROWNING:

You want me to start?

CHAIRMAN SPENCER:

Yes, I'm going to start with Legislator Browning. Thank you.

LEG. BROWNING:

Okay. Well, thank you for the presentation. You know, I think it's very clear where I stand on the issue. However, I want to say thank you, Ann and Jim, for the opportunity to come up to Coram and visit. The facility is beautiful and I think you guys do a wonderful job. My decision has absolutely nothing to do with Hudson River. Legislator Calarco and I have been talking to the Administration for a year and a half about Brookhaven Hospital and getting that FQHC done, working to make things better and to save us money at Brookhaven, and that was a no-brainer. That would be much easier. But they, in the eleventh hour, came to us and said, "Oh, this is what we're

doing," and that's what the problem is.

I don't even know where to start. But Dr. Tomarken, first question is, okay, we're privatizing East Hampton and Southampton Health Centers, which are currently County-owned and operated. We have Riverhead, we have Tri-Community. Does the County -- and I think it could be very clear and simple, and maybe Tom Vaughn wants to respond. Does the County have plans at this point in time, or in the near future, to privatize Riverhead and Tri-Community Health Centers? And a yes or no answer works for me. I guess no answer means possibly.

MR. VAUGHN:

Not at all. Legislator Browning, I think that the County Executive made it quite clear during his State-of-the-County Address that he -- that he believes that the way that we deliver health care services in this County need to change. And I would just ask that this committee consider the bill that is before them today, and the bill that is before them today is going to take the employees that are at Southampton and East Hampton and make them -- and put them at the other County facilities. It will put them as part of the Jail Medical, it will put them at Amityville, it will put them at other County facilities. And we can -- and if somebody doesn't want to see those other -- us change the way that we run those clinics, then we should oppose that bill or vote for that bill or however we feel on it at that point in time. Because --

LEG. BROWNING:

Okay. Okay. I think you've answered my question and the answer is more than likely yes. The County Executive's goal, at some point in time, is to go ahead and privatize and to shift the County workers to Riverhead or Tri-Community or wherever is basically temporary. And you know, so that's what I see.

I mean, he's -- what he's done at the methadone clinics, we know what's going on. And also take a look at the fact that you have about 180 employees out of a nursing home who are now being laid off who will, through bump and retreat, some of those East End employees are going to wind up out of a job. So that would be my guess, that some of those employees on the East End will wind up out of a job because they will be bumped from some of the more senior workers at John J. Foley. So I think the message is very clear, that how we vote -- if the vote goes through to privatize these two nursing homes, it's going to be very clear --

P.O. LINDSAY:

It isn't a nursing home.

LEG. BROWNING:

Did I say nursing homes? See, I've got nursing home on the brain. But if they plan -- and I'll never get over that. If they plan -- you know, the plan to do that, it's clear, it's moving forward. And if the vote goes through, it's going to go through with the next batch, and I think the precedent is being set on the vote that happens today. So let's get past that one.

The other issue I have with the privatization is the County Executive has been talking about creating good paying jobs. And we hear that here at the Legislature, you know, "*We're going to create good jobs in Suffolk County and good paying jobs.*" But on the other hand, we're laying off County workers, putting them on the unemployment rolls. It doesn't make sense. And if they get jobs and decide, well, you know, they could get jobs elsewhere.

If you read Sunday's Newsday and it talks about the jobs that are being created here in Suffolk County, they are lower paying jobs. They're not getting well paid. Health care was one of the jobs that we looked at, and there was I think about 185,000 over -- a couple years ago, it's gone up to 205,000 health care jobs. So we're going to tell our County employees, "*Well, you know you're going to get a job somewhere.*" But are we going to be able to say to them, "*You're going to get a*

job that's going to pay you well and you're going to have health benefits and you're going to have a retirement," which I think everybody around here thinks that we should all have and everybody should have. Yet -- and Bill, I'm sure you'll respect this. When we put money out for construction jobs, what's the first thing we do? We want to make sure that they're union jobs because we know they pay well. So if we're going to do this to the County workers, then we should be looking at our future jobs down the road that we're going to -- infrastructure jobs, like something that's coming up in our budget to create infrastructure projects, that we should just say to the building trades, "Well, you know what? You're going to get a job anyway and it really doesn't matter how much money you get, as long as you get paid." Because that's basically what the County is saying to these County workers.

I would like to know how many County employees there are who will be getting shifted to Riverhead or wherever else?

COMMISSIONER TOMARKEN:

Eighteen.

LEG. BROWNING:

Eighteen. And have you looked at the bump and retreat with the John J. Foley workers, how many possible bumps there would be?

COMMISSIONER TOMARKEN:

I don't have that now, but we can get that for you.

LEG. BROWNING:

Okay.

MR. VAUGHN:

And I would just add to that, that no matter what happens with this bill, those bump and retreats are going to take place. I mean, one has nothing to do with the other.

LEG. BROWNING:

Yeah, it kind of does.

MR. VAUGHN:

It absolutely does not. The two are completely separate issues. This -- voting for this bill or not voting for this bill is not going to preserve somebody's job who's getting bumped out due to the closure of John J. Foley. One has nothing to do with the other.

LEG. BROWNING:

Absolutely it does. These are employees at our health centers that we're saying, "Okay. We're going to shift you from the East End health centers and you're going to get jobs in Riverhead or in Amityville or wherever, and" -- but you're telling them they possibly may be out of a job because a John J. Foley worker might bump you out of a job. Have they been made aware of that?

MR. VAUGHN:

Legislator Browning, if there are a certain number of jobs, period, okay, how -- I completely don't understand the math on this one. There's a certain number of jobs, people are going to be transferred. The people who were scheduled, who have bump and retreat rights are going to have bump and retreat rights. But this doesn't -- this doesn't change that in any way, shape or form. You would still -- whether -- if they're working in East Hampton or working in Southampton, they would still be under the same bump and retreat rights.

LEG. BROWNING:

Right.

MR. VAUGHN:

They still would possibly, based on whatever the bump and retreat analysis is, lose their spot.

LEG. BROWNING:

Correct. But then where do they go when they get bumped? Unemployment, correct? They go to unemployment.

MR. CHALONER:

May I?

LEG. BROWNING:

Go ahead, sure.

MR. CHALONER:

Southampton Hospital has grown its workforce in the last six years from 725 to over 1,000 employees. We are chronically short of workers on the East End and would look to pick up anyone that's displaced from this. They've got health care experience, living in our communities already and we would be eager to offer these people opportunities.

LEG. BROWNING:

Well, I would love you to go talk to a lot of those John J. Foley people. I mean, how many CNA jobs do you think you might have?

MR. CHALONER:

We every year end up hiring probably somewhere between 10 and 30 CNAs, and there is turnover.

LEG. BROWNING:

That would be great. I will certainly be in touch with the Foley employees and tell them to start applying.

MR. VAUGHN:

And I would also just like to add that when Hudson River talks about the fact that they increased by about 20 jobs over at Coram, a lot of those were health care jobs as well. So we're not just talking about lower paying jobs, we're talking about health care jobs. And many of those people were Suffolk County residents, if that's where the next question was coming from.

LEG. BROWNING:

I guess -- well, reading a Newsday article, unless Newsday doesn't know how to report properly, but according to the Newsday article, the health care workers, their wages and benefits are definitely not comparable to the County. Obviously many of our County employees don't necessarily -- their salaries are not as high as in the private sector sometimes, but obviously the health benefits and the retirement system that they're in makes the difference. CNAs don't make a lot of money. I don't know if you're familiar with what they do make, but they don't make a lot of money. So that is a concern of mine, is to say to them, "*Well, you know, you're going to have a job anyway.*" If you're a single parent raising children on a CNA paycheck, believe me, it's not easy. So that's -- that's my concern.

And like I said, it's very hypocritical of the County and this Administration to say, "*We want to create good jobs. We want to create good paying jobs,*" but on the other hand, we're laying people off and telling them to go get a job in the private sector that is not going to pay them comparable to what they've been receiving as County employees.

MR. VAUGHN:

And Legislator Browning, just where do we think that -- BRO has certified that there's \$5.8 million worth of savings over the next couple of years in this bill. Where do we think we're going to get that money if we turn this deal down? Where are we getting another \$5.8 million from?

MS. FINNIN:

The jail.

LEG. BROWNING:

Okay. Well, let's talk about the year and a half conversation that Legislator Calarco and I have had about Brookhaven Hospital.

MR. VAUGHN:

And is that building ready to go?

LEG. BROWNING:

And the Administration did nothing. This is the problem, is they --

MR. VAUGHN:

The Administration put forward a million dollars for that.

LEG. BROWNING:

-- dropped the ball. They dropped the ball. They dropped the ball on that issue.

CHAIRMAN SPENCER:

Excuse me.

LEG. BROWNING:

They dropped the ball on many issues. And now, in the eleventh hour, they throw this at us about the East End Health Centers with no advanced notice.

CHAIRMAN SPENCER:

Can we keep the discussion civil? Can you each let -- finish your sentence and we're not going to get into a back and forth dialogue. Legislator Browning, you have the floor and you can, you know, ask questions.

LEG. BROWNING:

No, I think I'm done.

CHAIRMAN SPENCER:

We're not going to get into a back and forth.

MR. VAUGHN:

Of course.

LEG. BROWNING:

I mean, one last question I have is obviously the transportation issue. Thank you, Ann, because you did sort of answer that question. You know, I know that you say 70% will be able to -- do have their own transportation, which is good to hear. Do you have somewhat of a schedule or anything set up on transportation when it comes to addressing the problem with people who don't have transportation?

MS. NOLAN:

We don't have that schedule at this moment, but we intend to have full-time van services during our hours of -- open hours of operation with a driver and an outreach worker.

LEG. BROWNING:

Okay. You know, I don't know where this is going come Tuesday.

I don't know where it's going to wind up, but I think it would be important for us to know what the schedule is. Because, you know, the East End of Long Island is pretty big, and transportation from Montauk to Southampton isn't a hop, skip and a jump. So, you know, it is a concern of mine.

You know, Legislator Schneiderman has been working on trying to get a Sunday bus service, and we know our bus service is not good. So I don't want to see that anybody is going to have to depend on the public transportation here to get them anywhere.

MS. NOLAN:

We will have a schedule to you before Tuesday.

LEG. BROWNING:

Okay. Thank you. I think I'm done. You know, my position is clear. I think it is hypocritical. I just wish that the Administration would do a better job in addressing the issues. Like I said, the past year and a half that we have talked about trying to work with Brookhaven Hospital and they've done nothing, and then this gets thrown on our lap and asked to support it. I'm concerned about the workers, too, and their future and what's going to happen to them.

CHAIRMAN SPENCER:

Thank you, Legislator Browning. Legislator Kennedy.

LEG. KENNEDY:

Thank you, Doctor. And thank you, all of you, for being here. A lot of bright people. A lot of bright people sitting here telling us a lot of the things that are coming and need to go on. And it's always nice to see my constituent from Stony Brook. How are you, Gary?

MR. BIE:

Doing well. Thank you.

LEG. KENNEDY:

Good. It's nice to see you at the table.

I -- there's no doubt in my mind that the way health care gets delivered is going to change -- it's actually it's changing as we sit here. And some of you are probably pretty well versed with what's going on with the Affordable Care Act and Obama Care and what's coming down the pike. Your operations with Southampton Hospital, sir, I imagine that you're struggling to try to go ahead and deliver the care that you need there. But as I sat here and I'm frantically going through these different documents, I said to myself sometimes, at least for me I have to come back to what I call "kiss philosophy", and that is what is it that we're attempting to achieve here and what is it that is our responsibility?

So Dr. Tomarken, I guess I would talk with you first about what it is that we've done, what it is we have to do, and something you've heard me speak about over and over and over again; what is the unmet need that you've identified, as our Commissioner and the individual charged with that responsibility here in our County?

COMMISSIONER TOMARKEN:

Just to begin with, I think what we're facing is the inability to expand our services to a level that would meet the community needs as it continues to grow. At the same time, we're missing out on an opportunity to join with an FQHC and get all the benefits that they accrue to them. So it's a double -- there's two perspectives on this.

As you've mentioned, health care is changing dramatically. The Federal government is moving in the direction of primary care, prevention, management of chronic disease. It requires resources beyond just an office for a doctor and a patient to go there, they're looking at ways to get into the community to encourage prevention and have prevention programs, and to promote health, not just the absence of disease. That means we have to be more proactive in our involvement with our patients, especially those who are underserved, have reluctance to come to health centers, may not be able to afford to come to health centers, and will cost the system huge amounts of money as time goes on if they don't get prevention and early primary care. We in the County cannot meet that need going forward in the same level that the FQHC organizations can.

LEG. KENNEDY:

Okay. So that's good, I like that. I'll buy into the fact that no matter how we look at it, we can't -- we meaning the County can't keep doing what we've done because it's not adequate.

So then the next place you go to is, is how are we going to get there? I have absolutely positively bought into the FQHC concept. As a matter of fact, I supported former County Executive Levy's request for a million dollars to go to John Snow Associates to have the County of Suffolk become an FQHC, which we got summarily rejected on. That didn't work out. So -- but maybe it was just part of the process. Nevertheless, we're here with Hudson River and they seem to do a good job. And so from the provider perspective, I think there's no quibble there. And like Legislator Browning said, Ann, I will say all of your people I feel very comfortable in.

But then I take a look at how it's being expanded a little bit. And sir, I'm sorry again, Mr. Chirnov?

MR. CHALONER:

Chaloner.

LEG. KENNEDY:

Chaloner, I'm sorry. So I have this exhibit that's a contract that was revised on May 24th, and I'm busy trying to read it through here, because that's what lawyers do. So then it comes to mind that I guess I should probably be talking to Ms. Seidman, because I look through here and I don't see Southampton Hospital anywhere here. So -- and I don't see Stony Brook either. Well, Stony Brook I would look at as just being a benevolent friend, if you will; voluntarily acknowledging that there'll be another avenue for residents, I'm very familiar with that, my son's a physician. As a matter of fact, you always want good opportunities for your residents and interns to get trained, so kudos to you. But, sir, for you, I don't see where the obligation runs at all. I see us, the Health Department, and I see Hudson River. So then I have to ask -- if I may, through the Chair -- the County Attorney. Phyllis, help me out here. What am I missing?

MS. SEIDMAN:

Well, the contract that you're reviewing is really -- I'm sorry. The contract that you're addressing really just deals with -- it's a service contract, and the services to be provided under the Community Benefit Grant is with HRH, between HRH and the County. If you'll note in the resolution, you also hopefully will be authorizing the County to enter into any and all agreements to basically seal this deal.

If you may remember, we had an MOU that we put before this committee that dealt with our partnership with HRH and Southampton Hospital in this regard with regard to the HEAL Grant.

LEG. KENNEDY:

I vaguely remember that, and I think we had some general language that talked about -- excuse me -- we're going to agree to collaborate and everybody will use best interests and, you know, we'll be back and forth nice and all that kind of stuff. But now we're talking about two point three, two point four million of our HEAL Grant.

COMMISSIONER TOMARKEN:

Two point two.

LEG. KENNEDY:

Two point two, that we're saying -- we're agreeing to divert over to Southampton; correct? Yes, Phyllis?

MS. SEIDMAN:

Well, really, we are utilizing that money, we're putting it towards this project. This is a grant that is going to funnel from the State --

LEG. KENNEDY:

Who's going to do the contract to hire the carpenters and the electricians and the plumbers that are going to fit out that space?

MS. SEIDMAN:

The County is going to -- with the approval of New York State, which has been pre-approved, have a contract with HRH for the construction, the renovations to the facility. They will, in effect, be our subcontractor for that and receive the grants under that contract for that work.

LEG. KENNEDY:

Stay there for a second. I have every reason to believe that you are a sincere and good-hearted man and want to go ahead and deliver care in the South Fork there in a proper fashion. But if you were the CEO and I was on the board and you were going to allow a bunch of folks to come into your space and fit it out without any kind of writing, you'd say to me, "*Fire you.*" That can't happen at all, can it? What do you expect is going to occur? What's the writing that we're going to look at?

MR. CHALONER:

I expect that there will be a lease agreement between us and HRH. Southampton is also bringing \$700,000 of its HEAL money and pledging it to this project as well, so Southampton is actually bringing dollars to the project.

LEG. KENNEDY:

So it's about three million that's going to fit the space out.

MR. CHALONER:

That's absolutely right, it's about 2.9; 2.2 from the County, 700,000 from Southampton Hospital. And I expect that there'll be a lease agreement that will be between Southampton and HRH that will define their commitment on how they're going to use the space.

LEG. KENNEDY:

Okay. We're getting a little further.

MS. SEIDMAN:

And if you'll -- excuse me.

LEG. KENNEDY:

How about duration, Phyllis?

MS. SEIDMAN:

Duration of what?

LEG. KENNEDY:

This agreement I get -- well, you can't speak to that because you're our lawyer. Ann, what's the duration between you and the folks from Southampton? Anybody, help me out here.

MS. SEIDMAN:

Well --

LEG. KENNEDY:

I don't try to make it -- I'm not trying to make it overly simple, but I'll go back to what I said before, the kiss philosophy. I'm being asked to vote on a fairly complex and exhaustive resolution that actually tells me that I ratified three exhibits, one of which I just got at 5:30 last night. So I'm going to tell you right now, in all likelihood I'm probably not going to vote on this right now. I'm good, but I'm not that good. I didn't spend all night reading that last exhibit that I got last night. And I'll go back to, again, I think you do good work, but I'm sensing here that there's a whole lot that's not drilled down yet. Unless maybe I'm missing it.

MS. SEIDMAN:

I just wanted to clarify, the report I think that you got at 5:30 last night was the BRO report.

LEG. KENNEDY:

You're right.

MS. SEIDMAN:

Yes. And the catch --

LEG. KENNEDY:

I didn't cast any aspersions anyplace else, that's on our side. No doubt about it.

MS. SEIDMAN:

Right. And I just wanted to also clarify a few points. If you'll notice in the draft, the proposed contract, we also talk about the contract being contingent on the completion of the construction to the facility. And in order to complete the construction of the facility, the Southampton HEAL Grant that's going to be applied, which is designated for a specific -- if I'm not mistaken, a specific portion of the facility, would also need to be applied in order to make this contingency occur for our contract to go forward; that among many contingencies.

LEG. KENNEDY:

Okay. Thank you, Phyllis. And thank you for your testimony here, sir. Do we -- do I have a letter? Do I have a writing? Do I have anything from Southampton authorized by your board that shows that there's 700,000 of your HEAL Grant pledged to do this renovation?

MR. CHALONER:

I don't believe you do today, but I'd be happy to get that. And our goal in terms of time commitment is as long as possible. We're in community for another hundred years.

LEG. KENNEDY:

No doubt about it, sir. And please --

MR. CHALONER:

We're looking forward to as long of a relationship as possible.

LEG. KENNEDY:

Understand, my object here is not to go ahead and to try to go ahead and poke holes in what really does seem to be a good idea. But to be candid with you, I don't know, they say you can't change the stripes on a zebra. There's been too many times where good ideas have been run up a flag pole and the particulars, when you get to look at them, start to come apart at the seams. I think I can embrace or support this concept, but I can't support it at this point because of the fact it's -- there's too many undefined types of issues here. We already took the leap of faith with the MOU, right? We did vote that one, what was that, about three, four, five months ago?

MS. SEIDMAN:

Maybe a month and a half ago.

LEG. KENNEDY:

No, I thought it was a little bit more than that, but nevertheless.

So here we come now and, you know, the rubber's really hitting the road now, isn't it? It's about moving a substantial amount of money.

MS. SEIDMAN:

Well --

LEG. KENNEDY:

And it's --

MS. SEIDMAN:

I'm sorry. Well, that MOU was a commitment from Southampton Hospital. And although it wasn't recognized at the time, it wasn't really meant to be provided to you at the time. The resolution before you today does authorize us to execute any and all agreements to initiate this transaction. That being the commitment from Southampton that they made in the Memorandum of Understanding and which they will make to HRH which has a substantial stake in seeing this deal go forward.

MR. CHALONER:

Sir, I wouldn't be sitting here today if I didn't have the full support of my Board of Trustees and a commitment and a view from the board that this is going to enhance care for the residents of the South Fork.

We desperately need the expansion of --

LEG. KENNEDY:

I don't disagree with you, sir. And as a matter of fact, I don't think you're here, as a matter of fact, each and every one of you probably could be doing a hundred other things besides talking to me.

But that being the case, I -- if you'll indulge me just a little bit further, what I'm trying to get at is, is the nuts and bolts, the specifics associated with what's a somewhat complex deal. And quite frankly, I'll go back to what Legislator Browning spoke about before. Three million dollars is a lot of money to go ahead and move to anybody. Three million dollars of public money that we will be facilitating is significant, especially when we sit here and we talk about the importance of prevailing wage, approve apprenticeship language, and what the magnitude and the composition of the renovations are going to be. Pictures look nice. I don't need to see a punch list, but I do need to know, are we doing a 10-year lease, are we doing a 30-year lease? Actually, you know what, I think we can only do a 20-year lease based on the fact that we modified County law to allow for a duration, and then we will still be the primary tenant here, I believe. But I -- well, help me out

here.

*(*Tom Vaughn approached microphone*)*

No, no, no, I need to talk to them, Tom. We'll get to you eventually. What is going to be the arrangement there between Hudson River and Southampton?

MR. SINKHOFF:

So there's one very important imposition and that's in the HEAL Grant. So we, Hudson River HealthCare, as Phyllis just made reference to, must comply with all the rules and regulations that are stipulated in the HEAL Grant, both the HEAL Grant that's coming over from Southampton and the HEAL Grant that is proposed to come over from the County. One of those stipulations is at a minimum, we must be in the space for 12 years, at a minimum. So the floor of this lease agreement, right now as it stands in draft, is for a minimum of 12 years. But I can tell you, at least based on Hudson River healthCare's experience, we have been in all of our sites for well in excess of, you know, 15, 16 years, we renovate our existing sites and we don't tend to move out of those existing sites because it is wholly disruptive to the patient population that's being served. But at a minimum, at a minimum in this conversation it's 12 years right now as it stands.

LEG. KENNEDY:

Okay.

MS. SEIDMAN:

And I'll just add to that, if I may, that the contract that's before you, the draft contract, also specifies that although the Community Benefit Grant will be for a five-year period, that they will operate for as long as required under that HEAL Grant.

LEG. KENNEDY:

Tell me again. The CBA, in other words that's the subsidy that we're paying? And who are we paying it to, Hudson River or to Southampton?

MS. SEIDMAN:

We're paying it to Hudson River HealthCare, and that's the five-year term of the contract applies to that. But if you'll note, within the contract it states that they will operate a health center, the facility, at that location, for as long as required by the HEAL Grant which is currently 12 years.

LEG. KENNEDY:

Ann, in the representations that are going back, your agreements will be that you will staff the clinic as needed or adequately, or are we talking about specifics as far as patient hours go? What's the measurable?

MS. NOLAN:

All of the above. We will have a plan of implementation of hours of operation, of service. In all of our sites we have evening and weekend coverage, that will be the same in this site.

LEG. KENNEDY:

But we have 6600 patients that are serviced in these two clinics now, so there's got to be a measurable as far as the number of doctor hours, nurse hours, things like that. Is that going to be in the contract that's going to be inked between us and the Health Department?

MS. NOLAN:

The 6600 patients are the ones served at Elsie Owens.

LEG. KENNEDY:

Oh, I'm sorry. Okay. You know what? I get my numbers mangled. How many here on the south fork system? You know, it's immaterial. It's really immaterial.

COMMISSIONER TOMARKEN:

Twenty-four hundred.

LEG. KENNEDY:

Twenty-four hundred, okay.

COMMISSIONER TOMARKEN:

Let me just make one quick -- these are -- this whole organization -- FQHC's are under the auspices of the Federal government, so they can't go off willy nilly and do whatever they want. They have to report to the Federal Government very clearly and very frequently to what's going on. And this is not -- this is similar but yet different than the arrangement we have with Coram, and that exists right now. So this is not something that this organization hasn't done before.

LEG. KENNEDY:

Doctor, I'll go back to it and I'll say it for the third time now. I said it right in the beginning, I said it in the middle and I'll say it again; I believe that they do excellent care. My questions really, if you follow them, are not going anything at all to the care they deliver. I'm talking about how they're going to do it, where they're going to do it and in what measurable they're going to do it. It's really got nothing at all to do with the actual delivery of medical care to the patient. That's a given for me; I don't know quibble or question with that.

And I'll also go back to one other thing, Doctor, and I'm going to yield. I'm going to relent at this point. The Federal Government does a lot of oversight, so does the State. The constituents in the 12th Legislative District, they're the ones that either keep me in or throw me out. Stand up for my seventh time. So I have to be able to go ahead and have that conversation with them. All right? I'll yield.

MR. SINKHOFF:

So I just -- I did want to offer I think something that will maybe give you a little bit more comfort, and that's the residency part of this program. So the residency part of the program -- those rules and regulations are incredibly strict in terms of the number of sessions that the residents that are PGY-1's, 2's and 3's must see, the precepting of those residents, and that alone will keep us open Monday through Friday, 8 to 5, Saturdays and Sundays. Because there are minimum requirements that residents must meet, as you probably know from your son's experience, in order to make sure that the program, the administration of the residency program, meets its minimum requirements. So in the operational detail, if you will, if that's kind of what you were asking, this center will be open, you know, all year long and it will be training classes of residents --

LEG. KENNEDY:

Sure.

MR. SINKHOFF:

-- through the semesters on an ongoing basis.

LEG. KENNEDY:

I get that part. And as a matter of fact, in many ways I've tried to promote that, with the nursing home and other places, for our Suffolk Community College student nurses, for BOCES folks, for people across the board. Absolutely, positively, the residencies should be provided and expanded. I think that those are academic types of situations. They'll be getting minimal salary, right?

DR. VAN ARSDALE:

Yeah. Well --

LEG. KENNEDY:

They get paid squat.

DR. VAN ARSDALE:

I can speak to the -- if you want specific numbers. Is that each resident, over the course of their training, has to see a minimum of 1650 patients by the guidelines set forth by the American Academy of Osteopathy. So when you have 15 residents, you multiply that by 1650 and that's the number that they minimally have to see. There's no maximum. Eighty hours a week is their work week.

LEG. KENNEDY:

Yeah, I know.

DR. VAN ARSDALE:

So that's how many hours they're allowed to work, 80 hours a week.

LEG. KENNEDY:

Right, and that usually runs around the clock, too, back-to-back.

DR. VAN ARSDALE:

So you take that times 15, that's the number of work hours per week that the residents are -- you know, by law can work and do work on a regular basis.

And the other thing that I would also just want to add is that this is an unusual training program, and this site is really quite necessary, because this training program is a social medicine program and there are three social medicine programs in the country, Montefiore, University of San Francisco and here at Southampton Hospital. And what that training program does is, in a nutshell, it trains physicians to expand their level of influence outside of the four walls of their office. And so -- and that is incredibly important because, you know, we've got great technology, fantastic physicians, great facilities to train them in, but if the physician can't influence the patient to do the right thing, it doesn't really matter. And so this particular agreement allows that social medicine program to exist and serve this community and have an impact in this community, which is much greater than other programs that I've been involved with. And that goes -- you know, social medicine, the determinants of health are many, and so, you know, this is important for the East End of Long Island. And in terms of numbers of patients, the more the better. And so, you know, that's the floor in terms of those things.

But in terms of the program and its impact, it's much greater than what you might imagine a residency program is. It's really looking to influence the members, the people in the community that we serve.

And as was said earlier, these physicians stay. And to speak to the economics, when a physician graduates and stays in an area, that physician hires people to work in their office. The East End of Long Island is underserved. So each time you graduate a physician who goes out into the community and opens an office, you're hiring people to service that office, billers, nurses, everybody, right, phlebotomists --

LEG. KENNEDY:

Doctor, I get it. I --

DR. VAN ARSDALE:

And so I look at this as not only just serving the community in some academic way, but also you're talking about future expansion of job opportunities on the East End for the people who live out there, who aren't, you know, physicians or graduating from a program like this.

LEG. KENNEDY:

Last question, and I guess I'll go to Doctor --

CHAIRMAN SPENCER:

You already yielded, Legislator Kennedy.

*(*Laughter*)*

LEG. KENNEDY:

Yeah. Well, I took it back again. How do you like that?

CHAIRMAN SPENCER:

(Laughter).

LEG. KENNEDY:

Where in this resolution does it say our 18 County employees aren't going to get laid off?

MR. VAUGHN:

Legislator, it is in one of the RESOLVED clauses; hold on.

MS. SEIDMAN:

The 7th, I believe.

LEG. KENNEDY:

I tried reading it pretty fast, Tom.

MR. VAUGHN:

The 7th RESOLVED clause, sir; that, *"Any County employees displaced by the transaction shall be reassigned within the Department of Health Services."*

LEG. BROWNING:

For how long?

LEG. KENNEDY:

Okay. Maybe I have an old version. All right, I'll yield. Go ahead.

CHAIRMAN SPENCER:

Thank you, sir. Legislator Lindsay.

P.O. LINDSAY:

Thank you, John, for finally yielding. I fell asleep twice.

*(*Laughter*)*

LEG. KENNEDY:

You told me you were staying up at night.

P.O. LINDSAY:

Yeah, I know. You're a good cure for insomnia.

(*Laughter*)

You know, when I first looked at this resolution, I didn't really see any problems with it. But sometimes you learn a lot by listening, and I listened to my two colleagues with a host of questions and it just brings one question for this distinguished panel of people in front of me. This is a document that -- it's a document at work, you know, I'm sure it isn't a perfect document. But I'll ask Dr. Tomarken; is this document subject to change as we move along?

COMMISSIONER TOMARKEN:

When you say document, you're referring to the resolution or the contract?

P.O. LINDSAY:

The resolution involves a contract.

COMMISSIONER TOMARKEN:

Correct.

P.O. LINDSAY:

And the contract needs to be tweaked here and there like every other contract. Is it subject to change?

COMMISSIONER TOMARKEN:

Yes, I think it -- yes, it can be --

P.O. LINDSAY:

Jesus. If you can't answer yes to that question, Doc, I'm in trouble. You know --

COMMISSIONER TOMARKEN:

It's a draft, so yes.

P.O. LINDSAY:

Yeah, it's a draft, exactly. I don't see anything that comes by me here that is perfect, that we haven't changed and tweaked as it moves along. All right? And that's really what I want you guys to realize here and find out what the problems are with it and change it, if it needs to be changed.

I mean, I think it's a simple request. I'm not saying throw out the baby with the bath water here, you know? I think it's an excellent, excellent concept. But, you know, some of the things that were pointed out we have to take a look at, and maybe it doesn't need changing.

COMMISSIONER TOMARKEN:

But this is a work in progress, because this is a new model --

P.O. LINDSAY:

Yes.

COMMISSIONER TOMARKEN:

-- and these are new partners who we're just getting to know each other, so to speak. And yes, it will evolve.

P.O. LINDSAY:

Yes. And when the HRH people first came to us a few years ago, we were sold on the concept hook, line and sinker. I for one was probably one of your biggest advocates. And we were very, very disappointed when we didn't get the designation, because how can you -- how can you not be disappointed? You're talking about millions of dollars, tens of millions of dollars into the future of

providing health care for our citizens. And when we didn't get that designation, it was really kind of devastating to us.

And at that time, I remember asking the question, how do we get from here to there? And the answer was we go around. If they won't approve us, then we have to find a partner who will be approvable, and that's what we did with HRH. And I was so happy with the North Brookhaven operation that the first question I asked is when can we expand to another one of our health centers, and I think you told me, *"Calm down. You know, relax."*

MS. NOLAN:

(Laughter).

P.O. LINDSAY:

"Let us do one before we commit to any others." It's a big commitment and I see it's a big commitment. So here you're back again, which I'm very, very happy about. And let me see, what else?

Kate, I wouldn't worry about the building trades. The building trades are always for growth and they're always for new innovations within our Island. And the way I see this, what you're, in effect, doing is setting up another medical training facility, which absolutely brings jobs to our communities, and good paying jobs.

And I'm glad to see that they've already-- we've already seen some of the results of the applications for medical jobs as a result of HRH moving on to the Island. And the best thing about the whole thing is, I could be wrong, Craig, but none of this is our dime, right? Isn't this all matching money?

MR. FREAS:

That's my -- I'm sorry. With respect to the Capital Project, that's my understanding.

P.O. LINDSAY:

Okay.

MR. FREAS:

That the -- that although the Resolution 313-2013 contained the standard boiler plate about anticipation notes, that the first instance funding was going to come either from HRH or Southampton Hospital.

With respect to the consideration in 1428 today, you know, obviously we're going to pay HRHCare to perform the services that we would like to perform through the Committee Benefit payment. However, the revenue within the contract -- the revenue that we are -- I'm sorry. The revenue that we will receive from New York State under Article 6 is maximized under the terms of the contract, and that's new. Typically we receive like 60% of that 36% at our other health centers, the ones -- at our other health centers. This would be 36% -- this would be 100% of 36%, so basically whatever the cost that we are -- whatever we're paying HRH on an annual basis is really 36% less.

P.O. LINDSAY:

I think I understand that. I guess that's it. I'm very proud to say that I will support this resolution, and that I think for us not to support and encourage this is a detriment to our taxpayers. Thank you very much.

CHAIRMAN SPENCER:

Thank you.

MS. NOLAN:

Dr. Spencer, may I say something, please, in response to Legislator Lindsay?

CHAIRMAN SPENCER:

Sure.

MS. NOLAN:

I just wanted to say thank you very much. You do remember my comment about slowing down and just waiting, and the reason I said that was not because we weren't as committed then as we are now. It was we wanted to do a bang up job on Elsie Owens and be able to come back to you with this report that we've presented and say, "*We are successful. We can be successful here as partners.*" And we're here back to look at the next project and the next one and the next one, and we're very, very committed to maintaining primary care and being your partner in the County as a community-based organization that really respects community input, as you have all respected through the community councils that have been formed, that kind of input. So we stand ready to move forward. Thank you.

CHAIRMAN SPENCER:

Thank you. Legislator Gregory.

LEG. GREGORY:

Thank you, Mr. Chair, for allowing me the opportunity to speak. I'm not a member of the committee, so I appreciate you allowing me the opportunity to provide some input.

I'm actually pretty happy that I was able to -- that my schedule allowed me to attend today's meeting to see the presentation today, because I did learn something that I didn't know and that I wasn't aware of and I'm very appreciative of that. And I hope to not overstate the case, but there -- from your presentation, it appears to be, in my mind, that there is a shortage of provision of care of health services in the East End that will be addressed through this collaboration with Stony Brook and Southampton Hospital. I would say mostly, I guess, for geographical reasons, which I think is critical, and I would say even unique to those health centers, East Hampton and Southampton, that other health centers would not face, particularly health centers in my district, Tri-Community and MLK; we don't face the same challenges.

And I think it's important if we're in -- if we're concerned, our primary concern should be, when it's in relation to health centers, providing health services. Jobs are important, but I think the primary concern should be servicing the residents of those communities that appear to have problems or difficulties when you're talking about access to health care and health services, and I think you've come up with a grate collaboration that seeks to address that. There were some concerns about transportation that was brought out in the public hearing, but you've addressed that as well, so I'm satisfied to hear that.

I spoke to the legislator of the area earlier. He assures me that the towns, the local municipalities are on board, he's spoken to some of the primary -- the physicians in the area. So the community is supportive of this concept, and I think it's a unique situation that should be taken on its own merits.

I know there are concerns about privatization, and we can address those at a later date. But again, I think this particular situation is very unique. And I think I would even go further to say possibly -- and again, I don't want to overstate the case -- that it would be a detriment to those constituents in those areas if we don't provide this collaboration, because there's a disconnect or a lack of service that they will not be able to access for it not be moving forward with this collaboration. And obviously there's increased services, mental health and behavioral services that we don't provide, dental services. So I think this is a perfect opportunity to provide more services

to the local community, the communities behind it. It's a unique situation where those concerns have been addressed.

And I would urge my colleagues, if you don't necessarily support this measure, to at least discharge the bill so that it could be discussed at the floor. Because again, there's unique considerations that have to be considered, and I think also of import is the funding, HEAL monies, which we have to move quickly, if not we're going to lose those monies. And as you know with construction, if you've ever been involved in any construction project, there's always some type of hiccup. So, you know, we may say a week here or two weeks here don't really matter, but with the tight, tight timeframe that we have, I don't think we can afford to push back the time schedule a week or two. We need to move post haste, as quickly as possible. So I would recommend my colleagues to at least discharge it so that the full committee, full legislature can discuss this on Tuesday. Thank you, Mr. Chair.

CHAIRMAN SPENCER:

Thank you, Legislator Gregory. Legislator Browning has a follow up question and then I have some comments.

LEG. BROWNING:

Southampton Hospital, I'm curious, because obviously I'm going to be calling -- I already sent a message to my staff to let the John J. Foley workers know that you could possibly be hiring. Your CNA's and your nurses, do they have union representation and what union?

MR. CHALONER:

Eighty-five percent of our staff is represented by Local 1199.

LEG. BROWNING:

Okay, good. Your CNAs?

MR. CHALONER:

Our CNAs are all --

LEG. BROWNING:

They're 1199.

MR. CHALONER:

Yes.

LEG. BROWNING:

Okay. And I know that Legislator Gregory had mentioned, you know, jobs are important, but -- and I think what concerns me -- and Bill, I'm not concerned about the building trades, but I'm concerned about our County employees who could wind up in the private sector in lower paying jobs, because we do know that they -- in the health care, especially with the CNAs, they make less money, and the jobs are very important. Simply because I don't want to see a County employee who's not receiving Social Services because they're getting paid pretty well, they have health care and they have a retirement plan. I don't want to see, you know, a County employee wind up standing in a DSS line, and I can guarantee you, that is a very --

P.O. LINDSAY:

Doesn't 1199 have both?

LEG. BROWNING:

No, I'm not talking about 1199. There's no guarantees they're all going to get jobs. I'm just saying if they wind up unemployed or if they do get a job in the private sector somewhere that

doesn't pay to the extent that they've been getting paid, that they're going to wind up on food stamps, they're going to wind up needing Social Services care, could possibly not be able to afford their mortgages. So in a way, we do have to be concerned about them, and I know you respect that because, you know, that is our problem. That's just now shifting the cost to us somewhere else.

But I did want to talk, and I know we spoke yesterday. When we were not eligible for that FQHC, and I've been involved in many of the meetings. And Dr. Tomarken, I know you were there, too. I know you came to us, knowing that we were denied that FQHC status, to try and work with us to get that FQHC. And one of my questions, Dr. Tomarken or anybody who wants to answer, Tom, you know, have you had any conversations with Hudson River to keep our County-owned facilities and to work with Hudson River to get that FQHC status? Has there been any conversations to work with our publicly-owned facilities to do the FQHC?

COMMISSIONER TOMARKEN:

I'm sorry, but I'm not clear --

LEG. BROWNING:

Okay. We have the East End facilities, we have Riverhead and we have Tri-Community that are owned and operated by the County. Has there been any conversations or negotiations to try and work with FQH -- with Hudson River to have the FQHC status? To keep them County-owned and operated, keeping the County workers there, and to partner with them for the FQHC.

COMMISSIONER TOMARKEN:

For the hospital-based centers or just the County?

LEG. BROWNING:

Our County centers.

COMMISSIONER TOMARKEN:

All four County centers were under the waiver. We have just worked with them on two of the four, so the other two --

LEG. BROWNING:

No, no, no, no. I don't think you're getting what I'm saying. What I'm saying -- because obviously you're privatizing two of them, right? So what I'm saying is, is maintaining them as County-owned and operated, keeping County workers in there, keeping it as a County facility but to work with Hudson River as a partner for an FQHC.

MR. FREAS:

Legislator Browning, are you asking if there was any discussion as to whether we could enter into a contract with Hudson River similar to that -- that Stony Brook Hospital --

LEG. BROWNING:

Right.

MR. FREAS:

-- with our medical staff.

LEG. BROWNING:

Keeping our staff the way they are, keeping it County-owned and operated, but having Hudson River work with us with the FQHC. I think it's a yes or no answer, but who am I to say.

MR. SINKHOFF:

So in the models that were looked at, there were a variety of models that were looked at in order to bring the FQHC benefit to this proposition. The -- so there were discussions on that.

What basically happens in the FQHC model that I think you're making reference to, which works in Coram and we believe may work in the hospital-operated ones, doesn't apply so eloquently in this situation, and the reason is that what we wanted to achieve was preservation of existing employment which, you know, is of concern, and also bring -- enhance services and make the cost structures work which are delineated in the presentation. It does not work the way it would work and does work at Coram and will possibly work in the current hospital-operated health centers.

LEG. BROWNING:

Why? I don't know --

MR. SINKHOFF:

It's a cost structure issue. So the cost structures don't change. This is our experience with LIFQHC of which we are the grantee, as I think you know, over the LIFQHC health centers, the cost structure does not change.

LEG. BROWNING:

Well, I'm not -- well, obviously I haven't been involved in those conversations to get all the information. You know, but even -- I know that, you know, there was a conversation about trying to keep the County employees, keeping them working and through attrition, you know, that things could change over a time line. I would like to know that you're at least trying to have that kind of a conversation rather than see some people being laid off.

COMMISSIONER TOMARKEN:

First of all, no one is being laid off in this proposal. But we look at all the options and it really comes down to dollars and cents, what's financially viable and what isn't, and that's the basis of the proposal. But no one is being laid off in this resolution, as noted in the resolution.

LEG. BROWNING:

Well, it depends on how you look at it, but we'll let it go.

CHAIRMAN SPENCER:

All right. I appreciate the comments from all of my colleagues. I saved my questions and comments for last, and it's, you know, a real privilege for me to be able to work on this Legislature with my colleagues who come from different backgrounds and law and just working out in the County from all walks of life. And being one of the newest members and having the privilege of chairing this committee, I'm a physician. I'm a physician that started a small business, I'm out in the community, I'm working in a major health care center, I'm part of a teaching faculty. And one of the things that I think that is important, I understand the passion that goes behind just fearing change, and I take all of my colleagues' remarks to heart with regards to concerns and I think that we have a responsibility to kind of protect our constituents.

What I've heard here and what I've seen here, I've thought about this very deeply. I've read a lot about it. There is major change that is happening right in front of us to how we are able to deliver health care in this country. The dollars have been shifted on the Federal level on down, there's workforce issues in terms of the number of primary care physicians that are going to be able to service our constituents, and I know that the process at times has been -- left room for improvement, that we could have done things better. But what I see here, when I look at the combination of just community leaders, a known track record, our academic centers, our private health care institutions that are coming together to say that we are going to be able to provide our constituents with enhanced services, we are going to allow us to be able to -- as a County, I know that we have a role in government to provide or to help those who are not in a position -- they're

unable to do that or that no one else can do, but I think that what is being lost sometimes is that we are not just turning over our most vulnerable and letting them fend for themselves.

We are having -- have a plan here that will help us train doctors into the future. We have a plan here that will continue to provide for our most vulnerable. We have a plan here that will allow us to realize the realities of the economics of health care in this County. And I think that -- I'm convinced, and I hope that my word or that my opinion has some weight with my colleagues who might be looking at this matter.

I see it as an employer, I see it as someone that accepts insurance, I know the realities of the affordable care, I see the population growth, and change is painful. I care about our County employees, I thank them for their service, I want to do everything possible to preserve really their future and their retirement, especially when they've made a decision to work for Suffolk County. And I will do everything possible to prevent one more employee from being laid off. But we do have to make changes moving forward if we are going to be able to adapt to the new landscape that's out there.

So I strongly support this proposal. It's a no-brainer. You know, we've had all the information. And I understand the vetting that needs to take place, I understand the reassurances that we need to go through, and I think we need to go through that process. So at times when you were presenting you can see me walking around and whispering in our colleagues' ears, because we have a situation where we have to take some sort of action on this resolution, and we were trying to see where everyone stood, and there are at this committee differing opinions. So we could have speakers go on for the next hour or so where we don't make any headway. Legislator Kennedy has asked me, which I'm going to honor, for a brief -- and I mean this -- five minute recess so that we can negotiate how we're going move forward on this issue.

P.O. LINDSAY:

You're killing me.

CHAIRMAN SPENCER:

I know, I apologize. Bill -- the Presiding Officer is not happy, so I mean five minutes.

LEG. KENNEDY:

That's it.

CHAIRMAN SPENCER:

And Legislator Kennedy, we're going to -- we're just going to go into Bill's office and we'll be right back. So I apologize, but five minutes and I'm going to set a timer by it.

*(*Brief Recess Taken: 4:47 PM - 4:56 PM*)*.

We're going to call the meeting back to order. If you can find your seats, please. Still not bad for a committee session, a five minute recess always means a half an hour, we were just at about eight minutes. So I appreciate it.

So we have had a chance to have some discussion. I wanted to thank Bob, Dr. Tomarken, Ann, Jim, Gary, Daniel for being here, really appreciate the time. My old friend who I graduated with from medical school, I think she left -- oh, there she goes. Susan. Wow, really, 1993, University of Connecticut.

MS. LANE:

Oh, you weren't supposed to tell the year.

(*Laughter*)

CHAIRMAN SPENCER:

(Laughter). But Tom, we have some concerns and we're going to start to address those in committee tomorrow. We're not at where we need to be, but we would -- you know, would like to work with you to try to see if can get a couple of tweaks on this. But we do have a philosophical difference moving forward in terms of the direction that this County is going to go with health care, and I respect my colleagues' opinion on that. You know, there's a lot of work to be done and I think that there's some concerns with precedent that's being set.

But with that being said, we did have a motion to approve for discussion purposes only. I'm going to ask for a motion to discharge without recommendation.

P.O. LINDSAY:

I'll second it.

CHAIRMAN SPENCER:

And seconded by Legislator Lindsay. I'm going to ask for a vote. All those in favor? Opposed?

LEG. KENNEDY:

On the motion.

CHAIRMAN SPENCER:

Yes, on the motion.

LEG. KENNEDY:

I will support the discharge without recommendation, but it is predicated on the fact that what we talked about are a lot of unanswered questions here that need to be addressed between now and Tuesday. This -- for me, anyhow -- is merely the fact that I want to acknowledge and recognize we have a half dozen people that have come from hundreds of miles away to go ahead and talk to us about this, we should acknowledge that.

But I would say to each and every one of you, you've heard what I've raised in the areas of question. Probably the only folks that I don't need to see back is Hudson River. For me personally, I need to get a little bit more with the County Attorney, and I certainly would like to know a little bit more about the Southampton piece, and Dr. Tomarken. But based on that, I'll leave it at that.

CHAIRMAN SPENCER:

Also on the motion -- but I will say the majority of my colleagues are not at this point where they need to be and this motion would have failed, and I appreciate the fact that we're able to work together. And I've committed to working with them to address their concerns with the Administration and I plan to keep my word. Legislator Browning, on the motion.

LEG. BROWNING:

No, go ahead.

CHAIRMAN SPENCER:

All right, I'm going to take the vote. All those in favor? Opposed? Abstentions?

LEG. BROWNING:

Opposed to discharge.

CHAIRMAN SPENCER:

Opposed to discharge.

LEG. CALARCO:

Abstain.

CHAIRMAN SPENCER:

Legislator Calarco, Legislator Browning -- Legislator Calarco abstains, Legislator Browning is opposed. It carries 3-1. ***(VOTE: 3-1-1-1 Opposed: Legislator Browning - Abstention: Legislator Calarco - Not Present: Legislator Montano - **Presiding Officer Lindsay included in vote**)***

So this will come up on Tuesday. There's a lot of work to be done before then, I anticipate a lot of discussion. I hope that we have your cell phone numbers (*laughter*). I have no other business before this committee. Mary?

MS. FINNIN:

I just want to ask, is this meeting going to be open to the public?

CHAIRMAN SPENCER:

This meeting?

MS. FINNIN:

This committee meeting, prior to the General Meeting.

CHAIRMAN SPENCER:

There's no more meetings, but there will be in terms of -- it will be discussed at the General Meeting where it will be vetted in full. So yes, there will -- so that will be a considerable discussion, I'm sure, at that General Meeting.

So I have no other business before this committee today. I make a motion to adjourn. If there's no dissensions, we are adjourned. Thank you.

(*The meeting was adjourned at 5:00 P.M. *)