

HEALTH COMMITTEE
OF THE
SUFFOLK COUNTY LEGISLATURE

MINUTES

A 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 June 13, 2013.

MEMBERS PRESENT:

Leg. William Spencer, Chairman
Leg. Kate M. Browning, Vice Chair
Leg. Robert Calarco
Leg. John M. Kennedy, Jr.
Leg. Ricardo Montano

ALSO IN ATTENDANCE:

Leg. DuWayne Gregory, 15th Legislative District
Terrence G. Pearsall, Chief of Staff/SC Legislature
George M. Nolan, Counsel to the Legislature
Sarah Simpson, Assistant Counsel/Legislature
Craig Freas, Budget Review Office
Renee Ortiz, Chief Deputy Clerk of the Legislature
Dr. James Tomarken, Commissioner/SC Department of Health Services
Dr. Shaheda Iftikhar, Acting Director Patient Care Services/Director Public Health Department of Health Services
Dr. Linda Mermelstein, Chief Deputy Commissioner/Health Services
Michael Pitcher, Aide to Presiding Officer
Thomas Vaughn, County Executive's Office
Walter Dawydiak, Acting Director/Environmental Quality/Health Department
Walter Hilbert, Chief of Wastewater Management/Health Department
Patricia Bishop-Kelly, appointee/Board of Health
And all other interested parties

MINUTES TAKEN BY:

Diana Flesher, Court Stenographer

THE MEETING WAS CALLED TO ORDER AT 2:31 PM

CHAIRMAN SPENCER:

Good afternoon. We are going to be starting the Health Committee shortly. I'm going to request if there are any Legislators that are on the Health Committee, that they come to the horseshoe at this time.

I'm going to ask if everyone could please stand for the Pledge that will be led by Legislator Montano.

SALUTATION

Thank you. You may be seated. Good afternoon. Welcome to the June 13th meeting of the Health Committee. And the first item it's usually public comment. Is there anyone in the audience today who wishes to be heard? Is there anyone that wishes to be heard? I see Legislator Kennedy approaching, but he doesn't need to -- he doesn't need to come to the podium. (Laughter)

All right, with that, I have no yellow cards. So if there's no one that wishes to be heard, I'm going to close the public comment at this time.

INTRODUCTORY RESOLUTIONS

Today we have three presentations. And these presentations, we've had a long debate over the Spring with regards to the issues with our health clinics and our Foley Nursing Home. So a lot of these presenters have been very patient and I appreciate that.

But before we get started, I am going to take one resolution out of order. And that is IR 1473. I'm going to make a motion to take 1473 out of order because it's an appearance. **(Appoint member to the Suffolk County Board of Health (Patricia Bishop-Kelly). (Spencer)**

LEG. MONTANO:

Second.

CHAIRMAN SPENCER:

Thank you. Seconded by Legislator Montano. All those in favor? Opposed? Abstentions? We have it before us. I'm going to make a motion for the purpose of discussion to approve. Do I have a second?

LEG. CALARCO:

Second.

CHAIRMAN SPENCER:

Second by Legislator Calarco. Thank you. So that is to **Appoint Pat Bishop-Kelly as a member of the Suffolk County Board of Health**. And I'm going to ask -- Pat is here with us. I'm going to ask if she would come forward at this time. And, Pat, if you would have a seat at the table there. Welcome, Pat. Thank you for taking the time and thank you for your willingness to serve. If you would do me a favor, I'm going to ask if you would just take a couple of minutes, because we're going to ask some questions, but if you could just tell us your name for the record, which I've already given, but just kind of where you're from, a little bit about your background; and then if any of my colleagues have questions, we'll ask you at that time. So, welcome.

MS. BISHOP-KELLY:

Thank you, Doctor. And thank you to the Health Committee. I'm very delighted and excited to be here. My name is Pat Bishop-Kelly. I'm a resident of Suffolk County. I live in Huntington. I am a recent retiree from the Department of Health Services in Hauppauge. And I worked with the

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Department of Health for about ten years.

During my tenure there, I was Director of Public Information, Education with the Office of Health Education and the Division of Preventive Medicine. And my role there was primarily to work with the Tobacco Control Program; however, because of the issues with the budgeting, my role actually morphed into something that was a little bit more comprehensive. And we got into collegiate and adolescence health issues. I formed the Collegiate Adolescence Youth -- Adolescence Health Advisory Council, which was something that encompassed all of the local colleges. I worked with the local hospitals in terms of developing a Nurse's Education Program for secondhand smoke. The program was at no cost to the County because I worked with {Kiwanis} International, who paid the entire bill for the production of the program, the printing of the materials, etcetera; and also helped get the -- this program into all of the hospitals throughout Suffolk County. That program did by chance win an award from the National Association of City and County Help organizations.

Prior to my tenure with the Suffolk County Department of Health, I was with the American Cancer Society. I was Director of Public -- Director of Advocacy and before that Director of Tobacco Control for the American Cancer Society here on Long Island.

CHAIRMAN SPENCER:

Thank you, Pat. We appreciate your extensive history of service, but also we appreciate your willingness to continue to serve in the capacity as a member of our Board of Health. I think that one of the things that was really impressive about your credentials is that you have a longstanding knowledge of Suffolk County, its public health issues, but you also understand the mechanism of the Department of Health. So that makes you an extremely attractive candidate. So we're very lucky that you have shown this interest and have agreed to serve.

Are there any questions from any of the other Legislators? No? Yes, Legislator Kennedy.

LEG. KENNEDY:

Thank you.

Welcome and thank you and -- thank you for expressing a willingness to serve.

This is just a general question, general in nature, our Board of Health is charged with -- and does, as you know, play an important advisory role regarding health issues across the board here in Suffolk County. And not too long ago our County Executive articulated a -- I don't know what you want to call it -- his intention to privatize much of the Health Department.

From the Board of Health's perspective, how do you see that? Do you think there's any role for the Board of Health there? And how would you see it going forward? Particularly when it comes to some of our substance abuse -- alcohol and substance abuse services, and some of the other areas that our Health Department plays a role in.

MS. BISHOP-KELLY:

Are you referring to the Health Centers or the Department of Health Services? Because they're two different entities.

LEG. KENNEDY:

Well, actually in this past -- I could talk about the John J. Foley Nursing Home. I could talk about Hudson River with our health centers. I could talk about Lexington Health Services with our methadone program. And I'm told that there has been some inquiry about taking over some of our mental health function as well. So there are a number of different areas that it appears it's the Administration's intention to move the County out of direct delivery of service and engage NPLs or whomever. So how would you see that as being something that may or may not be an issue that

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the Board of Health might opine on?

MS. BISHOP-KELLY:

I think that we're in pretty difficult times now financially. And Suffolk County is no different from any other municipality across the country.

One of the things that I have personally felt that's incumbent on whomever, whether you're in a policymaking position, legislative or whatever, is to bring about a creative solution to complex problems. And by doing so, we have to engage a variety of opportunities and see where our strengths lie, what our weaknesses are and what is the best approach that fulfills not only the needs of the clients or your patients or the public, but also your workforce.

So, I think, it's very difficult to give a broad answer, you know, a yes or no answer right now because it's a very complex problem. And, you know, as I said before, there are so many pieces to the Department of Health services. You mentioned yourself the John J. Foley, the different health centers, mental health substance abuse. There are so many pieces. And each one needs to be examined very, very carefully, I think, before any one decision is made.

LEG. KENNEDY:

Okay. Then let me just shift from a different way. What would you as a Board of Health member identify as unmet health needs here in Suffolk County?

MS. BISHOP-KELLY:

Wow, unmet health needs. I think there are a lot of things going forward right now that are changing. One you mentioned yourself substance abuse. Very, very big problem. We don't have enough education. I think we don't have enough treatment and, you know, again, economically it's very difficult where our budgets are being slashed left and right, that treatment programs are going unfunded. And, again, education.

One of the things that I was very involved in when I was working with the Health Department was adolescent health. We have a very big disconnect between our young adults and their education in terms of health. It stops at 12th grade. There is a big pitfall in that area. So, we have -- you know, we could do something with adolescent health.

Access to healthcare. The Affordable Healthcare Act is going to be coming very shortly into full force. We're going to have to avail ourselves of all the resources possible, first of all, to understand it. I don't think there's a person -- maybe there is a person in this room who really totally understands it, but it's a very complex document. There are many pieces to it. I know that the government is going to issue some navigators to help people through that process; so access to care is another big thing; and probably the biggest financial component that will have to be taken upon by the County because the biggest part of our budget is the Medicaid expenses that we have. So, you know, we have a very, very -- we have a lot coming down the pike.

LEG. KENNEDY:

Okay. And I apologize, Doctor, I don't have your resume in front of me, ma'am, so could you just tell me again academically, I guess -- I thought I heard you mention you're a nurse at the Bachelors level, a Masters level or --

MS. BISHOP-KELLY:

No, I'm not a nurse.

LEG. KENNEDY:

I'm sorry.

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MS. BISHOP-KELLY:

I'm not nurse, no. I was a social worker for 18 years.

LEG. KENNEDY:

Okay.

MS. BISHOP-KELLY:

I was -- I work with the American Cancer Society. I have a Certificate of Non-profit Administration from Hofstra University.

LEG. KENNEDY:

Okay.

MS. BISHOP-KELLY:

I attended Stony Brook University on the graduate level. I have a Certificate of School Development from the Catholic Education Association.

LEG. KENNEDY:

Okay. All right. Thank you very much.

CHAIRMAN SPENCER:

Any other Legislators have any other questions for Miss Kelly? Okay. We have a motion to approve and a second on that motion. Are we ready to take the vote? No further discussion? All those in favor? Opposed? Abstentions? **(VOTE: 5-0-0-0)**

Congratulations. You've been approved out of Committee. Now is she -- because you are a new appointment, and it is for the Board of Health, the General Meeting's on Tuesday, is she required to -- she should be available as a new --

LEG. KENNEDY:

Yes.

CHAIRMAN SPENCER:

She should be available as a new -- okay. Pat, it's unfortunately a meeting in Riverhead on Tuesday. And that's not necessarily the most convenient. We're going to get further clarification. Usually for reappointments we don't require you to appear, but you're a new appointment, but -- it's not a department head, but it is a major committee position. So we're going to just get clarification from Counsel, but please be available on Tuesday.

LEG. MONTANO:

Well, maybe -- if I may, maybe we can just have her on call. Are you available on call? Because I agree with the Chairman, it may not be necessary for you to be there. But if for some reason there are Legislators that do have questions, then you'd have to take the ride out there. We wouldn't want to delay a vote. Would that be possible?

MS. BISHOP-KELLY:

Absolutely.

LEG. MONTANO:

Would that be fine?

CHAIRMAN SPENCER:

That sounds fine. That's a great suggestion. So, thank you, Pat for your time. And congratulations on the first hurdle in the process. But I'm sure you'll do fine. We are extremely, again, fortunate

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for your willingness to serve. Thank you.

MS. BISHOP-KELLY:

Thank you.

PRESENTATIONS

CHAIRMAN SPENCER:

With that, we're going to go back to our presentations. And I appreciate members of the Suffolk County Division of Environmental Quality, who's present with us, if they would come up to the table at this time and will give us a presentation on our wastewater studies, alternative on-site disposal systems, pollution discharge and elimination systems and the Sewage Treatment Plant Discharge Notification website.

Thank you, gentlemen. If you could, again -- I know who you are. If you could state your name and your positions for the record. I appreciate your being here. And I'm going to ask, as far as the formal presentation, that we -- just looking for a general kind of overview. I know that last year we had dealt with some of these issues. I'm looking more for kind of an update. So about ten minutes if you wouldn't mind.

MR. DAWYDIAK

Dr. Spencer, members of the Committee, thank you for the opportunity. We'll go as expeditiously as we can. I'm Walter Dawydiak. I'm the Acting Director of Environmental Quality in the Suffolk County Health Department. I am joined by my colleague Walter Hilbert, who is the Chief of Wastewater Management, the largest of our five operating units in our division.

Very quickly, as an overview why are we concerned with wastewater? One and-a-half million people in a population which is mostly unsewered, about a million people are not on sewers with the vulnerable sole source aquifer. We have a diffused network of over a 1,000 wells, which is susceptible to contamination from a number of sources including nitrogen, volatile organics, pathogens, pesticides, pharmaceuticals and personal care products; also over 40,000 people on private wells.

The short story with respect to wastewater and nitrogen is that we've done a pretty good job protecting the public water supplies. Private wells are still a concern, where about 10% exceed drinking water standards, particularly on the East End. And each and every one of our surface waters is suffering from an impairment due to nitrogen, which is one of the primary contaminants that we're concerned with with wastewater.

The Peconic South Shore and Long Island Sound all are subject to eutrophication, depress dissolved oxygen. And there's mounting evidence to suggest strong linkages to increased occurrence, frequencies, severity and duration of harmful algal blooms. So nitrogen is our keystone indicator.

In the '70s all of our wastewater treatment plants went from primary to secondary to remove biological oxygen demand in total suspended solids. In the '80s most of our plants began the process of upgrading to nitrogen removal and that's for full-scale sewage treatment plants. Our basic system removes nitrogen with a septic tank. A leaching pool is very effective at removing pathogens, retaining solids. And some anaerobic digestion. Nitrogen is reduced from about 80 to a hundred parts per million to about 50.

Septic tank further gets diluted into groundwater allowing it to meet drinking water standards in most cases at 10 parts per million. Some of the systems we'll be hearing about included the Cromaglass, Nitrex, and other recently approved systems that get down below 10. The estuary guideline is about 0.5 so the order of magnitude of where we need to go with this system is much

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lower than what we have out there for protection of surface waters and that's really our challenge.

This slide shows that we've been effective with unsewered land uses. Four to six parts per million is typically what we attain, which is well below the ten part per million drinking water standard; again, the surface water guideline is much more stringent than that. Sewering is good for the environment. Advance wastewater treatment is good for the environment in terms of reducing nitrogen.

What this line shows you is that 30,000 square feet with no sewers, we're at about five parts per million nitrogen, 10,000 square foot lot with sewers, which is much more dense, has a lower nitrogen loading. The limited performance within innovative and alternative on-site systems gets down to about two parts per million. And that's kind of the performance target that we may be looking at with the combination to land use, lot size densities as well as innovative alternative on-site treatment.

Nitrogen levels, where are we now? We've gone up by about 40 to 60%. Public water supplies are still at about 3 to 4 parts per million in great shape with respect to drinking water standards of 10, well above what we need to protect the surface waters is 0.5 milligrams per liter. So this is a major challenge that you'll be hearing some more about. Again, the private wells are a concern and some of the lots that predate the sanitary code density requirements, particularly in Western and Central Suffolk.

This slide shows you how some of the nitrogen has been changing over time. I'll be quick in the interest of time. Southwest Sewer District has been great for the environment. Nitrogen has gone down. Opposite ends of the corner of the County in Southold, major challenges with respect to agriculture, north western and west central Suffolk subject to areas of increasing nitrogen due to small lots. It predated the Sanitary Code. Sewering is one option being looked at for many of those areas. Sanitary Code having a major positive influence in zones three and six, the middle of the Island and the South Fork, where we've done a good job at protecting the aquifer from additional nitrogen.

So that's a quick thumbnail sketch. And I compressed this on nitrogen. We've got a bunch of studies going on right now. The Comprehensive Water Resources Management Plan is due out later this summer. We have a consultant on board helping us revise and finalize that document. And that can be presented to this Committee within the next of couple months.

Department of Public Works is working on finalizing over 20 sewerage studies. Walter Hilbert will be talking about the small package plant study for systems up to 15,000 gallons per day; the innovative and alternative systems that you somehow -- sometimes hear about as being referred to as cluster decentralized systems. A lot of progress being made on that front.

We're about to kick off a study of systems that don't remove the 10 parts per million but remove 50% of nitrogen for individual on-site residential parcels. We have a quarter percent project, where this is another possible tool in our toolbox where major sewerage or clustered decentralized systems may not be possible. And all of this is going to be folded up and tied up in Economic Development and Planning's Comprehensive Plan, which is being developed as we speak.

That's a real quick background of the big picture of where we are as a Health Department of the County. If there's any questions, I'd be happy to answer them. Otherwise I'll turn it over to Mr. Hilbert for the individual technologies.

LEG. KENNEDY:

Walter, real quick, if I can through the Chair, Doctor, the one thing that I didn't hear -- well, not that I didn't hear it. You inferred it but tell me a little bit more. The plants that are discharging on the

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North Shore, Kings Park Plant in particular, aren't they subject to increasingly more stringent regulations associated with the nitrogen content for the effluent?

MR. DAWYDIAK:

Yes, that's correct. Huntington, Northport, Kings Park, those plants are subject to the Total Maximum Daily Load for the Long Island Sound Study, which is a 58.5% overall nitrogen reduction, which translates to an even larger burden for the plants themselves. So each and every plant discharging to the Sound either has upgraded or is in the process of upgrading, but there's still an awful lot of unsewered areas that are not connected to the sewage treatment plants discharging to the Sound that are still contributing significant amounts of nitrogen.

LEG. KENNEDY:

So, we've got two sources when we look at it, untreated, regular conventional septic waste that's emanating and percolating. Then we have the plants themselves that are hitting whatever the standard is as we sit here today at 2013. What's going to happen with that nitrogen standard as a result of the Long Island Sound Study? Are we static or is that going to get further reduced?

MR. DAWYDIAK:

I don't know what the plans for the Long Island Sound Study is in terms of wastewater treatment. Walter, we don't have any updated information? I know that the Sound Study is in the process of reevaluating its entire comprehensive management plan and updating it. There may or may not be changes to policies in relation to point source upgrades. It's my understanding that all of the plants are doing a good job in terms of either complying or having complied.

LEG. KENNEDY:

Absolutely. I know SD Six is probably somewhere in four to five milligrams as far as the effluent goes. It's well -- it's doing better than that 10 milligram per liter or per gallon restriction. But I'm just curious as you're going through, whatever, your evaluations and studies and things like that are, in particular I'll be interested to see if there's going to be any further limitation, any kind of additional restrictions on effluent discharge, particularly into the Sound itself.

MR. DAWYDIAK:

Appreciate that. We'll keep an eye out for it and keep you posted.

LEG. KENNEDY:

Good. Thank you. Thank you, Doc.

CHAIRMAN SPENCER:

You're welcome. Legislator Montano.

LEG. MONTANO:

Yes. How are you there?

MR. DAWYDIAK:

Good. Thank you.

LEG. MONTANO:

Very quickly. I believe that your opening statement said that there were one million not on sewers; correct?

MR. DAWYDIAK:

Approximately correct.

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LEG. MONTANO:

What is the game plan to address that? And from a -- you know, from a dollar perspective, what are we looking at here? And then the second part of the question, and, you know, briefly again, would be once we identify a dollar value or cost, where would those dollars come from?

MR. DAWYDIAK:

These are excellent questions. And it's a bit of a segue to one of the next presentations.

LEG. MONTANO:

Then I'll wait.

MR. DAWYDIAK:

Our next evaluation to look at 50% removal is to really see if there are viable and cost effective technologies that can be applied to individual on-site residential lots. Now, up until now the only alternatives that have been proposed cost about \$35,000 a lot. That's the Nitrex system. We got some information from jurisdictions like Maryland, systems that are made out of HDPE or a plastic system may be installable for closer to 10 to \$15,000. That's a lot closer to the \$8,000 price point of what we're looking at now. How those will work in our environment from a number of perspectives hasn't been borne out yet, but this is something that we're going to be looking at very, very carefully.

So at the end of the day, two years from now, our goal is to have a map that shows areas that may be susceptible for larger scale sewerage, whether it's for economic development, environmental protection or both, areas where clustered decentralized system, these small package plants of one to 15,000 gallons per day, or 30,000 gallons per day, if we change our standards, may be used in areas where individual on-sites are the only option. And what we have is some powerful tools to show -- this map, for example, shows a 25-year contributing area to surface waters. You can isolate the areas that are having the greatest impact on surface waters and the areas where targeting programs is going to have a major, major difference.

And other jurisdictions have used a combination of finance techniques including tax credits, incentives, leverage, match from Towns, low or no interest revolving funds. A whole bunch of tools have to be put out on the table to set up management districts or areas and programs where these things can be tailored. It's not going to be inexpensive. We take this very seriously. We, as a health department, think that the best way to implement this is in this sort of systematic regional way with all the stakeholders at the table and with a very informed Legislature taking part in these decisions, which have major long-term cost benefit implications.

LEG. MONTANO:

All right. So the second part of the question was the cost factor. I get the technology aspect of it. And you say that's for a subsequent presentation? Or are you prepared to sort of address that?

MR. DAWYDIAK:

We don't have an answer for you now because we don't have a program that will work countywide right now. Most of what you're going to hear about is cluster decentralized for a number of different properties or one large property. We don't have a countywide solution for individual on-sites on the table right now.

LEG. MONTANO:

So there is no cost analysis to this component at this point in time, am I correct, or is there?

MR. DAWYDIAK:

Other than it's about \$50 a gallon for a system. So for an individual home for a new system, you're talking about \$15,000 for a cluster decentralized system. In terms of regional retrofits countywide,

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we don't yet have a plan developed. That's one of our high priority actions in the next year or two.

LEG. MONTANO:

So the 15,000 -- let's just separate that. The \$15,000 per home or per unit or per plot, is that a cost to be passed onto the homeowner, or mandated to the homeowner, partially paid for by the County, reimbursable by the Federal government? Do you have anything of that nature to give me an idea of where we're at with that or is it too premature?

MR. DAWYDIAK:

I think it's really premature. Everything you suggested is on the table right now. And those are policy issues, honestly. I mean, we're here to give you the science and the technology and the options. At the end of the day, the County Executive's going to vet these, come up with recommendations and the Legislature will have a chance to weigh in.

LEG. MONTANO:

Okay. Thank you very much.

CHAIRMAN SPENCER:

Thank you. We're going to go ahead and hear from Mr. Hilbert. Thank you. And then we'll wrap up so, thank you, Walter.

MR. HILBERT:

Good afternoon. I'm Walter Hilbert. I'm the head of the Office of Wastewater Management. As Walt had said, we have been involved in doing several studies to try to determine different ways of treating wastewater in Suffolk County.

One of the studies that we've been working with a consultant on over approximately the past two years, we're completing, we call it the On-site Sewage Disposal System Study. It varies for -- and it's basically two studies in one that was completed. One looked at single family residence. So it flows up to about 1,000 gallons a day. The other looked at small community systems, would be between 1,000 and 30,000 gallons a day. That includes condominium complexes, apartment complexes, shopping centers, those kind of units are considered small commercial pieces of property.

Overall we took a step back in the universe and we looked at 11 major process categories. SBR, MBR, constructed wetlands and looked for ones that were viable to actually be ten milligrams per liter of total nitrogen, which is the current discharge standard, which is regulated by New York State or treatment in Suffolk County. Also we wanted technologies that we looked at to comply with, you know, all local regulations, Federal and State regulations. And one thing that is called NSF 245, which is actually the National Sanitation Foundation Standard for Treatment.

After the first round of evaluations, we selected four different technologies that had consistently shown the ability to meet the standards, which was again, ten milligrams per liter of nitrogen. That included SBR, NBR and what we refer to as fixed film and suspended growth systems. So, again, based upon the findings of the study, residential had a different conclusion of this study than did the small commercial facilities. For the residential findings, we studied 14 -- 14 different kinds of systems in depth. That included at the end actually even going out and sampling two systems that were in operation throughout the country.

Again, only one system consistently was found to meet ten milligrams per liter. And that was referred to as Nitrex. That's the manufacturer. And while Nitrex actually did meet the ten milligrams per liter that was required, there was only a handful of systems in operation, probably somewhere around two dozen or so. And they had some other additional operational problems; again, large capital costs, probably 30 to \$40,000 a unit. So, again, at that point in time, like Walt

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had said, we determined that we needed some further study and modeling of the system to see what the most cost effective way of providing for treatment on the individual lots were.

Commercial findings, nine systems were studied in depth; four technologies were actually added to our list of approved technologies. Nitrex, BESST, Aqua Point, Bioclere and WesTech Aerotor. Also the existing technologies of Cromaglass and SBR and NBR are still acceptable for use. Again, in an individual commercial application, and you had mentioned about costs, normally the costs of the additional units can help pay for the cost of the required treatment. And there are price points where that makes sense for a developer to get additional units and treat, again, on existing homes. Again, revenue source is always a challenge on where the revenue source is going to come from.

And, again, as always, we continue at Suffolk County to evaluate new technologies as they come forward. We don't necessarily need to do a study to do that. So any technology that's presented before us we'll actually take a look at and see. And if we feel it's appropriate, we could add it to, you know, our toolbox of systems.

Quickly, the five systems that we kind of use here in this less than 30,000 gallons, one is Cromaglass. Again, just a brief picture here. I don't know -- since time is an issue if we really want to go totally in depth here. But this is what's known as a sequence batch reactor. It's basically a washer machine. You have a nitrification step and suspended growth, which is step one. You then mix the tank in the absence of oxygen. And that becomes suspended growth denitrification. So you remove the nitrogen from the system, you transfer it to a settling tank in step three, which is basically a different portion of the tank. Then you take off the clean liquid during the {de-can} phase and the process starts again. It's about a four-hour process and you just keep on running that around in a circle.

Again, this is good up 'til 15,000 gallons a day right now under the current design. Another system that we have used is what we refer to as a BESST, Biologically Engineered Single Sludge Treatment for those who want to know what BESST stands for. Right now we have three -- six facilities operating in full scale, which would be larger facilities of those three systems, three of the systems that have been on steady state for a while, averaged about eight milligrams per liter in nitrogen. The standard's 10 so we have confidence that the treatment works.

We have one what we refer to as a baby BESST, which is less than 15,000 currently in operation. Just went on line about three months ago. We have two other baby BESST facilities that are in construction right now and getting ready to come online. This is what we refer to as a, you know, facultative suspended growth system. I'll explain what that means in a little bit more detail. Basically this is a diagram of the system. Upfront in this system here, you have a suspended growth denitrification tank. Liquid passes through that, goes into an aeration section for nitrification. There's a high sludge return rate to the head of the plant to denitrify, again, by returning the sewage a number of times, the number of passes throughout the system. You effectively reduce the total amount of nitrogen in the system before it is discharged, again, down to, roughly 7 to 8 eight milligrams per liter.

Nitrex is one that I know you've been hearing about. Nitrex, again, is basically a two-step process. The first process, stage two-A here is the nitrification step that's done by a variety of different processes. And then two-B is the denitrification step. That is the proprietary system that is Nitrex. That's actually a fixed film denitrification reactor. There's actually a wood chip media in there that provides the food source for the bacteria that attaches to the wood chips as well. As the liquid passes over, that contains nitrogen. It's removed.

These are just some of the pre -- what they consider to be pre-treatment, which is the nitrification step. They're kind of based upon a trickling filter technology. Again, you can -- Acqua Point, Bioclere is another one that we've -- that we've taken a look at. Again, during our sampling, we

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found systems that we sampled had an influent of about 40, 45 milligrams per liter. Effluent was somewhere around 8 milligrams per liter. This again is a fixed film system. This is the nitrification step.

CHAIRMAN SPENCER:

I saw on that slide \$50 per gallon?

MR. HILBERT:

That's the general cost for treatment systems, is on the order of \$50 a gallon. And, again, that would include normally the pump station, the controls, control buildings, all the -- can be parts of the collection system, the leaching system. So that's pretty much a budgeting number that we use for these kinds of treatment technologies. The larger they get, you do get some economies of scale so maybe you'll drop down to \$45 dollars a gallon, but as a budgeting number, that's usually a fairly good estimate to use.

Acqua Point, Bioclere is basically an organic trickling filter in a buried unit. Sewage comes across the media. It's nitrified. There's a re-circulation rate that goes on or re-circulation back -- back to the head of the plant. A portion of the effluent is moved forward; again, it's denitrified. There's a whole separate treatment unit that goes after that first original nitrification unit. It's a combination unit. There is some fixed film that attaches to a media that they have in the tank. There is some suspended growth, which is bacteria in the water. Again, it's a high sludge return rate that helps this process; actually by the end of the treatment it achieves less than the ten milligrams per liter.

Aerotor technology is another technology that we use; again, the effluent on this is about 3 to 6 milligrams per liter. They currently use this at our Newsday facility here and they also use it at the Village of Patchogue, sewage treatment plant. It's a upfront de-nitrification module, which in this case is called the pre-equalization tank. And then there is a nitrification treatment portion, which is the aerotor itself. This is just a picture of the aerotor. It looks actually like an old paddle wheel that moves within the waste stream. That adds oxygen, provides mixing to the tank, etcetera. It's a fairly low power demand on that system. Because of the actual configuration of the wheel itself, we actually have environments set up. Here's just the picture here. Within the circles you'll actually get air happening in those tubes themselves. You'll get a fixed film developed as that becomes wet with sewage. You process that in the air. As the wheel comes around, that oxygen's released to the water where it aids the nitrification. As it sinks further into the tank, you get an anoxic environment so you can get some denitrification. And, again, a sludge return rate back to the head of the facility is how it becomes fully treatment. It's just the number of passes to the whole entire system -- to the whole entire system.

So these are basically the five systems that we've added, you know, again to the toolbox like Walt had said. Again, now the next steps that we are considering moving forward. Currently the appendix A, which is our small commercial standards, only goes to 15,000 gallons per day. When we study these systems, we actually wanted to increase that number a little bit to go to 30,000 to give us some more flexibility. So in order to be able to do that, we actually have to change Appendix A. There are a couple administrative issues that we have to tackle. There is a code change to Article 6. There's -- Appendix A itself needs to change. That does require Board of Health approval, Legislative approval. It must go through SEQRA, an all-environmental review before we can do that.

Other practical issues are just taking a look at these technologies and see if they can be scaled up; something that works at 5,000 gallons may not necessarily work at 30. So it may not work for all technologies that we look at. And, again, we want to see some field verification of systems. We want to see a number of systems in operation. We want to see systems that are performing well with respect to effluent quality. We also want to see no history of odors and other sorts of complaints, you know, before we're ready to say that we can increase the Appendix A limit.

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So probably over the next, you know, two years or so, we'll actually be researching these things seeing them in operation. It may not necessarily be here in Suffolk County. It may be other places throughout the country, but if we can get a handle that these systems are hardy and viable and can go to 30,000 gallons per day, and it's really the separation distances required to allow that, we'll make that move at that time.

Again, from a new technology standpoint, those technologies all meet the required ten milligrams per liter of nitrogen. Our next step, as Walt alluded to, is the whole amount of systems that are currently employed at single-family residence probably on order of 600,000; 550 to 600,000, maybe, systems out there between commercial properties and actual individual home systems out there. So we're looking at a limit of a 50% nitrogen reduction.

We currently have a study that's in the planning stages. It's been budgeted \$300,000 through the Quarter Percent Fund. We're looking to try to secure some additional grants from some of the estuary programs like the Peconic Estuary Program to see if we can, you know, get some more money to do some of the modeling.

From a draft work plan that we have developed so far, we look at systems that, again, meet 50% removal. As Walt had mentioned, we would look for areas and communities that would seem to be the most viable to locate these systems in and do a community selection. We'd also have a large modeling task to the study where we'd actually look at different build-out scenarios under different treatment levels; and see if we applied it to all homes, homes built from this point forward, some combination thereof, basically what would we get at both the groundwater level and then is projected into the surface water levels.

Again, very -- develop a cost benefit analysis to see for the different treatment scenarios, what are the costs associated and what's the benefit associated with it, actually take a look at where those -- you know, where those graphs kind of overlap and come up with basically a regional criteria, map and a plan to say how we can most effectively institute a program; and, again, then develop regional costs and regional strategies to, you know, to try to fund. And it's a pretty expensive endeavor to try to fund on that scale a program.

And, again, right now our anticipated completion date is hopefully by the end of 2015, we would have a report out that would be vetted with everyone here and we would see how we can move forward.

CHAIRMAN SPENCER:

I'm going to stop you right there for just a moment. I have a couple of questions from my colleagues. Well, I think that's -- the next step you're going to give us an update on the inspections, right?

MR. HILBERT:

Correct.

CHAIRMAN SPENCER:

That's the -- well, go ahead and do that and give us another couple of minutes. Because we had -- and we're following up, you gave us this presentation last year, and I know that we had -- we were looking at the budget and how we could do our inspections better. And I know that Legislator Kennedy, and I think a couple of my colleagues had some concerns. And you have some updated results for us. So, give us that. Give us just another couple of minutes and then we'll ask a couple of questions.

MR. HILBERT:

Okay. This is the -- this was the new inspection program that we instituted in July of 2012. It basically was moving away from a four-per-year inspection program on all sewage treatment plants

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to go and develop a risk-based sewage program -- inspection program. We developed certain categories on this list here. The blue categories are municipal facilities, which we put in a low-risk category and we are inspecting now only twice per year. We had a green category, which are the private facilities; that, again, from our past sample results and our past inspection reports were operating well that we put into a low-risk category. And then we have a high-risk category, which are facilities that we continue to inspect four times a year.

From -- and taking a look at basically what puts someone into the red category of being a high-risk facility, if a facility is under an Order on Consent to fix -- fix its plant, if it's doing a voluntary action to fix its plant, if it's sampling results aren't necessarily consistent with permit limitations, or if the plant is not in steady state are reasons why we consider the plant one to be a higher risk and want to go back and take a look at the operation or the overall facility.

So, the program now is in the first -- and based upon a six-month period of time in the first four months of the year, we look at every facility once, which is currently 195 facilities. At the end of the that time period, we evaluate the inspections from the first time of the year and we see what facilities we need to inspect again. We inspect those before the end of the six-month period. And then the next six-month period starts and we redo everybody again. And then we'll reevaluate and move people in and out of the high-risk category based upon the inspection findings.

So the results of the inspection program really have been successful. All of our major performance indicators are either the same or better than last year. The average total nitrogen concentration found between 2011 and 2012 actually dropped. The number of high-risk facilities actually remained unchanged. We had 60 facilities in the high-risk group in the beginning of '12. We currently have 60. It's not necessarily the same 60. Some fell out; some came in. But we're not seeing an incredible increase in numbers of facilities because we're inspecting them only twice per year per versus four times per year, which is a good indicator.

Again, we have right now about 25 facilities, which are under Order on? Consent because they are actually repairing and upgrading technology so we're still looking at those four times a year. Eventually as they -- those orders start to get fulfilled, which should be over about the last -- next two years, that number will drop significantly as they start to come off the list. And also the required number of inspections we've been able to keep up with the staff that we now have assigned to the program.

You can see here in 2011 we did about 750 inspections. We had no high-risk group. And the average nitrogen concentration was about ten milligrams per liter. Last year we did -- because of the split, the first two quarters we actually did inspections; and the last two we went to risk base. We only did about 630 inspections. We had 60 in the high-risk category, but the overall nitrogen concentration fell to 8.6 milligrams per liter for all the plants in the study. So we lost about 2 milligrams per liter of nitrogen, which is good.

In 2013, because we have a fully implemented program, we're going to do approximately 500 -- 500 inspections. And, again, right now we have -- we have still 60 within -- within that high risk group; haven't quite seen the effect on nitrogen yet because we're only, you know, a quarter of the way through the year pretty much from our sampling.

And if you take a look -- and, again, one of the things that I think is very important here is if look at the nitrogen indicators, which is the next table down, you'll see for every class of facility the nitrogen concentration went down. DPW facilities were about six in 2011. They fell to five and-a-half. They're green, what we consider at the low-risk facilities. Private facilities were about 7 and-a-half; fell to about 6 milligrams per liter. And even the facilities that we consider high-risk, they were about 23 milligrams per liter of nitrogen on average, fell to 17 milligrams per liter. And the overall, again, went from about eight and-a-half to -- from 10.

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So, again, the program itself has proven successful in actually reducing the number. And, again, this was only one portion of the program. This isn't the only portion of the program. Again, why was the STP Program successful? We really started in about '08 to really change our enforcement. We started automatic fines for mechanical breakdowns. Cromaglass had a biannual evaluation that was required. We increased some of the engineering oversight. As they had to repair facilities, we required them to submit plans to us and they're actually looking at them and making sure that they're done and properly carried out.

They have capital and maintenance accounts now that they have to actually have some money put away to actually do these kind of repairs. And, again, we're always trying to change. Now in 2013 we're actually going to use a new indicator and a new enforcement tool based upon effluent quality. If the facility's over a six-month period of time have either 3 major violations or have a six-month rolling average of over their permit, we're going to start an enforcement action and require them to fix. So, again, these are some of the reasons why we have a very successful inspection program the way we do.

CHAIRMAN SPENCER:

I remember last year when there was a lot of skepticism with regards to going to a system that would be driven by risk, and I think that, you know, you've demonstrated that it has worked. Preliminarily it seems to be working very well and we're using less resources and being able to do the job more efficiently.

I have a speaker's list, but I do want to do this: Amy Juchatz, are you here still? Okay. Would you come up for me? And Amy ties into this. Here's what I wanted to do and I -- the reason why I want to bring her forward, and I appreciate, just as I had asked you all to come back, she came and sat through a three and-a-half hour Health Committee. And she was going to give us a presentation. And I had put her ahead. She had kindly agreed to come back. And then I think I told you at the beginning of this that it would be a ten-minute presentation. We're at the better part of an hour, for good reason, your presentation is phenomenal, but it all ties in.

And here's what we're trying to do, is that I'm -- this Legislature is intensely concerned about our budget, but also concerned about protecting our environment. And this is a major part of that. And as we look at our water, we know that controlling our wastewater is very important.

Amy's involvement is with Public Health Assessments. And one of the issues that we also find is that when we have a particular community, if there's a power plant or if there's a cluster or a particular condition, is there an old gas station or an old industrial plant, how do we assess the risk to the public? And I think that sewers play into this. So the topics are somewhat interrelated. But you have been waiting so long, I wanted to get up to the table. And I'm going to get you to have your presentation, but I know that Legislator Montano and Legislator Calarco did have a question for Walter. So, I just wanted to get you up and your presentation's going to come right up. So, Legislator Calarco, did you still have a question?

LEG. CALARCO:

Yes, it's a real quick and easy one, I hope. Walter, when you were talking about some of -- Cromaglass and some of these other smaller systems that you're starting to approve, and they handle 15,000 gallons per day and you're looking at maybe moving to 30,000, can you just give me an idea of what that actually means in terms of potential development? What does that cover? How many single family homes can go into a 15,000 gallon per day system? Or if you were looking to doing a multifamily-residential type of development, is there -- can you just kind of give me an idea of what it actually would permit to be developed if you had that 15,000 or that 30,000 gallon system?

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MR. HILBERT:

Yeah. It's -- basically equals 50 single family homes is 15,000 gallons a day. If you had an apartment complex, that depends on unit size. So if you had medium size units, maybe that would give you 75 to 100 medium size units and maybe, you know, 100 to 120 small units. And, again, we do math equations. So if you wanted to have, you know, a commercial component, so that could be, you know -- a restaurant seat is 10 gallons a restaurant seat, okay. So, again, you're talking, you know, 100 restaurant seats, okay. And then you could have some -- also have some homes. So it is a math equation that we do. The ultimate's 15,000. It does equate to 50 homes.

MR. DAWYDIAK:

If I could just add to that, the key here is that these qualify for reduce separation distances. So a full scale sewage treatment plant might require up to four acres or more of space. One of these could be done potentially on less than an acre, depending on what's an adjacent piece of property. So it's a lot more feasible to go from 50 to a 100 at -- 50 to a 100 units at 30,000 gallons per day both in terms of cost and space and predictability of the operation.

LEG. CALARCO:

And are any of these systems -- I think I've heard it before, Cromaglass is like a stackable system where you got to -- you can have two systems, one next to each other so that you can increase your capacity? Are any of these systems of that nature that you can --

MR. HILBERT:

Cromaglass is modular. So they have about a 5,000 gallon module so each one if those SBR units is about 5,000 gallons. So, again, by adding them together, so one, two, three units side by side, that's how you could, you know, get the increase capacity.

LEG. CALARCO:

Okay. And my one last question, are any of those systems -- those -- we typically think about them in terms of applying them for residential or some sort of a mixed-use type of system like in the downtown areas. Are they available also for industrial uses? Or do those rise to a different level and you need to have a different capacity if you had like an industrial type of use that you needed a filtration system or a better wastewater treatment system?

MR. HILBERT:

You could use it on an industrial system. You'd have to take a look at what the influent strengths are. So maybe a 15,000 gallon module couldn't process 15,000 of industrial waste because maybe it was higher in BOD so maybe that could do 10,000. So, again, you can use these for different kinds of waste. You just have to address what the ultimate throughput of the system is.

LEG. CALARCO:

Okay. Good. Thank you very much.

CHAIRMAN SPENCER:

Thank you. Legislator Montano, do you have a question?

LEG. MONTANO:

Yes. And I'm going to be very brief. Your presentations have been excellent and very informative. If you don't mind my saying now, it reminds me of why I changed my majors from math and engineering to law. But I do want to ask you one question. I want to concise this to your studies and your risk assessment and your nitrogen assessments. What I'd simply like to sort of change the chart and ask you, if I asked you to analyze this and create a crisis level chart, on a scale of 1 to 10, could you tell me where we are at in terms of damage to our environmental system at this point in time? And I won't even ask beyond that. Could you give me -- are we at a two or four or five an eight?

MR. DAWYDIAK:

I'd rather not give you a number as I would a qualitative characterization because that's how we couch the issue in our Comprehensive Water Resources Management Plan. Basically with respect to public water supply, the aquifer is in remarkably good condition.

LEG. MONTANO:

Okay.

MR. DAWYDIAK:

There's very significant concern with respect to impacts on surface waters. The problem is very serious in those areas that are already impaired with respect to dissolved oxygen; and really of concern in all of our surface waters with the growing concern with harmful algal blooms.

LEG. MONTANO:

When you say -- I don't want to pursue too much, but when you say "very serious", again, I like to -- I'd like a more concise -- what do you mean by "very serious"? Give me years or timetable. If you can.

MR. DAWYDIAK:

Well, when I say very serious, I mean the Federal government has already intervened and formally declared the waters to be impaired, which means a significant adverse impact typically due to dissolved oxygen depression due to excess nitrogen and eutrophication. So those waters are subject to development of a Total Maximum Daily Load to restore those waters. And in the Peconics we're talking about a 25% reduction goal; in the Long Island Sound 58.5% reduction; in the South Shore we don't have a number developed yet, but they're working on it.

LEG. MONTANO:

When the government -- I have experience having worked in the Federal government. When they give you the impairment level, they generally give you a remediation timetable. Has that been stated or is that still in the works?

MR. DAWYDIAK:

Yes.

LEG. MONTANO:

In other words, it's one thing to say you're in -- you know, you're in deep dirty water, but they want to know -- or they're going to mandate -- and I hope I didn't offend anyone with that statement, but how long do they want us to be, you know, at a point where we are not impaired?

MR. DAWYDIAK:

The implementation schedule on these things is on the order of decades. I don't have the exact number in front of me, but I can tell you that the Peconic Estuary Program is about five years in. And the Sound Study is more like 10 to 15 years in. The Sound Study had a, I think, a three-phase, five-year per-phase approach. And we're going into the third phase and they're reevaluating the entire process now. The Peconic Estuary Program is right now doing about a five-year reevaluation of a Total Maximum Daily Load. I think the point is once things get to the point that they're very degraded, it gets very expensive and time-consuming to fix them.

LEG. MONTANO:

Yes.

MR. DAWYDIAK:

So a lot of the focus is on protecting and preserving that which we have with cost-effective solutions to prevent that from actually happening.

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LEG. MONTANO:

And which Federal agency -- or is it a multitude of Federal agencies that are -- that you're dealing with?

MR. DAWYDIAK:

EPA declares a water impaired under Section 303 (D) of the Clean Water Act. The State Department of Environmental Conservation is responsible for submitting the approvable TMDL. And we work with both of those agencies.

LEG. MONTANO:

So those are your primary agencies: EPA at the Federal and Department of Environmental Conservation at the State.

MR. DAWYDIAK:

Yes. There are a number of others but those are the --

LEG. MONTANO:

The Army -- is the Army Corps of Engineers and other agencies part of this?

MR. DAWYDIAK:

ACOE is working a lot with the restoration on the Fire Island barrier beach system.

LEG. MONTANO:

Yes.

MR. DAWYDIAK:

I don't know how active they've been in the Total Maximum Daily Load. The State Department, the State, the US Geologic Surveyors, there's a number of agencies that participate on a technical and management level, but really DEC and EPA are the ones which are responsible.

LEG. MONTANO:

All right. They're the prime ones. Thank you very much; very interesting.

MR. DAWYDIAK:

You're welcome.

CHAIRMAN SPENCER:

I want to kind of wrap up after I hear Amy's presentation. If I could impose upon you to just wait for just a few minutes because I do have an overall kind of global concern.

Amy, thank you again. And I'm going to ask if would go ahead and kind of give us a sense -- you know -- we all as Legislators are confronted with constituents who come in with a concern saying "this area, you know, what's that plant doing to people? There's ten women on my block who have breast cancer." And, you know, how do we do a Public Health Assessment? What is your job? How can we utilize your services? And if you could tie it in just -- not only to water, but just chemicals -- I don't know -- high-powered lines, how do you distinguish facts from just really -- I'm sure there's a -- fact from fiction? So, thank you.

MS. JUCHATZ:

Sure. Can you hear me okay?

CHAIRMAN SPENCER:

I can.

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MS. JUCHATZ:

Okay. Thank you for inviting me here today, Dr. Spencer, and members of the Health Committee. My name is Amy Juchatz and I'm an Environmental Toxicologist with the Department of Health services. And I'm pleased to be here today.

Yeah, those questions are very tough questions. And we do get faced with them. I'm sure you do with your constituents often. And they tend to come when they're asked with a lot of emotion, a lot of fear, a lot of concern. People are concerned about their family, their children, their parents, their neighbors. And so it is often difficult to, you know, take an objective look at that and try to sort out what really is going on.

So I would like to, you know, try to tell you how -- how it's done in Suffolk County, what the roles are, define a few terms for you. And then, you know -- hear from you, if there's anything else that I can try to address for you.

So, first of all, what is a Public Health Assessment? It means a lot of different things to different people. What I can talk about today are those assessments which I think you just highlighted, those that are occurring from -- or those that are conducted to address environmental exposure. So concerns from something that people are exposed to that's out in the environment.

In general a Public Health Assessment is a determination of whether exposure to a hazardous substance is or could occur. And then, if so, what that exposure could do, whether it's harmful or not.

There are different forms of a Public Health Assessment. So, again, it means different things to different people. It can be -- it may differ in terms of how in depth it is or how complex it is. And sometimes that depends on the data that we have to evaluate, whether it's in multiple environmental media, is it just water, is it air, is it soil? But also who's doing it; why is it being done? Is it a Federal Superfund site or is it just, you know, somebody has contaminated drinking water, which is certainly serious enough. But it will be different levels of complexity depending on, you know, various scenarios.

Basically there are two components of any evaluation. And the first is looking at the potential for exposure. So what's out in the environment, are people being exposed, could they be exposed? And if they are, how are they being exposed? Are they drinking, are they ingesting it? Are they -- could they be exposed from something that's on their skin, is it in the soil? And then trying to estimate how much through those different exposure pathways are they being exposed to. And then the second component to a Public Health Assessment is looking at the chemicals that are there and evaluating the toxicity of those chemicals.

So what kinds of effects could we expect from those hazardous substances? And then what are the levels of concern that we might have if you are exposed to those chemicals. And then we wrap it all up by looking at, okay, how much do we think people could -- maybe they have been in the past exposed or in the future, how much of that chemical do we think they might be exposed to.

Once we do that, if we feel there is enough cause for concern, then you look at what steps could be taken to stop the exposure, minimize the exposure and then perhaps look at the community. Because if exposures have occurred, look at the community and see if there's something that should be done in terms of health -- health assessments in the community, their health status currently.

So in this evaluation -- but when we draw conclusions, there's always lots of nays and potentials, because any health assessment is really based on a lot of assumptions. We're assuming how much people are exposed to, we're assuming making assumptions about the toxicity and what types of health effects might occur from exposure to a chemical; and so when we make determinations,

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they're really, you know, estimates and based on assumptions. With these uncertainties, we try to compensate by entering in lots of layers of conservatism to protect an error. If we're going to err, we're going to err on the side of safety. So there are no absolutes when we deal with Public Health Assessments. And that's something, I think, very -- it's very important to be conscious of.

So who does Public Health Assessments and when are they done? In most cases Public Health Assessments in Suffolk County are primarily done by the New York State Health Department. They -- oftentimes the New York State Health Department will do them on behalf of the Federal Agency for Toxic Substances and Disease Registry, also known as ATSDR. And the State Health Department will do those Public Health Assessments on all of the Federal Superfund sites that are in New York State and certainly in Suffolk County as well.

Also Public Health Assessments are done -- or also Risk Assessments as they're also called -- are done on Superfund sites on behalf of EPA. They may not be conducted by EPA. They may be conducted actually or paid for by the responsible party, but they're done following guidance from the US EPA.

When those Public Health Assessments are done on those sites, our Department, both myself and also the Department of Environmental Quality, will review those Health Assessments and provide input, comments and often ask for either additional data or additional steps to be taken. So we do have a role, even though we're not the ones conducting those Public Health Assessments, we do have, I think, a fairly vital role in how they're carried out.

This local input by the Suffolk County Health Department has been instrumental in many Public Health Assessments that have been done. DEQ has a wealth of information on groundwater quality in Suffolk County. And then I helped to represent the local perspective in evaluating exposures. And I bring to that local evaluation a broader perspective that I've gained from experience of past work outside the County. I've worked in the State of New Hampshire and also Michigan doing Public Health Assessments, Risk Assessments in those locations. I've also worked as a research chemist in cancer research for the American Health Foundation. So all of that, though, I represent a local perspective and interest, I bring to it, you know, more experience and a broader perspective to those assessments.

Suffolk County has been -- Health Department has been instrumental in Health Risk Assessments including the Brookhaven National Laboratory cleanup of Peconic River. We were really instrumental both DEQ and myself in determining how that river was cleaned up; and then also currently with the Bay Shore MGP site, just to mention a few.

So when are Health Assessments conducted? Well, they are conducted for all State and Federal Superfund sites. And that's part of -- that's written into the regulatory program. And then that ensures that the remedial activities that are done on those sites are done in a way that adequately protects public health.

But there are other circumstances when a health assessment might be done. For example, a resident may have a question or a concern and they may bring that directly to the County or they may actually go right to the State. There is a mechanism that's called a Petitioned Health Assessment where they can go to the State. And it's kind of through the State working on behalf of -- ATSDR will do a Petitioned Health Assessment on a site. So, um -- but whether a Health Assessment really can be done or not will often depend upon whether there's available data to evaluate. So sometimes there are questions that come up and we have no way of knowing because there's no real data to evaluate to make a determination.

So that's kind of in a nutshell -- I don't know if that answers questions that you might have or not, but that's kind of in a nutshell how it's done in the County.

CHAIRMAN SPENCER:

Well, it does. It's very important what you're doing. And the -- what I'm interested in in terms of hearing and trying to combine the two as we look at -- if there's a concern, for instance, in my Legislative District, there's a lot of concern with housing and density; and being told that usually a lot -- I'm an advocate of safe, affordable housing, but I also recognize the environmental impact on excessive density and what that can do. And I would -- I'd be curious, you know, I know that we have the technology in terms of what the sewer treatment -- that's usually where they fall short and that's where the public health risk comes into contact.

So do you -- either of you, can you comment on in Western Suffolk, Northern Suffolk where I represent, where there's a lot of housing and environmental -- I'm sorry, industrial projects, that will utilize extensive sewer treatment facilities. My question to you, Amy, is do you do perspective studies or do you have a way of looking at that? And then my question to the Walters, respectively, is there -- with the new technology -- because we're dealing -- I guess here's the conundrum, is that we're dealing with a growing population and we know that there are more and more people that are here. But how do we respect the environment, build housing that's -- that doesn't harm our environment but still house our people? And is there a health risk that's associated with it regard to wastewater?

Amy, would you like to go -- well, perspective as far as like, you know, a power plant, they want to build a power plant, it's going to damage the aquifer. Would you study that? Or do you only study active risks that are taking place?

MS. JUCHATZ:

Well, we were involved with the siting of -- I think it was the Caithness? Power Plant. There are regulations in place that are, you know, DEC regulations on citing any kind of an air source. And honestly typically we don't get involved in that. But if there were a, you know, a specific, you know, interest or concern, we could, you know, perhaps, you know, inquire a bit about that. But in terms of citing air sources, that typically has been DEC regulations that have previously gone through a, you know, more rigorous health evaluation and standards and a mechanism is already set there.

CHAIRMAN SPENCER:

Okay. To the Wastewater Division, development, that's usually where it all -- the rubber meets the road, at least it stopped the last two or three or it's held it up or whatever. What's the future there with these large population, our dense housing, our industrial projects? And how do you assess them? And is there a future in terms of how we'll be able to develop these safely?

MR. DAWYDIAK

This is a very large comprehensive water resources management plan question that we can give you a more full answer to on another date. I've got a couple of comments I want to make first. Just to echo Amy's comment about our local Health Department generally not being involved in air issues, in the Environmental Quality Division we're mostly about water both in terms of programs that we do under our Sanitary Code and under delegation from New York State either the Health or the DEC.

So, our main concerns are drinking water, wastewater and pollution control, toxic hazardous materials. We have a series of regulations to ensure that new development is built to minimize any risk and ensure that there's no adverse impacts from those facilities. In western Suffolk, in particular with some of the preexisting development, one of the major exposure pathways is going to be drinking water. Fortunately most of that area is served by public water, which is a great thing, particularly in Central and Eastern Suffolk. Private wells from preexisting, nonconforming densities that were not sewered are a concern. And that's something that we come to terms with, with a combination of trying to extend public water, ensure that people monitor their drinking water if they're on private wells and be aware of potential sources that may be out there.

In terms of toxic and hazardous materials, we do have an industrial program. The short story on

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volatile organic compounds is a mixed bag. Some of the banned ones like TCA have been going down, perchloroethylene and trichloroethylene are going up. The levels are low but they're ubiquitous. They're not alarming, but they're certainly of concern and our Comprehensive Water Resources Management is developing strategies to better investigate and manage these, not only for drinking water risks but for risks like soil vapor, which is an emerging concern, on a County and Statewide basis with respect to groundwater contamination. It's a complex issue that Amy helps us out with quite often.

So I don't know if that big picture overview helps you. There are processes in place. We don't control all of them. It's an emerging picture. We continue to be in the forefront in Suffolk County on looking at new and emerging contaminants, not just pesticides but pharmaceuticals, personal care products and industrial chemicals. We're fortunate to have the resources that we do.

MS. JUCHATZ:

Yeah. If I could just add, there are some regulations that would pertain to development on sites. So, for example, if a -- if a Town wanted to develop a particular parcel and put, you know, multiple-family housing on it, if that site were a State Brownfield site or Superfund site, there may be deed restrictions, things like that, on that property because of past activities that were on the property. And it may have only been cleaned up to a certain level so that future development could only be commercial or industrial.

So there is that kind of a safeguard written into an institutional control through a deed restriction that would address future development of this site so that it couldn't be a residential development. So there's that protection in there.

CHAIRMAN SPENCER:

I was very happy to hear that you all currently have a relationship. That's great, that you're working together. And that is a big issue of mine. I did -- I worked with Nassau County and my colleagues to look at water quality hearings, and, you know, my District and just being involved with the Health Department. So your presentations were really extremely important and answered a lot of my questions. And I will be reaching out a lot over a lot of specific issues. I won't do that at the expense of this Committee.

Are there any other questions from any of my colleagues? I can't thank you both enough for coming out -- or the three of you for being here. Thank you so much. Appreciate your time.

MR. DAWYDIAK

Thank you.

LEG. MONTANO:

Very good.

CHAIRMAN SPENCER:

I'm going to --

MR. HILBERT:

Doctor --

CHAIRMAN SPENCER:

Yes.

MR. HILBERT:

-- Spencer.

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CHAIRMAN SPENCER:

Yes.

MR. HILBERT:

There was one other thing that we wanted to go over really quickly, which was the STP Notification Law; was Local Law 5712.

CHAIRMAN SPENCER:

Absolutely. Okay. Thank you, Amy. Thank you.

MR. HILBERT:

This was the Local Law that was recently, you know, it was enacted in November of 2012. It requires that all sewage treatment plants, that the operators of both private and County-operated treatment plants that have an incident of treated or partially treated sewage released to report that occurrence within 4 hours. It then puts the responsibility on Suffolk County, Department of Health to report that incident to the appropriate elected officials within 12 hours. And then also to the Department to report online to the public within 24 hours of our knowledge of receipt of the incident.

We're also responsible to promulgate rules and regulations to implement the law, which we have in draft versions. We've also created a website. And that's what I'd like to have the opportunity now to show you is the website. We're actually looking to hopefully go live with this website in the very near future.

This is actually the County web page. This will live on the Health Department home page on the banner to actually report the sewage incidents. It is actually up to the local treatment plant operator to report it. We were looking for a mechanism that was going to make this rather seamless, where we actually developed a website that the operator can log into through a via drop-down menu, actually add the required information by the law, hit submit; now will generate a series of e-mails that will go out, notify us, actually post online immediately the violation or the incident to be seen by all.

So this is actually the opening page of the website. Gives you some information about the law, you can get the law, etcetera, on it. From an operator's standpoint, they would come into the website, they would actually log in. You guys didn't see what I typed there. Just my login.

So basically here is the reporting form that the operator would get. If -- and the information that was required under the law are the fields here that you see on the left of the website. By them actually hitting the drop-down menu for the SPDES number, they'll actually per operator, plants that they have responsibility for, their license number will show up here. If we select -- select a facility, you'll see Quail Run just actually popped in -- the address popped in automatically for them to know that they're actually reporting on the right facility.

Again, a series of questions, date of the incident, time of the incident, the incident itself, again, a drop-down menu, did they have a spill, do they have an operational issue? They can click and simply -- it populates the box for them, the treated state, whether it was partially treated or if it was untreated. So this was partially treated. The gallons associated with the incident. This will automatically verify with respect to what the actual permit limit is. They can't put it in if they discharge 487 million gallons here. It automatically locks them out to their permit limit. Again, if there was a repair item, they can give us information on how long they expect the problem to exist, so one day, three days, five days. Okay?

If their incident is resolved, they can actually put on a calendar, when the incident was completed. So we can just click that. Again, some general questions that they go through, corrective action, we're going to repair the item. We've asked them to determine if it's a public health risk. And,

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again, a public health risk would be deemed to be an incident that -- where there is a high potential of having human contact either through contact with the sewage, through swimming, through eating shellfish, etcetera, that some of the water may come in contact with the spill. So in this case, no.

And then they would hit submit. And once they click the submit button, again, the magic happens behind the seen and the automatic e-mails are generated. Shortly you will be receiving an e-mail from the Commissioner asking you for your e-mail addresses or contact e-mail addresses because you are on the list of people. So we have a list of your facilities by your Legislative Districts. If the plant is within your Legislative District, you will be notified automatically that there is an incident in your District. So that could either go to yourselves or it could go to someone on your staff. So we'll be reaching out asking you for a contact e-mail.

So once -- once you would submit, you can then see the "home" tab, "facility reported incidents", "Orders on Consent" and "County reported incidents" are incidents that the public will have access to. Here if I click "County reported incidents," you'll actually see we have two test cases here; one was -- Port Jeff had an incident, okay. I can go over, I can click the details on the screen and I can get a drop-down menu and it'll actually list all the information that the operator put in, when it happened, what happened, how long it's expected to last, what are the corrective actions being taken, etcetera, will actually be available. It'll give you contact information. It could be my office, it could be the operator of the facility giving his contact information, if you have additional questions about the incident, you can contact him.

Here since this was not deemed a public health risk, it's no, but you'll see at the bottom of the screen here, we do explain if that was checked "yes", what somebody could do and what that means. We also give them some stabs here to additional information on how to protect themselves from human contact, again, bathing beaches, and you access to our bathing beach website, which will give indication our beaches that were closed, etcetera, for various reasons. And then a link to the DEC website for shellfish; and, again, any of their closing information would be listed there and any safety measures you could have to help protect yourself.

If someone does declare something to be a potential public health risk, the Department will take the additional step of actually having a notice being posted. We'll actually do a special -- special bulletin that we will post on the website to give people more information on the incident; and, again, ways that they can protect themselves while it's occurring.

We do have one other section here of this website. So the first section is if the facility owner went on themselves and reported this or the operator of the facility went on, you would actually appear under -- under the facility reported incidents right now because it's not live, we have no incidents. County reported are the ones that I just added.

We have one section here which is "Order on Consent." If someone currently has an Order on Consent with the department to repair items, instead of them having to report basically daily on the website that they have an incident that could cause a problem. If the incident is solely related to the Order On Consent, we've posted the Order On Consent information. Here, again, it's the same pull-down menu. So Sunrise Gardens here, if you click the details, you'll actually find out that, okay, where it is, who's the operator, anticipated completion date is, you know, middle of 2015. They're actually designing a new treatment plant to currently meet nitrogen standards so it gives you a little bit of history of what's going on at the site. And, again, more information that you can get. We actually give our contact information. So if you want to call our office in the Department and find out more about these, we'll give you information on them.

Once they're satisfied out, they'll automatically disappear off here. In addition, once an incident that's reported has been completed, it'll continue to be published for 30 days on the website and then it'll automatically be archives so it'll actually disappear from the website, so. Also, even though

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our law did not require the municipalities, so Riverhead, Patchogue, Huntington Village, etcetera, to report via our mechanism, the State has generated its own reporting mechanism that's actually not currently active. They're a little behind with the formulation of their website. They're actually allowing the operators -- and actually on the State website is a path for them to get to our website and actually use our website to report through. And, again, through e-mails and automatic contacts, we'll actually notify the State that -- for them to notify under the State local reporting requirement.

So this is basically our website here. We try to make it pretty intuitively obvious to make it pull down. This way we don't necessary have to worry about the quality information that comes back. We've actually met with the operators. They've all been given logins so we're actually ready to roll this out into production as soon as we can.

CHAIRMAN SPENCER:

First of all, I have to say that it's so nice when we debate things and we actually see the laws and things that we spend a lot of time come to fruition. So, thank you. And it's really great to see that. You know, I look forward to getting on. It's hard to see -- I'm looking forward to kind of getting on and playing with it and being able to give some more feedback. It's hard to do it kind of in real time, but I think it really shows that you took our debate very seriously. And thank you for getting this up and running for us.

And with regards to just looking at -- keep giving us your e-mails and contact information and keeping us involved, that -- I think that's very helpful. So, I don't know if there's any other comments, but I think that you've really given us a nice flavor for what we need to do. So thank you.

And what I'll ask is that after my colleagues have a chance to kind of go on and look at it, that we can maybe contact you and give some feedback. When do you expect this to go live?

MR. HILBERT:

We can actually right now populate the database with your e-mails. And we could almost be live tomorrow.

CHAIRMAN SPENCER:

Okay. All right. Well, I'll guess, speak with Dr. Tomarken. I speak with him frequently and he can kind of keep me informed. So, thank you. Thanks a lot for that.

MR. HILBERT:

You're welcome.

CHAIRMAN SPENCER:

So, what I'm going to do, I'm going to move onto my agenda. We only have a couple of items -- couple of resolutions of here. And I have Dr. Tomarken. We go on -- not break, but there's a longer period before our next meeting, our summer, I guess, recess, if you could call it that.

TABLED RESOLUTIONS

So I'm going to move to our resolutions. I'm going to ask Dr. Tomarken if he would come forward while we're doing that. And going to Table Resolution **IR 1421**, which is **(Adopting Local Law No. -2013) A Local Law To Modify The Food Policy Council Of Suffolk County. (Hahn)** Legislator Hahn, I think that she's worked out everything that she needs to. And the hearings have been closed. So I'm going to make a motion to approve. Second?

LEG. CALARCO:

Second.

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CHAIRMAN SPENCER:

Second. All those in favor? Opposed? Abstentions? It is carried.
(VOTE: 4-0-0-1. Leg. Kennedy not present)

INTRODUCTORY RESOLUTIONS

IR 1460 - 2013 Amending the 2013 Adopted Operating Budget to transfer funds from the Greater Hamptons Interfaith Council (d/b/a Family Counseling Services, Inc.) And the Town of Islip ACCESS Program to Family Services League, Inc. For the provision of Chemical Dependency Services. (Co. Exec.) I make the motion to approve. May I have a second? All those in favor?

LEG. MONTANO:

Wait, hold on. I have some questions.

CHAIRMAN SPENCER:

Some questions on this?

LEG. MONTANO:

Yes.

CHAIRMAN SPENCER:

Okay.

LEG. MONTANO:

The Town of -- I've read the backup here, Commissioner. The Town of Islip Access Program that we're talking about here, where is the current location of that program?

COMMISSIONER TOMARKEN:

The actual street location? Is that what --

LEG. MONTANO:

Yeah, where's the office located?

COMMISSIONER TOMARKEN:

I don't have it. I'll get it for you. I just don't have that location.

LEG. MONTANO:

All right, because -- a while back it was on Suffolk Avenue. And I'm just wondering if it's still on Suffolk Avenue. And the Family Service League, the contract lists a Huntington address, but they do have an address and a location on Fifth Avenue in Bay Shore. So what I'm asking is where are the services being moved from physically and into where are they moving from physically? Do you have that information?

COMMISSIONER TOMARKEN:

I don't now, but I'll get it for you.

LEG. MONTANO:

All right. Why don't we do this: Why don't I make a motion to discharge without recommendation until we have that information rather than hold this up and -- because depending on your answer, I may have some lengthy questions. And I know you don't want to deal with that today.

COMMISSIONER TOMARKEN:

Okay, I'll get you that.

LEG. MONTANO:

Maybe you have the quick answers?

MR. VAUGHN:

Oh, God, I hope so. It says that --

LEG. MONTANO:

Oh, yes, you do. Go ahead.

MR. VAUGHN:

It says Family Service League was advised to submit updated floor plans room schedule to determine certificate of applications needed as they will provide services at the current --

LEG. MONTANO:

Right. I read that. I got that.

MR. VAUGHN:

Fifth Avenue in Bay Shore.

LEG. MONTANO:

Okay, Fifth Avenue in Bay Shore is where Family Service League is located.

MR. VAUGHN:

Going to be providing services.

LEG. MONTANO:

They have an excellent facility there. I visited the facility. What I'm asking, then, is where are the services coming from in terms of the current location? Are there various sites throughout the Town? Or is it one particular location and specifically the Access Program or Accesso Program that was located in Brentwood, is that still -- is that what we're talking about or is that long gone?

MR. VAUGHN:

Legislator Montano, my understanding is that this is a continuation of the fact that Islip has been transferring --

LEG. MONTANO:

Yes, I understand that.

MR. VAUGHN:

-- from the Town over.

LEG. MONTANO:

All right, why don't we do this: Let's just discharge it. If I may ask the Commissioner's indulgence -- the Committee's indulgence, to discharge it without recommendation because I am concerned about the relocation of services from concern communities. And I have no objection, by the way, just for the record to Family Service League. I think they're an excellent-run program. But I am curious about where we're moving services from and the accessibility of this services to the present population. What I would not want to do is move a physical location that is accessible to people in need to another physical location that is not quite accessible.

MR. VAUGHN:

Right.

LEG. MONTANO:

Or as accessible, without knowing more details.

MR. VAUGHN:

Yes, sir. While I certainly understand that, I would also just point out that there is also a Memorandum of Understanding between --

LEG. MONTANO:

Yes, I saw that.

MR. VAUGHN:

Right. With the Town. And that I don't think it's a matter of moving services from one place to another. I think it's a decision to either -- that if we don't move them, I don't think that the services would continue to be provided given the current state of Islip Town. I don't think there's much of a choice.

LEG. MONTANO:

Right, and I agree with you. That's why I am not going to ask any questions now other than to ask you to provide me with the information so I can relay that to, if necessary, the people in the community that are affected who have no knowledge that this is going on. And I cannot take responsibility for what the Town is doing. And I'm not a party to the Memorandum of Understanding with the Town. I understand they have their issues and I don't have -- you know, I'm sympathetic to that, but I need to know these details before I take a particular vote. So I would ask with the Committee's indulgence we simply discharge it without recommendation.

LEG. CALARCO:

Second.

LEG. MONTANO:

And then if there are no issues on Tuesday, we're, you know, we'll deal with it very quickly.

CHAIRMAN SPENCER:

Okay. So the discharge without recommendation takes precedence over the approval. So we have a motion to discharge and a second. All those in favor? Opposed? Abstentions? A discharge carries. **(VOTE: 4-0-0-1. Legislator Kennedy not present)**

LEG. MONTANO:

I thank the Committee for their indulgence on this.

CHAIRMAN SPENCER:

And there was one item that related directly to Legislator Montano that related to your health clinic that we had some inquiries that -- and this is to the Commissioner and also to the Administration, and we'll follow this up after the break, but I spoke with Commissioner Tomarken about it. And this is the issue: And I'm going to put the issue on the record and I'm going to ask for some very specific things.

The concern is that at the health clinics, that there are constituents who are seeking services for health problems who may not have the financial means at the time. And there's concerns that there may be policy in place or -- not policy but there's that -- that they are being set up for multiple visits; for instance, they may wait a long period of time, have a particular health evaluation for, for instance, a general health exam and time not permitting that they may have the first part of a mammography, but then not enough time for the breast exam so they're told to come back on a different day. At that different day when they come back, they are charged another \$75 copayment; whereas if there was time permitting, they could have had both services done at the

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same time. So one concern is multiple visits where they're being charged multiple copays.

The second concern is that their constituents where they are deemed being able to make a particular payment that may show up without that payment and there have been just some concerns that -- that perhaps they are being put any a difficult position with regards to making financial arrangements where they may be feeling embarrassed in front of people who may be in line. And these are again -- any sort of situation generalized concerns.

So, Dr. Tomarken, could you tell me who you invited to come forward there? And, again, I'll let you respond because I asked you the question in preparation for this Committee.

COMMISSIONER TOMARKEN:

To my right is Dr. Iftikhar. She is the Head of Patient Care Services. And two seats over on my left is Dr. Mermelstein, who is in charge of credentialing and compliance; and who was a former commissioner -- Acting Commissioner. So they're both in charge of the Patient Care Services.

And let me state from the beginning that we do not have a policy of bringing patients back deliberately. Any provision of care is decided upon by a variety of factors: Can be the preference of the physician or provider; patient preference; can be constrained by time; by availability of lab results. But there is no automatic policy, or any policy that says a patient cannot get their -- get everything done at the same time. But we all know as practitioners that you may start out -- you may designate 20 minutes for a visit. And the visit may go beyond that for a variety of reasons and the patient needs to come back.

Now the patient being charged on the second visit -- that's the stated policy that came in with the previous administration. We have asked that policy to be reviewed by the current administration and it is under review. But there is no concerted effort to force people to come back repeatedly just to generate income.

CHAIRMAN SPENCER:

Legislator Montano.

LEG. MONTANO:

Yeah, this is something very important. I appreciate your saying that. Two questions: It's under review? What is the status of that review? Timetable.

COMMISSIONER TOMARKEN:

I don't know.

LEG. MONTANO:

Who's it under review by?

COMMISSIONER TOMARKEN:

The Administration.

LEG. MONTANO:

Okay. Any particular department or the County Exec's Office?

COMMISSIONER TOMARKEN:

County Executive's Office.

LEG. MONTANO:

Okay. And to Tom, if I may, can you tell me the status of the RFP Review Committee that was responding or had responded to -- was it the Brentwood Center that was part of that RFP? Or was

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that simply the other centers? I don't have my notes in front of me. Hi, Commissioner, you look like -- you look like you're baffled by the question. Did I misstate the facts there?

MR. VAUGHN:

No, I don't believe so.

LEG. MONTANO:

Okay. So what is the status of that?

MR. VAUGHN:

That I don't know.

LEG. MONTANO:

Okay. Thanks a lot.

CHAIRMAN SPENCER:

Legislator Calarco.

LEG. CALARCO:

Thank you, Legislator Spencer.

Doctor, I know that a few years ago, maybe a year-and-a-half ago, our health centers moved in that direction of charging that \$75 fee as opposed to having the sliding scale. The sliding scale, now that applies for people who do not have health care? How does that work?

DR. IFTIKHAR:

If the patient have the insurance, then the insurance gets billed for the visit. If the patient do not have insurance and -- then we apply the sliding fee scale. That depends on how many dependents patient have, what their income level is. That'll determine how much patient has to pay for the visit.

COMMISSIONER TOMARKEN:

So there is still a sliding scale. Seventy-five is the top end of --

LEG. CALARCO:

Seventy-five is the top end.

COMMISSIONER TOMARKEN:

Of the initial.

LEG. CALARCO:

Are there individuals who have to charge -- are charged the 75 regardless of their income?

DR. IFTIKHAR:

No. The sliding -- if they are on sliding scale fee, the minimum is 35 and the maximum is 75.

LEG. CALARCO:

It was my understanding that individuals who couldn't prove that they were denied for Medicaid were going to be charge the \$75.

COMMISSIONER TOMARKEN:

That's correct.

LEG. CALARCO:

And that still applies today?

COMMISSIONER TOMARKEN:

Correct.

LEG. CALARCO:

We haven't looked at readjusting that? Because there are certain individuals that use our health centers who cannot obtain Medicaid and cannot be denied solely on the income issue so that, you know, they have their own income problems, they're not going to be able to afford the \$75, but they're also not going to be able to produce the documents related to Medicaid that you're talking of.

COMMISSIONER TOMARKEN:

That's correct. And that's what's under review.

LEG. CALARCO:

We're still reviewing that.

COMMISSIONER TOMARKEN:

Yes.

LEG. CALARCO:

Okay.

CHAIRMAN SPENCER:

Commissioner, I accept your answer, but here's my concern and it shouldn't be. I run into this. I run a practice. And I understand this is on a much bigger level but here's where that would be a major concern. If you're in my office and you're having a particular procedure done, I'm cauterizing your nose or I'm doing some sort of procedure, and for some reason be it the hour is late or there is some issue and you need to come back another time, and I'm in the process of a particular procedure, that's just general human decency. I don't charge that patient another copayment. And to have a policy of that, that's left over -- you know, I would hope the Administration -- I mean to me -- because I -- you know, certain times in this business I don't know what the heck I'm talking about. You know, I'm getting briefed. But to have a policy in place where if you come in and I'm taking your blood pressure and there is some continuation or some lab that's not available or your CAT scan results are not available, and you have to come back on a different day, you don't pay another copayment.

You know, that to me -- there are certain situations where it's a two-step process. I have to do one thing. And then three days later you're coming in for part two and it's a separate visit. But I would hope to work with the Administration on this. And I'm sure, Commissioner, you can understand what I'm talking about, to take our most vulnerable patients who are coming in with health problems or having difficulty with transportation and financial issues, and to have them involved in the middle of a health evaluation process and to charge them \$75 for an evaluation, whether or not it's a cancer training or a pregnancy or some sort of medical condition, and they need to finish the continuation of that process that could occur in one visit, to have a policy that you got to pay \$75, I would hope that we should be able to rectify that immediately. I feel very strongly about that.

I appreciate -- I'm sorry about that, but I run into it all the time. And I live and die by copays. That's how I make my living. But we have to have a certain amount of, you know, reasonable decency, you know, I mean, you could understand that so -- and I do want to follow-up on this after the break. I would like to -- because I do have some -- here's where the concern is. And I really appreciate you all coming forward, that there are members -- and, Commissioner, obviously I will go through your office and I will speak with you, that have expressed some concerns of -- that it may not -- although it may not be policy, that there are still within -- if you are a staff member and you are working in a particular clinic, you know that you have rules and regulations and you have an immediate supervisor.

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And I don't know if there is a climate. And that is -- even though it may not be official policy, there may be some testimony that there may be kind of an employee expectation. And if that's not clear, it really should be clear, that we are providing our health clinics for our most vulnerable people. And I always want to make sure that that is the aura that we portray and not that -- you gotta make another copayment. Sometimes I've heard people, direct testimony, of coming back three times having \$75 where this \$75 may be the difference between them buying groceries. So you can understand that would be a real concern to this Legislature and to this Legislator in particular.

COMMISSIONER TOMARKEN:

All right.

LEG. MONTANO:

Mr. Chairman, I just want to say unequivocally I appreciate your comments and they could not have been articulated better. And I am in full agreement with you. Thank you.

CHAIRMAN SPENCER:

Thank you. We're going to wrap it up. Legislator Calarco has one last question.

LEG. CALARCO:

One last question for you, Doctor, and it's related -- and it's only because we're talking the health centers, it popped into my mind and I know it's something that we've been dealing with, especially talking about how we're getting things paid for and who's paying for what. And we for a longtime have been having just one insurance provider that we rely on. Because when we sold Suffolk Health plan, we did it with that proviso in there.

My understanding we're up; that timeframe is up now. Those requirements are over. Have we negotiated with all the other providers so that we can bring in Fidelis and some of these other healthcare providers that do the managed care plans so that we can get more patients into our health centers who have insurance that pays for their care?

COMMISSIONER TOMARKEN:

We are in the midst of negotiating. And we have reached out to numerous agencies, manage care companies.

LEG. CALARCO:

Are we expecting to start finalizing those soon?

COMMISSIONER TOMARKEN:

Yes.

LEG. CALARCO:

Okay. Great. Thank you.

CHAIRMAN SPENCER:

Ric, Ric. Ric? Tom just wanted to say something to you.

MR. VAUGHN:

Legislator Montano, you know what, I didn't give you a complete answer before. You asked on the RFPs and the answer was no, I don't know the status of it but I'll be more than happy to find that out.

LEG. MONTANO:

I appreciate that.

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MR. VAUGHN:

I just wanted to get that on the record because I thought that my answer was a little bit short.

LEG. MONTANO:

No, you're a complete gentleman. And I got to run. I apologize for being, you know, quick and that I -- I have explained that to the Chairman.

MR. VAUGHN:

No problem.

CHAIRMAN SPENCER:

Thank you, Commissioner. As usual I appreciate you being so responsive and you can understand what our issue is that sometimes when it gets to your level, and just even to your level as being administrators, I would really like you to look at the frontline, at the people, and just make sure that that is not the message that is being portrayed and that someone doesn't feel confined to say -- I mean, there's gotta be -- there's gotta be a policy that doesn't show some sort of reasonable standard of care. You could understand, when it's 5:00, the lab tech had to leave for the day, she can't draw your blood, *gotta come in tomorrow, oh, \$75 more please*. I mean, I hope we're not doing that.

Okay. I don't think -- all right. So we'll follow up on this after the break. And, again, Commissioner, thank you for working with me.

I have no other business before this Committee. Motion to adjourn. Thank you very much. Have a nice recess everyone. I'll see you at Riverhead. Thank you.

**THE MEETING CONCLUDED AT 4:23 PM
{ } DENOTES SPELLED PHONETICALLY**