

**HEALTH COMMITTEE  
OF THE  
SUFFOLK COUNTY LEGISLATURE**

A regular meeting of the Health Committee of the Suffolk County Legislature was held in the Rose Y. Caracappa Legislative Auditorium of the William H. Rogers Legislature Building, 725 Veterans Memorial Highway, Smithtown, New York on Thursday, April 24, 2014 at 2:00 p.m.

**MEMBERS PRESENT:**

Legislator William Spencer - Chairman  
Legislator Kate Browning - Vice-Chair  
Legislator Robert Calarco  
Legislator Monica Martinez  
Legislator Rob Trotta  
Presiding Officer DuWayne Gregory

**ALSO IN ATTENDANCE:**

George Nolan - Counsel to the Legislature  
Sarah Simpson - Assistant Counsel to the Legislature  
Alicia Howard - Legislative Aide  
Craig Freas - Budget Review Office  
Lora Gellerstein - Aide to Legislator Spencer  
Bill Shilling - Aide to Legislator Calarco  
Debbie Harris - Aide to Legislator Stern  
Greg Moran - Aide to Legislator Trotta  
Michael Pitcher - Aide to Presiding Officer Gregory  
Lisa Pinkard - Aide to Legislator Martinez  
Josh Slaughter - Aide to Legislator Browning  
Tom Vaughn - County Executive's Office  
Amy Keyes - County Executive's Office  
Lisa Santeramo, County Executive's Office  
Mary J. Finnin  
Eileen Daly  
Jeannette Phillips  
Anne Nolon, Hudson River Healthcare  
Allison Dubois, Hudson River Healthcare  
James Sinkoff, Hudson River Healthcare  
Wilfredo Morel, Hudson River Healthcare  
William Groser, Hudson River Healthcare  
Angel Cortijo, Hudson River Healthcare  
Carmen Chinaea, M.D., Hudson River Healthcare  
Stacey Froeder  
Donna Moodie, Cornell Cooperative Extension of Suffolk  
Alysa Ferguson, Cornell Cooperative Extension of Suffolk  
Stephen Rosario, American Chemistry Council  
Nancy Marr, South Brookhaven Health Center  
Daniel Farrell, AME  
Joe Daley  
All Other Interested Parties

**VERBATIM MINUTES TAKEN BY:**

Lucia Braaten - Court Reporter

Health 4/24/14

*(The following was taken and transcribed by  
Lucia Braaten, Court Reporter)*

**(\*THE MEETING WAS CALLED TO ORDER AT 2:07 P.M.)**

**CHAIRMAN SPENCER:**

Thank you and welcome to the April meeting of the Health Committee, April 24th.

And looking our correspondence, we did have some correspondence that we will have placed into the record, an email from Mr. McCarthy on the Tri-Community Health Center. And also, there have been a request from Legislator Browning for information that has been passed on to our Administration, as well as to the Department of Health, requesting information regarding the Tri-Community Health Center transaction.

We have several cards, but many of those cards are seeking information. And as we have in the past with this committee, we do have a presentation. And we're glad that we have members from the Department of Health and the Administration, as well as from Hudson River. And I'm going to invite them to come to the front table at this time. And, Commissioner Tomarken, thank you.

Last night we had a Public Hearing with regards to this transaction, in keeping with the Mary Hibberd Laws, and this is another opportunity for the public to weigh in on this particular topic. I do anticipate -- we have a full auditorium and several speakers, so I do anticipate a very long discussion. So what I'd like to do is to ask if we could have a formal presentation and keep that somewhat limited in scope, because I think there are so many individual questions that will be a much longer part.

So, with that, I'll turn it over to Commissioner Tomarken, our -- and he'll kind of introduce the panel and what they'll be sharing with us. So, Commissioner, thank you.

**DR. TOMARKEN:**

Thank you, Mr. Chairman. I'm Dr. Tomarken, the Health Commissioner, and we have representatives from the Health Department. To my left is Jen Culp, Assistant to the Commissioner. And for representing HRH, to my right, I'll let the individuals introduce themselves.

**MS. NOLAN:**

It's very nice to be here again. I have to hold this, I guess.

**DR. TOMARKEN:**

Yes.

**MS. NOLON:**

I'm Anne Nolon, President and CEO of Hudson River Healthcare.

**MS. DUBOIS:**

Allison Dubois, I'm the Chief Operating Officer for Hudson River Healthcare.

**MR. SINKOFF:**

Jim Sinkoff, Chief Financial Officer, Hudson River Healthcare.

**MS. SANTERAMO:**

Lisa Santeramo, County Exec's Office.

**DR. TOMARKEN:**

We have a presentation, as you can see, on the screen up there. And the purpose of the meeting and our presentation today is to request Legislative approval of a contract with HRH Care for the

operation of the Maxine S. Postal Tri-Community Health Center. The proposal is the following:

We would transition the Maxine S. Postal Tri-Community Health Center to Hudson River Healthcare, otherwise known as HRH Care, utilizing the FQHC. That's the Federally Qualified Health Center model of care to provide essential health services to the medically underserved. This would maintain continuity of care to patients, and expand services in compliance with the FQHC Program requirements.

What exactly is an FQHC model of care? It's a type of provider defined by the Medicare and Medicaid statutes, and receives Federal funding under the Section 330 of the Public Health Service Act, which helps subsidize healthcare to the indigent. It must provide preventive, primary, dental and mental health care services for all age groups, regardless of a patient's ability to pay. The FQHC designation is secured through a rigorous review and approval process by the Health Resources and Services Administration of the Federal Government, otherwise known HRSA.

What are the benefits of the FQHCs? They provide enhanced Medicaid and Medicare reimbursement rates. They provide medical malpractice coverage through the Federal Tort Claims Act, and they provide eligibility for various other Federal grants and programs.

The key benefits of the proposal are that we would preserve and expand access to care, increase Federal resources to the Health Center through the FQHC benefits, and save the County 4.9 million dollars through a five-year CBG, or Community Benefit Grant contract.

So how did we get here? It is very clear over the years, and even in my short tenure, that the health centers have provided outstanding quality of care since their beginning, but we have been impacted by State aid reductions and the County's own fiscal crisis. At New York State's recommendation, the Elsie Owens Health Center was transitioned to HRH Care in the FQHC model in May of 2012. The department was granted an RFP waiver to proceed with contract negotiations with HRH Care for the County-staffed health centers, because HRH Care is the only entity having FQHC status in both Nassau and Suffolk Counties.

The East Hampton and Southampton Health Centers of the County were transitioned to HRH Care in March of this year.

Staff from the County Executive's Office, the Department of Health, County Executive's Budget Office and the County Attorney's Office have been negotiating terms with HRH Care and exploring all potential service and staffing options.

The A9-6 process, the County Executive has held two public hearings on April 2nd, and the Legislative public hearings were held on April 10th and April 23rd of this year. And an A9-6 analysis exceeds the 10% requirement for savings for each of the subsequent five years, and the BRO report acknowledges the certification of savings.

I'll turn this over now to Ms. Nolon.

**MS. NOLON:**

Thank you, Dr. Tomarken. Thank you once again. We're very happy to be here. This has been a number of times before the Health Committee and also before the Legislature, and we're very pleased to be able to present to you a proposal today that is very focused on Tri-Community Health Center, the Maxine S. Postal Center.

And I'd like to just start again, because there are a few new faces, and I'd like to just say a few words about Hudson River Healthcare. We've been around for over -- nearly 40 years, over 38 years, in -- started in the community of Peekskill. We're a not-for-profit Federally Qualified Health Center, and we'll tell you a little bit more about what that means in our future presentation, licensed by the State of New York by the Department of Health as a diagnostic and treatment center. We

grew out of a grassroots community movement of the late '60s and '70s to increase high quality healthcare with consumer-based boards, so people who have input into the services. We still to this day have a very, very creative -- and a sponsorship of the community. Over 51% of our Board is made of -- made up of patients who we serve. Our mission is to increase access to comprehensive primary and preventive healthcare, and to improve the health status of our community, especially for the underserved and the most vulnerable.

We're very proud of the fact that we have over the last many years, actually, over the last maybe 10 years, we have been able to expand to include other communities. Those communities have come to us and said, "Would you please start a health center in our community?" And to this point, we have 21 health centers -- we've grown since the slide -- in neighborhoods around the Hudson Valley and in Long Island, and additional five health centers through a subrecipient model with Nassau University Medical Center. These health centers are of various sizes and shapes, but they all provide the basic FQHC services and model of care.

We have a proven track record for transitioning practices to preserve and expand access in partnership with community groups, hospitals and local Departments of Health. We are Joint Commission accredited. We are NCOA-recognized, Level 3, the highest level of quality of service that one can be -- that one can achieve. We have been recognized for a -- through a national Davies Award for our quality in community health.

We're very excited to be on Long Island. We've been here for over 10 years now. Started in Greenport with a small health center, serving migrant and seasonal agricultural workers in the East End. We then, through all of your assistance, opened the Elsie Owens Health Center in Coram on May 1st, 2012, and most recently, as of March 15th, the Kraus Family Health Center of the Hamptons, which was the consolidation of the East Hampton Health Center and Southampton Health Center. It's on the campus of the Southampton Hospital.

We share these goals: We want to enhance services, increase access, and reduce the cost to the County.

I will turn over this discussion to Allison Dubois, Chief Operating Officer, to tell you just a little bit about the major accomplishments of Elsie Owens Health Center.

**CHAIRMAN SPENCER:**

Could you go to the previous slide for one second, please? It says, "Enhanced services, increased access and reduce costs." Okay, thank you.

**MS. DUBOIS:**

So we have had a very successful period with Elsie Owens Health Center, and we're pleased that a number of you here have been able to join us for a tour and to see that, that practice in action.

One of the key first steps in terms of that transition was the implementation of our Electronic Health Record-eClinicalWorks. In addition to that substantial change, we were able to renovate the health center to add three dental operatories into that health center, as well as reorient the practice to improve patient workflow. We were able to add additional bilingual support staff, and we have introduced new workflows, and outcome measures and protocols to achieve, as Anne mentioned, the NCOA Primary Care Medical Home Initiative.

We are really pleased that all of these accomplishments were made while we were still continuing to serve the patients who were served at the Elsie Owens Health Center before the transition. In particular, when we talk about the patients served, in 2013, we served 7,438 unique individuals at the Elsie Owens Health Center, and this represents 99% of the patients who were seen prior to the transition. So our ability to transition and to continue to see those patients is a really key achievement in terms of what we were able to do with Elsie Owens.

In particular, the patients, 76% of those who we see at Elsie Owens are below 100% of poverty, and 98% of individuals are below 200% of poverty. So we are really absolutely seeing the targeted individuals we intended to serve by focusing on low-income communities.

In terms of the insurance status of those at Elsie Owens, just under 40%, 39% are uninsured. Forty-nine percent are individuals who are covered by Medicaid or Medicaid Managed Care. Still absolutely available and open to individuals who have private insurance, Medicare and Child Health Plus, and those represent the additional percentages.

In terms of the clinical outcomes and the achievements that we were able to work towards in 2013, 77% of the pregnant women who accessed prenatal care at the health center had early entry into prenatal care, and less than 2% of the babies were very low birth weight. So, really looking at good quality outcomes for women who are accessing prenatal services at the health center.

In addition, we've been able to report that 61% of individuals who have hypertension had their blood pressure under control, which is defined by our Federal measures as 140 over 90.

The next slide shows a couple of pictures of the renovation of Elsie Owens, the addition of the dental suite being sort of a key factor and a key accomplishment.

The Kraus Family Health Center, as we mentioned, saw its first patients on March 17th and with Phase I of that construction. Phase II will open on March 15th, and that includes the addition of WIC, dental, and additional space for the Family Practice Residency Program.

In that very first month of operation, 523 patients were seen for over 640 visits. We are really seeing the underserved in this community. Sixty percent of those patients are uninsured, and 35% are Medicaid; 64% are below 100% of poverty, and 98%, again, below 200% of poverty.

Patients really are coming to us from across the South Fork, and we're really pleased about being able to see patients from Hampton Bays to Montauk in that health center. We are able to track that by zip code information of all the patients who access services at either health there.

There is a new bus stop that stops right in front of the health center, comes by every hour. And so we've been very pleased to see that as a fundamental transportation mechanism for our patients. We have hired full-time outreach, and purchased a van to be able to augment that transportation, and are working with a local taxi service for additional needs that may be there for transportation.

And then this slide shows a little bit of an inside view of the health center, the Kraus Family Health Center, of the Phase I component.

And I'm going to turn it over to Jim Sinkoff.

**MR. SINKOFF:**

Good afternoon. Thank you for meeting with us today. You know, what do we bring to this ongoing proposition and work with the County, very importantly is the FQHC status. Some of the particulars have been highlighted. I think, importantly, is the care coordination model that we bring through making sure that patients are accessing and have their electronic information accessible throughout the systems that we work in, whether we're connecting to Stony Brook's RHIO, or connecting to other Regional Health Information Organizations, just as we are doing with Southampton Hospital, where we -- the emergency room physicians and the inpatient facility will have access to our electronic records on the patients, maintaining continuity of care.

We have a lot of experience and growing experience now here in Suffolk County, and we're becoming, I think, much more sensitive about all of the particular needs that each particular

community and locale requires.

We are working with Southampton and the South Fork Mental Health Association because of the recent suicides of two children in the school districts there, and so we are now part of that coalition that is working to bring some additional resources, and through that coalition and our partnership, the Mental Health Association -- South Fork Mental Health Association was able to secure a feeder grant from New York State in this recent budget to help really address some very, very serious issues for the children in this community. Our commitment to the medically underserved, I think the payer mix and certainly who we're serving demonstrates that this is a core value and an uncompromising core value.

For Tri-Community Health Center, Maxine S. Postal, we are anticipating hiring the staff to operate that health center. And we will augment and bring back on line dental services and mental health services, and we will maintain in that center the WIC services and other services that are operated by the County.

Agreements and contracts related to the proposal: As in other processes with the County, there will be an agreement with the County, contractual agreement, for a five-year period for administrative management and primary healthcare services. There'll be a lease agreement between HRH Care and the County for a minimum of 12 years, and additional contracts between the County and HRH Care for the provision of public health services and custody of medical records. I would also add that we are working with all the local hospitals to make sure, just as in Southampton, that we have backup hospital agreements and we're working on the coordination of care issues.

I will turn this back over to Dr. Tomarken.

**DR. TOMARKEN:**

Thank you. We're coming to the end. How is this proposal funded? And if you look, I'll take you to the next slide, and if you look on the far right -- unfortunately, it doesn't seem to show up. Anyway, on the far right -- well, I'll just read it, because it's obviously not difficult to read there. The project consists of operating costs. The County's payment to HRH Care will total 7.95 -- sorry, 7.9 million dollars over a five years. After receiving State aid, the net cost to the County is 7.25 million dollars. With continued County operations, the net cost would be 12.18 million dollars. Compared to the HRH Care net cost of 7.25 million, the savings to the County over five years is 4.9 million.

HRH Care's FQHC status will enhance the project by applying to its all-inclusive rate structure and Federal Tort Claim Act protections. The County is not liable for medical malpractice or professional liability of HRH Care staff. The FQHC sliding fee schedule for office visits and laboratory services will be applied to patient visits. Public Health Services, TB and STD, will continue to be provided at no cost to the patient, as required by law.

This is the analysis, but it's, unfortunately, not very readable, but all the numbers that I quoted are on the far right of this slide and this chart.

How does the proposal address access and quality? It expands access to dental and behavioral services. It expands evening and weekend hours. It achieves NCOA, which is the National Committee for Quality Assurance, and PCMH, Patient Centered Medical Home Program requirements, and achieves Joint Commission accreditation.

What are the benefits to Suffolk County? Net savings of 4.9 million dollars over five years. Release from future medical malpractice liability. Enhanced services to the community. And as stated in the eighth Resolved clause of I.R. 1318-2014, no layoffs as a result of this proposal.

County staff will be transferred within the Health Department based on operational needs and locations.

Transition: In listening to the community and ensuring a smooth transition, the Health Department and HRH Care are creating a transition plan that will create an onsite transition team, develop an outreach plan to transition high-need, both high-risk and high-utilizing, patients. And there will be a post HRH Care staff at health center prior to the transition. Thank you.

**CHAIRMAN SPENCER:**

So I appreciate that, again, very detailed group presentation, and it gives me a lot of information.

So I want to just lay some ground rules. I know my colleagues are going to ask probably a lot of questions. And I do have cards, that the public had asked if they could hear the presentation so that they could direct their questions.

So because of the nature of this type of discussion, I just want to make just a couple of brief opening remarks. And for me, as Chair of this committee, my number one priority is to our constituents and the people who are being served that rely on these critical services. And one of the things that we can see is that it does make a difference, you know.

And recently, there's been a lot of discussion in this same country where we can go to one area in Appalachia, where I grew up, and see a life expectancy that's 20 years less than what we have up here, and it's because of adequate access to health care, diabetes counseling, smoking cessation, diet and things of that sort. So the decisions we make here will affect people's lives.

Also, my second priority goes to the nurses and the staff at Tri-Community who have made a decision to serve in public service. You know, not only when you work, whether or not private or public, in health care, you're giving a life of service in the humanitarian area. But when you do it for a municipality, you go above and beyond. You take sometimes longer hours, less benefits, less pay, because there is -- there is, I feel, something in your heart that you're looking for to be able to serve the public interest. So don't ever feel for one moment that this Legislature does not take very seriously what you do, nor do I believe the Administration, that we really honor your service. We appreciate your representation, and what the goal here today is to communicate.

So I'm going to ask just for a couple of things, because this discussion can go on for four or five hours. We are going to have some very strict ground rules, and I don't think it needs to go on for four or five hours. I do think I ask that you would listen to the questions that have been posed by people who speak before you. And if there are adequate answers, you know, you don't have to have the need to reiterate that same point. And I ask that we have a civil discussion and refrain from casting aspersions or accusations, and that we use this as a great forum to disseminate information. I think everyone here really has the same goal in mind, and that is how can we do this the best way possible.

So, and my colleagues can speak as long as they would like and ask until they're satisfied, because they have to take a vote. But with the public, you can pose questions and when you're making your remarks, but it's not appropriate for there to be back and forth discourse between the panelists and those who are asking questions. You know, you give your three-minute statement, another Legislator may weigh in, and that's just so that we can kind of have a chance for everyone to have an opportunity to be heard.

So I have a bunch of questions, but I'm going to stick with my same rules. And I'm going to go to our cards. Our first speaker is Mary Finnin. Mary, welcome, and please come to the podium. And we are going to begin the Public Portion at this time. So I am going to keep a very strict three-minute time limit. So, please, I apologize if I -- if you feel that I'm rude if I interrupt you. So, Mary, thank you.

**MS. FINNIN:**

Thank you. My name is Mary Finnin. I'm a retired public health nurse and I'm a public health advocate. I'm here, again, concerned about the giveaway of our health resources in Suffolk County.

I've read the proposals. I don't see the cost benefit analysis that is in -- that is favorable to the taxpayers. You're giving away an up-and-running full service health center that has served the community over 40 years. The health center is one of the three health centers of Suffolk County that has full services with dental and all of these other -- the things that were listed here today have already been provided at this center for over 40 years. We were the first to provide community care for HIV patients. We have patients alive today over 25 years later doing well because of the quality of care that we've given. We've had coordination of care with public health, with mental health with everything in that community, as we have with some others.

I'm really concerned that it's a giveaway again, and we're going to pay them. It's like pay to play. You know, when do you get someone to give you a business and then you pay them eight million dollars? Well, 7.9. You know, why do you do that? Plus you give them the building, and the equipment, and everything else. This doesn't make any sense to me just from a money point of view, you know, to say nothing of my adverse reaction to privatization of all of our public services.

We know that there are major cuts looming on a Federal level in healthcare. When the money runs dry, what happens? We have no safety net in public health here in Suffolk County. You're giving away all of our public resources, you know, and you're paying them to take it. I've never heard of such a thing. It's an insult to us as taxpayers that this is happening, and this is the third time now. You know, what are you going to charge them rent? Why should we pay them to provide the service? We're already doing that, to say nothing of the displacement of the staff, and the agita that it's going to cause the poor patients that we have served for many years. And, you know, they don't know who their provider will be, you know, and they've worked with us for many years and with the community.

So, you know, I'm really opposed to this whole process. But more -- in addition, if it goes through, you've got to turn around and show us the money. I want to see the money. Where are we getting anything in Suffolk County? You're giving it away. And I think that -- well --

**CHAIRMAN SPENCER:**

Mary, thank you.

**MS. FINNIN:**

Thank you.

**CHAIRMAN SPENCER:**

I appreciate your passion. Thank you very much.

**MS. FINNIN:**

Robbery.

**CHAIRMAN SPENCER:**

Next speaker is Ellen Daly. Ellen Daly, and on deck --

**LEG. CALARCO:**

Eileen.

**CHAIRMAN SPENCER:**

Oh, Eileen. It looks like two Ls, but I know you, Eileen. And on deck is Jeannette Phillips.

**MS. DALY:**

Hi. I'm Eileen Daly. Thank you for inviting me here. First of all, I was very happy to hear that the

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staff at Tri-Community Health Center will be included in the Hudson River Health Center. I think that's very important.

As Mary indicated, what we're here for really is patient advocacy, that's really important. Tri-Community Health Center has been around for a very long time, and the staff has taken great pride in providing the best possible level of care.

Another thing that concerns us is that patient care, we just want to make sure the patient care is provided by a nurse. That's a law in New York State. It must be provided by a nurse, not a nurse assistant, a or clinical assistant. It must be provided by a nurse.

In addition, Suffolk County is required by State and County Legislature law to comply with open meetings, and I'm afraid that we have not been in compliance with that law. I know there was a Health meeting at Tri-Community Health Center on Thursday and the patients didn't really know about it until within 24 hours before that, because Legislator DuWayne Gregory didn't notify them, but there was no other notice about that, and you may want to look into that. There's a policy and procedure policy on that and I think we're not in compliance. So I don't know if the County Legislators -- the County Attorney is aware of that, but I think we need to brush up on that.

So thank you very much for including the staff. And I think that's a conversation that we need to have more of. So please include the Advisory Board on that. I am a member of the Advisory Board. Unfortunately, they can't be here today, they're either out of town or working, and this is a very strong concern to them. Thank you for your time.

**CHAIRMAN SPENCER:**

Thank you.

**MS DALY:**

Do you have a question for me?

**CHAIRMAN SPENCER:**

Thank you. Legislator Trotta does have a question.

**MS. DALY:**

Yes.

**LEG. TROTTA:**

Are you saying that there's not going to be RNs there? Is that what you're --

**MS. DALY:**

My understanding is that -- and I'll let them speak for themselves. My understanding is that they will have nurse practitioners, but I don't know that they hire RNs. I'll let them speak for that. And I don't know who will be doing -- we have a lot of RNs. We have nurses that do patient education. In New York State, that is the law, that nurses must do patient education. That's not up to a medical assistant or a clinical assistant. I'll let them answer for that.

**CHAIRMAN SPENCER:**

No. What we're going to do, we're going to -- this is the Public Portion, so all of the comments will be directed towards the speaker.

**MS. DALY:**

Okay.

**CHAIRMAN SPENCER:**

But the Legislators will take -- you know, and will go back to those questions.

**MS. DALY:**

I would like clarification on that as well.

**CHAIRMAN SPENCER:**

Fair enough. I think they are writing down. And Legislator Trotta, when he's asking his questions when we start to debate, then he'll be able to ask them.

**MS. DALY:**

Do you have any other question for me?

**LEG. TROTТА:**

The open meeting, do you have more detail about the open meeting thing?

**MS. DALY:**

Yeah, I do. There is a policy. Let me read it for you. There is a document on that. There's a policy and procedure on open meetings, and if you have a minute, I'll read it. I don't want to go over my time.

Suffolk County Department of Health Services is required by State and County legislation to comply with open meeting laws. These laws apply to any commission, committee, task force, panel or other entity created by the County of Suffolk through enactment of a resolution by Executive Order, which is authorized and empowered to act in an advisory capacity and/or to make advisory recommendations to the County Executive, the Suffolk County Legislature, or any other Department, Agency or Office of Suffolk County Government, and it goes on and on about that. That was dated February 9th, 2002.

**LEG. TROTТА:**

And you're saying they didn't have any or --

**MS. DALY:**

Well, I'm saying that when I attended -- I'm a member of the Advisory Board of Tri-Community Health Center, and people were very upset that they had no notice of that meeting. They were given less than 24-hour notice. The staff wasn't advised of it, the community didn't know about it. And a few of the patients happened to hear about it because they were in the health center the day before and they were very, very upset. Patients that had very compromised status stood up, they were tearful, they were very emotional. They didn't know anything about this. They didn't know that it would not include the staff and they were very, very upset. So I thought in fairness to them, they should have been made more aware. They're hearing very different rumors in the community that Tri-Community is being shut down, that it's closed, they have no place to go, and it's very disturbing for them.

Thank you for your concern.

**CHAIRMAN SPENCER:**

And we will follow up with those questions once we --

**MS. DALY:**

I appreciate that. Thank you very much.

**CHAIRMAN SPENCER:**

Very good. Thank you. Ms. Phillips, thank you for being here again, it's nice to see you.

**MS. PHILLIPS:**

Thank you.

**CHAIRMAN SPENCER:**

You came all the way from Peekskill.

**MS. PHILLIPS:**

Yes.

**CHAIRMAN SPENCER:**

Thank you.

**MS. PHILLIPS:**

My name is Jeannette Phillips, and it is -- and I'm from Peekskill, New York. I had the privilege early this morning to be at the United Way of Westchester and Putnam Spirit Volunteerism Award. And as your opening -- part of your opening statement about sharing with the people who work in Suffolk County and at Amityville, they're giving of themselves in many, many ways, and I, too, laud what they do.

Well, I'm pleased to be here before you today, and more so than that, I can say I'm proud to be here today as one of the founding community members of Hudson River Healthcare. And much like Suffolk County health centers, Hudson River Healthcare was founded in 1975 in the response to the unmet need of health care for our families and our community. And much like the member of the Community Advisory Board and Mary have even stated, in terms of talking about unmet need, well, we came out of the war on poverty program. So we, as a community of health centers, know what it is to meet unmet need.

The founding mothers and myself were much like Mrs. Elsie Owens. Our paths crossed in many ways. And to Mrs. Rosemarie Dearing, who I've just recently met, know that we, too, have journeyed the same kind of path. So when we talk about community health centers and what they're going to be able to do, we come down to the bottom line, and the bottom line is access to care. No matter what community we're in, access to care for our families is what's most important.

Our health center is a not-for-profit, a Federally Qualified Health Center that is committed to providing comprehensive services to all members of the community, much like they have said in terms of those special populations. In addition, the Federally Qualified seal means that we must provide comprehensive service in areas that are of most need and to all who seek it, and offer those services on a sliding fee scale. Those kind of services, becoming a Federally Qualified Health Center, meant that we had to go to Washington, educate our policymakers in terms of what community health centers meant, and we still continue to do that. And we're fortunate to be able to say today that community health centers give us the biggest bang for our buck in terms of the delivery of healthcare. Primary and preventive health services are the key.

Currently, we have two Suffolk County residents on our Board of Directors. We believe in being able to make sure that the communities that we serve in are representative in various ways, and that Sister Margaret Smyth and Sister Angela Earl from -- one from Medford and one from Patchogue, we are invested in every community that we serve in. And so with that, I would just say that we're again pleased to be here, proud to share with you the accomplishments that we want to help incorporate in this County.

**CHAIRMAN SPENCER:**

Ms. Phillips, it's again an honor to have you before this committee, and your reputation is known all over the country. You have lived this mission and it continues to grow. A lot of lives have been touched really by your hard work and your vision. And if you just -- I wanted to just extend just a welcome of this Legislature, that you've come into Suffolk County and that you're looking to help us. So we are looking to do our best to work together, and, again, thank you.

**MS. PHILLIPS:**

Thank you.

**CHAIRMAN SPENCER:**

Next speaker is Wilfredo Morel, and on deck is William Groser.

**MR. MOREL:**

Good afternoon. My name is Wilfredo Morel, and I'm Director of Hispanic Health for Hudson River Healthcare. And thank you so much for the time.

As once said for Martin Luther King, we continue the legacy, and we continue the legacy, and continue the community health center as Mrs. Phillips had mentioned it as a founding mother of a community health center. And it is true that we're talking about our community. One thing is the staff and the people committed, but it's also our community.

And just briefly to share with you, that our community within our Hudson River Healthcare is the following: Is people with HIV and AIDS, is the Lesbian/Transgender/Bisexual and In-Question community, it is the day laborers, it is the migrant seasonal farm workers that we see. And not only that, that all our services, anything that we do, any change in delivering of services depend and come from basically their advisors. So it is extremely important for us that in the delivery of services, that we have a body made out of the community. This is basically in link with our Board of Directors that make those recommendations as to how our community can respond.

How can we better serve our community is beyond just the speaking of the language. It is basically taking into consideration the language, their norms, their traditions, and all those little things that we have to be careful and look carefully in basically delivering services.

In this community here, again, Latino day laborers, which is totally the new -- basically the new community that has been growing, but that we also have to basically pay close attention. In delivering of services, it's the whole person. It is really acknowledging that the individual that is there, that come to receive those care, need to not only linguistically, but also in terms of being accepted.

And me, as a -- basically, as a community, person of the community, Latino and Haitian, basically like to say that when we talked about patients within our organization, we definitely value that, but more so value where they come from and what they need. Thank you.

**CHAIRMAN SPENCER:**

Thank you, Wilfredo. I appreciate your remarks. Mr. Groser.

**MR. GROSER:**

Yes. Good afternoon. My name is Bill Groser. I'm here representing Hudson River Health as a consumer and a patient. I am a person that is living with HIV for 10 years now. The services that we get at Hudson River are complete. Anything that arrives -- arises, they take care of it for us.

I'm also the Co-Chair for the Consumer Advisory Committee. This is a group of dedicated people to help improve services at Hudson River Health. We, as consumers, look at how the patient is cared for. If there is a problem, we bring it to our Directors, they address it with the doctors. It's all done through quality improvement. We strive to help the patients, and also help Hudson River Health in the changing role of health care.

It's been great for me to see these people come together. We meet once a month, and we discuss what's going on. We do surveys for the patients, bring it back. We do the statistical charts. We consider ourselves part of the family of Hudson River Health. This can continue down here when centers are -- if the center's taken over, these operations and classes would be brought down here.

Hudson River provides all kinds of classes on chronic illness, living healthy. We all attend those groups.

It's important for the consumer to advocate for their health. We advocate for all the patients and their health treatment. Thank you.

*(\*The following testimony was taken & transcribed by  
Alison Mahoney - Court Reporter\*)*

**CHAIRMAN SPENCER:**

Thank you, Mr. Groser. Angel Cortijo. Did I pronounce that correctly? And next on deck is Carmen -- Dr. Carmen Chinaea.

**MR. CORTIJO:**

Good afternoon. My name is Mr. Angel Cortijo. It is an honor and a privilege to be here today. I also am joined with Hudson River HealthCare, I am a patient who receives services at the health center as well for many years. I also am living with the HIV virus. I just want to share my experience. Every time I go, I am serviced with everything that I need. Everything is at my disposal. I never had a complaint. And whether it's mental health services, whether it's dental, whether it's internal medicine, I've never had any kind of problem. And I also see throughout the years the progression. I'm also excited to be a part of something like this and hope that the same experience that I came to deliver today would also be the same experience that someone else will receive in Suffolk County as well. Thank you.

**CHAIRMAN SPENCER:**

Thank you, Sir. And really, just congratulations on just your strength and your spirit in dealing with your situation. I wish you all the best. Dr. Chinaea?

**DR. CHINEA:**

My name is Carmen Chinaea, I'm the Chief Medical Officer for Hudson River HealthCare. I'm also an internal medicine and nephrology specialist, and I've been with the organization for ten years.

The purpose of my talk, really, is to talk about the clinical care that we provide at Hudson River HealthCare and the standards of quality that we've achieved throughout the years. It's one of our main focuses to provide one of the highest quality health cares available in the country, and I think we speak for ourselves -- for myself, even as a clinician, that we never want to offer two-tiered service. We want to make sure that everyone that walks through the door knows that they're getting the best quality health care they can receive in the country, regardless of whether they have insurance or not.

We were one of the first health centers in the country to be accredited by the Joint Commission. That has been a very important organization for hospitals, but only recently, in the past decade or two, has it really started to really focus on outpatient care, and yet we were one of the first ones that received JCO accreditation. We're also one of the first health centers recognized by the National Council on Quality Assurance as what's called a patient-centered medical home. And there were three levels; we achieved the highest level once in 2009 and then again last year when they increased the standards which were very rigorous; and we again achieved level three patient-centered medical home. The purpose of the patient-centered medical home is that it focuses on team-based care, so that the patient is taken care of by a team and not just by a provider. And this is coordinated along the entire spectrum of care from the minute they walk in to the minute they leave, even when they're home.

In addition to the patient-centered medical care -- medical home, our sites were recognized by a specific certificate and recognition called the Diabetes Recognition Program by NCQA. In order for us to achieve that DRP for our care with diabetes, we had to make sure that every single center was

focused, the team was focused on every patient that had diabetes, their kidneys, their feet, their eye care, their lipid, their medications for lipid, their blood pressure, and every single center had to achieve that recognition separately by the education that we did with our support staff and our providers in order to then receive the recognition. The reason we're able to gather all this information is basically because of our electronic medical record.

The EMR that we use is called E-Clinical Works and they're multiple out there. We're very happy with ours and have been using it for many years. But one of the major benefits of the EMR is that it gives us data immediately, real-time data, so that we can look at how many of our patients do not have high blood pressure control. We can get that list, call the patients, have them come in the next day or the next week for an appointment and work with the provider or the nurses to try to see how we can get the blood pressure controlled. We can do the same with vaccination rates of our children, with our cholesterol levels and who is on Statin, who's on an aspirin for heart disease. We can even do it in the middle of the night when a patient goes to the emergency room or is called by the answering services, because our physician or our nurse practitioner on call can look into the electronic medical record and find out everything about that patient and share that information with the emergency room, with the hospitalist who's admitting the patient, or just with the patient who's calling because they're confused about their medications.

**CHAIRMAN SPENCER:**

Doctor, I'm so sorry I have to interrupt.

**DR. CHINEA:**

My time is up.

**CHAIRMAN SPENCER:**

Your time is up.

**DR. CHINEA:**

That's okay, I'm done.

**CHAIRMAN SPENCER:**

Okay.

**DR. CHINEA:**

And I really just wanted to say that these were the main focus areas that I wanted to talk about our clinical quality. Thank you.

**CHAIRMAN SPENCER:**

Thank you. Thank you very much. Stacey Froeder is next, and Donna Madu (*sic*) is on deck.

**MS. FROEDER:**

Hi. My name is Stacey Froeder. I would like to thank you, Dr. Spencer and the Committee, for listening to my story. I'm not sure how HHR can help me, but -- (*became emotional*) I'm sorry. I'm the mother of a beautiful 38-year old who has gone through dealing with pain management doctors and has been through several things. It started eight years ago today when I lost my grandson and she lost her son to a uteral abruption and she almost died from a D and C, which I really truly don't understand myself.

During her care, St. Charles was amazing. But pain management doctors, in my eyes, are approved drug pushers. I'm sorry, I know there's doctors in the room, but my daughter now and her husband (*became emotional*) have left their three children because he's in jail because of using heroin and she is in a drug treatment center Upstate, New York. I have three beautiful grandchildren that have had their lives destroyed over the last six years due to this, and now they're

introducing a drug called Zohydro ER that is twelve times stronger than Oxycodone, and I don't understand how a person can be in that much pain to need a drug that is that much stronger. My daughter was a heroin addict because of this and has gone through nine treatment centers costing me thousands and thousands of dollars to try to get her straight and back to her normal life.

I had sent many letters to Senator Zeldin, Legislator Bill Lindsay, Governor Cuomo. I even wrote to President Obama for help. We need to stop this with these drugs (*became emotional*), and I just need as much support because, to me, the pharmaceutical companies' profit doesn't equal a life. And I'm watching three children be destroyed. I'm trying my hardest -- thank you -- to help their life move forward, but I don't know how -- you know, there's a lot of doctors in here. I asked about help and that's why I'm here today. I am sorry.

**MR. SINKHOFF:**

Don't be sorry.

**CHAIRMAN SPENCER:**

Stacey, there's no need to apologize. I'm glad that we have a chance to share in your story, I know that's something that's deeply personal. And that is something that we do have to address, look at the prescription drug and the heroin epidemic. But just the countless loss that it cost us in terms of just precious lives and to our families.

One of the questions I will be addressing to the panelists, we'll be talking about some strategies and things, hopefully as we transition, that we cannot ignore the prescription drug product and it's something I am very much against, this new more potent narcotic being released on the market. But we need to hear more stories and we need you to come out, and my heart goes out to you and thank you for being so brave to come up and share your story.

**MS. FROEDER:**

Thank you. And I'm sorry that I didn't control it, but I want to be there to help.

**CHAIRMAN SPENCER:**

No, I think that is important. There's no reason to apologize for expressing very painful emotions. Thank you.

**MS. FROEDER:**

Thank you very much.

*Applause*

**MS. MOODIE:**

Hi. My name is Donna Moodie, I want to thank the Health Committee for having me here today. And Hudson River, welcome.

**MS. MAHONEY:**

Please speak into the microphone.

**MS. MOODIE:**

Oh, sorry. I'm here to talk about our diabetes education program of Suffolk County. My name is Donna Moodie. I'm a registered dietician, I'm also a Certified Diabetes Educator. I just wanted to tell the Health Committee a little bit about our program. We've been operating for over 15 years, I've been with the program for over eleven years at three health centers, including Tri-Community Health Center in Amityville. The program is currently a collaborative effort of Suffolk County Department of Health and Cornell Cooperative Extension. We're a team of Registered Nurses and Registered Dietitians who are all CDEs.

Our presence in the health center. For over 15 years we've been providing one-on-one counseling, diabetes education classes, professional training and community education classes. Currently we're afraid of the potential loss of this service as the health centers transition to Hudson River HealthCare, which is a wonderful organization, I looked at them on-line with their grassroots efforts with migrant workers, I think that's how you started, with a voucher system or something?

**MS. NOLON:**

I'm here, that's true.

**MS. MOODIE:**

But we're afraid of the loss of this one-on-one counseling that we do with over 5,000 patient visits per year currently. And I just wanted to give you two little examples to give you a picture of what we do on a day-to-day basis, because a lot of people don't know what a Certified Diabetes Educator is and what we would do in a Diabetes Education Program.

I have a patient I'm working with currently at Tri-Community Health Center. He was just released from the hospital. He had hyperglycemia, his blood sugar was high in the hospital, over 700. Once they got him stabilized, they released him, sent him over to Tri-Community and we got him restarted on his insulin. And I work with this patient once a week, adjusting his insulin to get with the doctor, working together as a team and with his diet and carbohydrate intake to get his blood sugar under control to prevent rehospitalization. And he said to me the other day, and a lot of our patients are asking us the same questions, because they're all afraid -- none of us like change, it's a big issue for all of us. And he was in tears and he said, "*Well, who's going to do this with me? Who's going to, you know, help me with this?*" Because he's just a patient that needs a lot of help and assistance managing his medicine and getting his insulin and getting the care that he needs. Also, we see a lot of patients with gestational diabetes for one-on-one counseling; this is just another example. So almost immediately, because we're a constant presence in all the health centers, so after they're diagnosed with gestational diabetes, because of the risk of potential outcomes for the baby, like seizures and brain damage after birth and birth defects early in the pregnancy, they're referred to us immediately and within just a few days we have them, we're teaching them how to test their blood sugar four times a day, we're teaching them carbohydrate counting. We bring them back sometimes weekly, again, for the patients that are in high need where their blood sugars are not in control, and we also collaborate with maternal fetal medicine specialists in the community, but it takes a lot of time, a lot of effort and a lot of one-on-one counseling.

**CHAIRMAN SPENCER:**

Donna.

**MS. MOODIE:**

Yes.

**CHAIRMAN SPENCER:**

I'm so sorry,

**MS. MOODIE:**

Okay. So we just wanted to --

**CHAIRMAN SPENCER:**

But I don't think you had the chance to come in, but your office did come in and we had --

**MS. MOODIE:**

Right.

**CHAIRMAN SPENCER:**

-- an extensive meeting where I'm very supportive of your program, and that is one of the questions I do plan to pose to the panel in terms of making sure that we address that.

**MS. MOODIE:**

Okay.

**CHAIRMAN SPENCER:**

And also just some of the other contracts that you're doing.

**MS. MOODIE:**

Great.

**CHAIRMAN SPENCER:**

So it will be part of the discussion.

**MS. MOODIE:**

Okay, great. Thanks.

**CHAIRMAN SPENCER:**

Thank you so much.

**MS. MOODIE:**

Thank you.

**CHAIRMAN SPENCER:**

Alysa Ferguson. Hi, Alysa. Welcome. Stephen Rosario is on deck.

**MS. FERGUSON:**

Thank you. Can you hear me okay? All right. It's Alysa Ferguson. Thank you all for the opportunity to speak today. I am also a Registered Dietician and Certified Diabetes Educator working Cornell Cooperative Extension in Suffolk County in collaboration with the Suffolk County Department of Health for 15 years.

Donna gave a little background of our program. I'm just going to give a quick introduction to Cornell Cooperative Extension. Our educators are experts in our field and we use research-based information to help educate and support individuals, families and professionals. As Certified Diabetes Educators, we have extensive knowledge and experience and training helping people with diabetes manage their condition. As I'm sure you all know, diabetes is a major public health issue, very expensive issue. We also specialize in treating other chronic diseases such as obesity and hypertension.

This is a County-funded program. So as health centers such as Tri-Community are being transferred to Hudson River, we are concerned that this particular service may be lost for these patients. We know Hudson River HealthCare is very interested in providing a wide array of services and is very concerned about diabetes. Under their current model, it doesn't seem that they're providing the level of service that we have been able to provide in Suffolk County for the past 15 years. For example, two years ago when Coram was a Suffolk County Health Center, I was one of two Certified Diabetes Educators that worked there to provide individual counseling and support to these patients. And to my knowledge, there's not this going on there now. So we hope to bring that to the discussion later as well.

And they have recently, actually, reached out to us to discuss the possibility of doing diabetes classes there, so we basically just hope to expand the relationship with this organization. And we're

here today just to ask the Health Committee to support the funding to Cornell Cooperative Extension to continue diabetes education in Suffolk County in working in these health centers and in expanding the program to reach more community sites. Thank you very much.

**CHAIRMAN SPENCER:**

Thank you. Mr. Rosario. On deck is Nancy Marr.

**MR. ROSARIO:**

Good afternoon. Mr. Chairman, I'd like to request, with the permission of the committee, to go last. I feel uncomfortable interrupting this very important conversation, because I'm not here to speak on this particular issue and I'm very interested in listening to this. So if I may, I'd like the discussion on this issue to continue without interruption.

**CHAIRMAN SPENCER:**

That's fine. Thank you.

**MR. ROSARIO:**

Okay. Thank you.

**CHAIRMAN SPENCER:**

I have Nancy Marr. On deck is Dan Farrell.

**MS. MARR:**

Hi. My name is Nancy Marr and I'm now the interim Chairman of the South Brookhaven Health Center until we find a real one. And I wanted to talk about two issues; one is the annual budget for the health centers which, as you know, was cut back so that it had funding in it only through June, on the assumption that the transfer to HRH would take care of that problem. I don't know if it's been taken care of, but what I hear when I go to the meetings is that there's still a lot of uncertainty about what's going to happen after June and to make sure that the adequate care goes on while the negotiations and thoughts take place I think is very important.

And I want to note that the revised fee system has helped bring in patients, some of who has probably -- some of whom separated from the health center when the fees were too high or not available.

On the question of transition to the FOHC, we certainly all support the kind of services that they can provide, but I'm concerned a little bit. We are going in that direction partly because of State funding cuts. If the Federal funds are cut and HRH experiences a shortfall, what is the County's responsibility? Because we have a resource now that's there. If we don't have that, is the County going to have to play some role in making sure that there is adequate health care for all of our residents?

I also hope that the local hospitals will maintain a role in the FOHC delivery system, partly as a support, partly financially, and partly because they're familiar with the needs of the community around them. And with an establishment as widespread as Hudson River, I think it's important not to have two local advisory committee members, but more resources to make sure that the local needs are met and that people know what they are. Thank you very much for letting me speak.

**CHAIRMAN SPENCER:**

Thank you, Nancy. Mr. Farrell.

**MR. FARRELL:**

Good afternoon. My name is Dan Farrell, I'm the President of the AME and the members who work at the health clinics. This has been a protracted process leading up to this proposal for a transitioning Public Health Services over to the auspices of Hudson River.

At the onset of my administration, there was a collective discussion on this matter which escalated over time. We now have come to a point of reckoning with regard to the direction of this initiative. We have met with County management on a number of occasions to have discussions pertaining to the Hudson River takeover of the County-run health clinics. My assessment of these talks has been positive.

Last year we saw the closure of John J. Foley Skilled Nursing Facility and that event resulted in the loss of another 180 jobs in County government. We do not want to repeat that. I'm very pleased by the establishment of the September, 2013 agreement between County management and AME. With this agreement, I was able to provide modest wage increases for the membership, while at the same time giving them the assurance that their positions as County workers were secure. The best part of this agreement is that it contains a no layoff clause for the life of the contract through December 31st, 2016. This is a first for AME.

With this in mind, I do have, as the President of the union, the assurance that our members are being given continuity of employment. They will be reassigned specifically either working for the Suffolk County Sheriff's Department in either the Yaphank or Riverhead jail. No one will lose their jobs with the Hudson River takeover. While people do not always herald change, this transition is being commenced for economic reasons. The County does not have and was not able to acquire FQHC status. The Hudson River group does have that status. This changeover is a County management decision and it's a matter which is strictly between the Legislature and the County Executive's Office.

As a labor leader, my position is to protect jobs, and I have done that with the establishment of our CBA. For transitional purposes, I have been apprised that our AME workers will be, for a brief duration, advising the incoming Hudson River team on procedural matters. This is not a long-term assignment, but only temporary. It's being done for the overall efficacy of the plan for the transition. The decision to effectuate this system is at the prerogative of County management. They have restated their positions that AME workers aiding with the transition matters will not be permanently working under direction of Hudson River.

I've reached an understanding with the County management pertaining to the placement of the County health clinic workers. I have been assured by the County Executive Management Team that every accommodation will be made with regard to where these workers are ultimately placed. They will take into consideration any extenuating circumstances and do whatever they can to make the transition as seamless as possible. I want to thank you for your time and consideration in this matter. Thank you.

**CHAIRMAN SPENCER:**

Dan, there's a question for you from Legislator Browning.

**MR. FARRELL:**

Sure.

**LEG. BROWNING:**

Dan, I want to say thank you for coming, because I do have concerns about the workers. And, you know, you talk about Foley, I know there's about 25 LPNs still on the preferred list, have not received a job yet and clearly, with what's going on, will probably never get a County job back again.

Have you received -- and I will be asking the same question. I did send an e-mail to Dr. Tomarken requesting who the employees are currently at the Amityville, the Tri-Community Health Center. And it's my understanding they're all going to be shifted over to Riverhead when this is complete,

and then -- but when Riverhead falls under the control of HRH, where are all of those employees going to go? And I'm still asking for a detailed list of how many LPNs, how many RNs, how many Clerks, how many Medical Assistants. And, you know, when we no longer have health centers, where are they going? Do we have places within the Health Department to transition them anywhere in the Health Department?

And when you talk about the Jail Medical Unit. You know, Dr. Tomarken, I'll have you respond to this at some point because, you know, we have some LPNs, or you call them Jail Medical Assistants, but they have to be an LPN to get that job. How many more do we need in the jail? And is there more County employees between the two health centers than what's going to be needed in the jail? And if there is, then where do the rest of them go? So I have to say, I'm not comfortable with, "*Oh, they're all going to get moved.*" Tell me exactly where, you know, employee Joe Smith is going to go. Tell me exactly where Jane Smith is going to go. I want to know what those job titles are. And again, when does your contract end?

**MR. FARRELL:**

2016, December.

**LEG. BROWNING:**

Okay, and I want to know. So there's no guarantees come 2016 that there's not going to be layoffs.

**MR. FARRELL:**

No, there's not for the rest of the County as well, though.

**LEG. BROWNING:**

Oh, correct, correct.

**MR. FARRELL:**

You know, I don't know what the future holds. I'm kind of hoping the economic downturn turns around finally. I mean, we've been in a long projected downturn of economics here and, you know what? It's been bad for five, six years, so hopefully in another year or two it gets better.

**LEG. BROWNING:**

Yeah. But you haven't received any detailed information with regards to your membership, where they're going to go after Riverhead falls under the jurisdiction or the control of HRH. So you have

**MR. FARRELL:**

No, I don't have specifics at this point. But I was assured that they will all remain in title and be working somewhere within the County as a County employee.

**LEG. BROWNING:**

Okay. Well, like I said, I put in that request and I'm still waiting for the answer. When I get the answer, I'll give it to you.

**MR. FARRELL:**

And if I get it, I'll give it to you.

**LEG. BROWNING:**

Thank you, I appreciate it.

**MR. FARRELL:**

You're welcome.

**CHAIRMAN SPENCER:**

Thank you. Appreciate it, Dan.

We're going to go back to the gentleman that asked us to pass, Mr. Rosario, if you would like to be heard. Is there -- are there other -- if there's someone that hasn't filled out a card and you would like to speak, I'll give you that opportunity after Mr. Rosario.

**MR. ROSARIO:**

Mr. Chairman, members of the committee, thank you very much. For the record, my name is Stephen Rosario and I represent the American Chemistry Council. I am here to speak on Resolution 1236 which would ban polystyrene food containers. I apologize, I know that the committee has held hearings. We are late to the game, unfortunately, I only recently found out about this issue. I have a staff of two that we cover nine states and all the municipalities within those nine states.

We are requesting an opportunity -- and I hope to be speaking with Legislator Hahn about this issue, but an opportunity to provide the County Legislature with some information regarding this particular product. This product is made in New York and workers are union jobs. And although we don't make it here in Suffolk County, we do sell the product to many customers throughout the County. We would like the opportunity to provide the Legislature with information. I've provided the committee with a number of documents and to enter into a dialogue. I'm not all that familiar with your process, but I would hope that we could continue to table this resolution until we've had an opportunity to provide that information and speak with Legislator Hahn. I won't go through my testimony, but all the information is there.

If I can conclude on a personal note, Mr. Chairman, on the issue that is before you, when I look at something like this, it seems almost infinitesimal in light of some of the more weighty issues that you have. But this is one that touches two communities that are very dear to me, and I say that because I live just north of Peekskill and I've lived there for about 26 years, so I'm familiar with a lot of what is going on but I've learned quite a bit. But I also -- Suffolk County is very dear to me and my family because my wife's family has had a home out here in Rocky Point since 1947 and that home is now ours and this is an area where we have raised partially our family here in the wonderful community of Rocky Point. And I have learned quite a bit about this issue and certainly one now that I will follow because of my personal connection to those two communities. Thank you very much.

I appreciate the time.

**CHAIRMAN SPENCER:**

Thank you, Mr. Rosario. And both issues are very important, so thank you for addressing both of them. I did have a card that just came in from Joe Daley, if you would like to be heard.

**MR. DALEY:**

Thank you for allowing me to speak at the last minute. I am married to Eileen, one of my accomplishments. This is a follow-up to what I just heard from the gentleman from AME and from Legislator Browning, basically about the employees.

On the way over with Eileen, she stressed to me that whatever I had to say today is not about me, she played it down. She said, *"I'm actually even playing down about the employees at Tri-Community,"* who she loves, including Dr. Iftikhar. But she said it's mainly about the people, the clients, the clientele who come there. Eileen is a Nurse Practitioner, she worked for the Department of Health for 15 years. A few of those years she worked with the Deputy Commissioner of Health, but most of the time she spent at Tri-Community, and at Tri-Community she was involved with HIV patients. She was the HIV Coordinator for all of Suffolk County. And I know we had a couple of gentlemen come here today who are afflicted with the disease, and just to let them know that Eileen, as the coordinator, Tri-Community was picked as the model of New York State for HIV treatment, the model of all of New York State. So Eileen today says it's really for the clientele that

comes to the clinic. She sees fear in their face, anxiety that they are coming there with afflictions. They are so used to the staff who is there for them professionally, doing a job day-in and day-out at the clinic. And I have met a great deal of these people and can attest to their character and their dedication to the patients that come to the community. Eileen's care is also -- and she sees -- why can't, during the transition, which Legislator Browning touches on, why can't they be a part of the transition team and stay on board since the contract doesn't expire until 2016. And I think that would greatly help the patients --

***Applause***

-- who are coming in nervous, apprehensive, and they're not going to see those familiar faces that take care of them every day of the week. Thank you very much. Whatever you guys decide, God bless you.

**CHAIRMAN SPENCER:**

Thank you. And Mr. & Mrs. Daley, your Legislator, Bill Lindsay III, sends his regards and called specifically to make sure that you were heard and said that he's working with you also. So I just wanted to pass that on.

That's all the cards that I have for the public portion. Is there anyone else that wishes to be heard? We're going to move on to just the Legislators interacting with the panel, and hopefully cover many of the questions that you have asked us. We're going to close the public portion at this time and we are going to move on to the debate regarding this issue. So I think since we had a presentation, we can go ahead and ask questions with regards to the public -- the presentation and then we go on to the agenda.

So I do have a few questions. I appreciate it. And first of all, I'd like to thank Lisa who, you know, really made a very big effort to make sure that, as Chair of the Committee, that I was well informed and I feel very comfortable with just understanding this transaction. But I have a few questions that I think you could probably answer very quickly that have come out of the Hibberd Hearings and also from today.

The first question relates to -- as we look at your three goals of enhanced services, increasing access and reducing cost, I wanted to start to kind of get into some of the details, because I know that sometimes in health care there can be waste and you could take efficiencies, but we want to avoid short cuts. Efficiencies are good, short cuts aren't good. So as we look at just Hudson River and just seeing your health care and just seeing your organization as you come in, and you have existing staff that is there and they have obligations, I guess, or contracts with the County. I think in the last transition you brought in your own staff and you kept some of the coordinators. Where do you get the staff that comes in? Are they coming from the same area? Where are those professionals coming from?

And are you in a position, with these negotiations, to keep some of the -- more of some of the County employees? So I'll let you respond to that, and then I have several more.

**MS. NOLON:**

More than one person will probably answer that question, then. We have a commitment where we have the opportunity of the continuity of preserving continuity. With this particular arrangement that has not been the case because the County employees positions will be -- they'll be offered positions within the system. We are posting positions as we speak; those positions will be hired priority from the community. We can -- they're open to anyone, including any County employee who would want to apply for those positions would certainly be interviewed and be considered for those jobs, and that's the process that we're using with Amityville.

In the past, with Southampton, with our Southampton project, we have very few. We created a list

because those staff were also reincorporated into the County system and no one lost their jobs there. It was a very small staff. We have hired from the community as well as we've recruited -- we are recruiting and continue to recruit clinicians from around the country to try to get the right core of staff. And I'll turn over any further discussion to both Ali and Jim, I think you would have something to offer in terms of our staffing arrangements with -- and what we're organizing with the other sites. Jim, do you want to start.

**CHAIRMAN SPENCER:**

You know, because I have so many questions, you answered that one quite adequately.

**MS. NOLON:**

All right.

**CHAIRMAN SPENCER:**

And if there's someone that wants to chime in or give me more information. Because I am going to kind of drill down on that because one of the things we -- I'm going to look at -- just give me one second. My Presiding Officer just wanted to ask me something quickly.

*(Brief Pause)*

What I'm going to do is -- just our Presiding Officer, who sits on every committee, has some other obligations. And so before I -- because I have a lot of questions, I'm going to let him go ahead and ask his questions. So, thank you.

**P.O. GREGORY:**

Thank you, Mr. Chair. I appreciate you allowing me to ask a question, I do have a meeting at 3:30 and I just was reminded that the person I'm meeting with just stood up in the back of the room and went to go to my office. So I appreciate it.

First, I would like to say, there was a comment that was made earlier about the meeting that was scheduled at the health center last week.

I did not schedule that meeting. I requested that meeting with the Administration because I thought it was important that the community be informed and I think -- you know, I think generally, you know, in my community they understand that I don't operate that way. I wasn't -- actually, a constituent called my office and informed us of the meeting, so I wasn't -- my schedule wasn't checked, hence the reason why I had to leave early, because I had a conflict and it wasn't checked beforehand. But nevertheless, I heard it was, you know, a thoughtful meeting, the information was provided. I imagine that there will be more information that will be provided, but I think it was important that I state that because there was some confusion as to who set up the meeting; it wasn't my office that did that.

But I do want to ask several questions. One is I met with some of the ladies that came here earlier today from the Cornell that does the -- diabetes educators, and one of the concerns they expressed to me was at least from your -- from their knowledge of your past practice as far as diabetes monitoring, that there's -- you know, maybe there's a four, four and a half hour or part-time commitment to that? Like how is -- have you analyzed what your practices are as compared to what the County does now? Is there a difference and how do you feel that may impact those patients? You know, I'm not a medical person, but obviously there has to be -- because it's a consistent thing, you have to kind of monitor those people to ensure that they're, you know, doing their daily regimens or whatever.

**MS. NOLON:**

Kathy, would you -- Kathy Brieger is a CDE and Kathy and Carmen Chinaea, our Chief Medical Officer, will answer that question supported by Ali Dubois, Operations Officer.

**MS. BRIEGER:**

So in answer to your question, I am an RDCD and we also had Alicia do a great program -- where is she -- doing a great program at Elsie Owen with our team. We have two programs. We have individual patient care in which we use the electronic health record, and what we do with our patients is that the provider, the doctor, the nurse and the dietician who are there work as a team and that we're able to have information that allows us to target those people who are at high risk and those people who don't need -- because not everybody needs to see a CDE, not everybody needs to see that dietician. It does help, but not every single person. We also have group education classes and also availability of some other programs. In our Greenport site, we also worked with Cornell Cooperative Extension with a diabetes group program and we feel that they do outstanding work. And in all of our Counties that we've worked in -- Dutchess, Westchester, Sullivan and Orange -- we work with Cooperative Extension and so we feel that that would -- that is a valuable program. But we do feel like our individual counseling is adequate. We do have a part-time dietician, I think that's what they were referring to, and as we build services, generally we add CDE time, the Certified Diabetes Educator time.

**P.O. GREGORY:**

So I am a diabetic, I go to the health center, I don't know how many times they go now, I guess maybe monthly or --

**MS. BRIEGER:**

If you're well controlled, you may just have to go every few months. And what we do is we have a special -- it's kind of difficult. Well, I guess you're the Health Committee, you'll know this. In our electronic health record there's a template that makes sure that the doctors will get everything you need. In the old days we used to have to look through an old paper chart to see, well, did this guy get his -- you know, the patient get his foot exam or eye exam? Now with the electronic health record, it lets the doctor know, *"No, you're missing a foot check, you're missing an eye check."* So you as a person with diabetes could be referred to a program.

Now, just one other thing about programming. We have a master trainer in the Stanford Self-Management Program. In the County's community health plan for 2013 to the 17, I can't remember which page it's on but you talk about that evidence-based programming for people who have diabetes and hypertension. We use the Stanford product which is -- Stanford Program which would invite you, as a person with diabetes, to come and attend, and that is something that we're establishing at all sites, so we have people who are trained in that Stanford model.

**P.O. GREGORY:**

Okay.

**MS. BRIEGER:**

We do it for individual counseling or you could go for the group.

**P.O. GREGORY:**

So for the average patient, diabetes patient, what's -- their experience will be the same amount of office visits or personal visits, or will it be --

**MS. BRIEGER:**

You would definitely get a personal visit. But depending on how well controlled you are, if your Hemoglobin A1C, which is the three-month measure, is out of control, your doctor might have you come back every month until they get you in control. If you're fine and your hemoglobin A1C is really good, they may say come back in six months on a one-to-one basis.

**P.O. GREGORY:**

But if someone is feeling like, you know, their -- you know, their levels are high or whatever, will they be able to get an appointment? Because I heard that may be another concern, that they won't

be able to get an appointment as quickly.

**MS. BRIEGER:**

All they need to do is ask and say they're really struggling. If they have a -- sometimes people go through times that are in between their visits that they need help. If they're -- we have something called the portal which also can -- it allows a patient to communicate with their doctor by a confidential e-mail system, so if a patient is struggling they could also contact their doctor or they can make an in-person appointment, either/or.

**P.O. GREGORY:**

Okay. And like my sister-in-law, she's a diabetic. She obviously -- you know, she knows what she has to do, but I guess there are people -- maybe people that don't speak English or understand English as well. You know, there's some type of disconnect there on how they have to manage their own care and it may get out of control and she would have to call.

**MS. BRIEGER:**

For anybody --

**P.O. GREGORY:**

I would think if I had diabetes I'd be, you know, very concerned.

**MS. BRIEGER:**

The great thing is because we have people who speak Farsi, Chinese, Vietnamese. We don't have individual interpreters for outside languages, so we are using the language line which gives us access to 90 languages and translators, and it's used by many hospitals. Where people can call in, if they come in and they're Albanian, they speak, you know, that language, they would have help in their language.

**P.O. GREGORY:**

Right. Okay. Thank you.

**MS. DUBOIS:**

Can I just add to that? I just want to, I think, clarify another point. Diabetes care is managed by the entire clinical team. And so if an individual has not reached those levels of control, that's managed by the team. They can come back in for visits with members of the clinical team, including the nurses or the LPN's. They may have more regular visits with their provider coming in to assess that hemoglobin A1C. So I just want to really reassure you that there really is robust access for individuals as they're working to control that. That is, in addition, augmented by individual counseling with nutritionists, CDEs, group sessions; it's a really comprehensive model. And I think the fact that we've achieved that NCOA Diabetes Recognition Program on clinical outcomes, it means that the outcomes for our patients with diabetes are well controlled and we've been able to achieve that with the model we have in place.

**P.O. GREGORY:**

And just -- I'm sorry. Go ahead, Doc.

**DR. CHINEA:**

Well, I just wanted to add to Ali's point about the recognition program. It's a national recognition and we can actually be as proactive by getting our lists of all the diabetics whose blood pressure is not controlled, who their A1C. So your sister-in-law may be feeling well, but we'll know if her control is out because of the electronic medical record. And our goal is actually to call her before she's even feeling anything to let her know that she needs to be seen with our team to manage her nutrition, her weight, her blood pressure, her cholesterol, because all of that is on the electronic medical records. So we can gather that data by provider, by site, by organization to see where the best care is and where we need to focus our most resources and attention.

**P.O. GREGORY:**

That would be a very long distance call, she lives in Paris.

*(\*Laughter\*)*

**DR. CHINEA:**

We can do that, too.

**P.O. GREGORY:**

But I'll let her know.

**DR. CHINEA:**

Skype is free.

**MR. SINKHOFF:**

We'll be traveling to her.

*(\*Laughter\*)*

**P.O. GREGORY:**

Just one last question, a simple question. Can you explain the difference in hours of operation? Because you're going to be open weekend hours. You know, I don't know the numbers of hours, I'll say 30 hours a week open now, you know, a little bit less or a little bit more?

**MS. DUBOIS:**

So it certainly will be the same amount. It won't be any less. As the practice continues to grow and we add additional practitioners, we intend to add additional evening hours. Where there is a single evening, we work to accomplish two to three evenings a week. In some of our centers we've been able to get to four as well as the weekend hours. So there absolutely is a commitment for no fewer hours and as we continue to add clinicians and practitioners, there will be additional evenings hours.

**P.O. GREGORY:**

But the hours as of your intention from the start are to mirror the hours now, or same number or hours, or you're actually mirroring the hours of now?

**MS. DUBOIS:**

We will mirror the hours, so where there are evening hours, they will stay.

**P.O. GREGORY:**

Okay. All right, thank you.

**CHAIRMAN SPENCER:**

Thank you. I wanted to -- so, some of my questions regarding the diabetes counseling were answered, and some of the discrepancies that I heard, I stepped out of the room for just a moment, was indicating that the availability of some of the counselors after the transition was less than what we had seen with our, I guess, previous level of interaction. But I do encourage, I'm hoping that with the Cornell contract that we can give a lot of consideration. They not only do the diabetes counseling, but they have another Family Health & Wellness contract.

**MR. SINKHOFF:**

Legislator Spencer, I think it's opportune for me to let the committee know, good fortune and good timing, Cornell Cooperative Extension, Alisa Ferguson contacted us yesterday to reinvigorate the classes at Elsie Owens and that's been approved to do so. So, good timing.

**CHAIRMAN SPENCER:**

I'm very excited about that. Wow. That's -- well, hopefully the rest of our interaction -- (*laughter*). Thank you very much for doing that. That is a priority and that makes me very happy to hear that.

One of the questions that came out, though, not in addition to counseling for diabetes, as I listened to some of the speakers at my hearing, where I know there are New York State laws with regards to patient care and interaction, but one of the things, if you look at trusted specialties, doctors are at the top of the list, second only to nurses. And I know that there's a different model in terms of -- you know, there's LPNs, there's RNs and things of that sort, but when we talk about immunizations. You know, I know in my office, some of my patients, they can't wait to see my nurse. Is that one of the ways that we do savings by not utilizing RNs? How much -- what's your percentage of RNs that are involved and will we be maintaining the nursing counseling?

**MS. DUBOIS:**

So we do have a slightly different model, but I do want to let you know that there absolutely continue to be RNs in the practices, both in the nurse management roll as well as additional RNs. In addition, we use an LPN model, so we have more LPNs in our health center models than the typical Suffolk County Health Centers as they're operated now. And that team, the entire team of a health care provider, the RN who's in the building, the LPNs on the individual clinician teams and the medical assistants, as well as our front desks and our patient navigators, that entire team of individuals cares for our patients.

And so in terms of visits, patients who need to come back in for blood pressure checks and follow ups, those can absolutely be handled within the practice and they will continue to be handled in the practice. Immunizations are administered by either RNs or LPNs in our health centers. We use patient-specific standing orders in order to be able to really maximize the use and to have all the individuals on our team work to the top of their license.

**CHAIRMAN SPENCER:**

Well, I know that LPNs are very well trained, but I know there is a difference in terms of their scope of services. You know, the RNs have additional very specific specialized training. And I would encourage -- I know that we can always stay within the standards of the law, but I hope we stay within the standard of care that the community has become accustomed to and that's something I'll be following very closely. So, I appreciate that. Yes, Commissioner.

**COMMISSIONER TOMARKEN:**

I just wanted to add to that, because there may be some confusion. According to the New York State Education Law, Article 139, Nursing, and I quote, "*The practice of nursing as a Licensed Practical Nurse is defined as performing tasks and responsibilities within the framework of case finding, health teaching, health counseling and provision of supportive and restorative care under the direction of a registered professional nurse or licensed physician.*" The New York State Nurses Association Guidelines goes on to say, "*Regarding utilization of LPNs and unlicensed assistant -- assistive personnel, UAPs, in the delivering of nursing care state that under the direction of a Registered Nurse, it is understood to mean that a Registered Nurse is present on the premises or immediately available by telephone when professional services are rendered by an LPN.*" So, for instance, with immunizations, if a nurse directs an LPN to go and give person A an immunization, they can do that. They cannot do what's called a standing order, so they couldn't be told, "Anybody who comes in and needs an immunization, you as an LPN can do it." Only patient-specific immunizations can be done by an LPN under the direction of an RN or a physician.

**CHAIRMAN SPENCER:**

Well, I know that, you know, we'll keep within the law. But, again, I think that there are community leaders and activists and nurses that are there that just want to ensure that their

patients continue to have that continuity of care. And I do feel you're committed to that but, you know, that is something that I'm very specifically focused in on. You know, again, really focusing that reduction of cost is inefficiency and not short cuts. And I don't think that you are doing that, but I do think I have a responsibility to ask.

The next question I have centers around the separate contract for TB and STD services. When we look overall at a -- you know, I always look at a five-year, \$5 million savings. I did want to mention that we do have a class that's here of future nurses that came out to observe our Legislative process today and, you know, I wish you all the best of luck. You know, I hope that just a little snapshot in public policy will help to inspire you and look forward to seeing you in the future. Maybe you'll want to apply for some of these jobs.

*(\*Laughter\*)*

So when I look at the contracts and I hear, you know, four point seven or a \$9 million savings over five years, which works out to -- just a little under a million dollars per year. Once we put those secondary contracts in place, because currently right now, in the current system, STD and TB is already included. You know, maybe is the savings -- what do we anticipate the cost of STD and TB to cost, and that will have an impact on our next savings when we look at it for the County. So I don't know if the Administration has given some thought to that.

**MS. CULP:**

We looked at the Public Health Services separately, as we are mandated by the State of New York to provide those services. So whether it's through the health centers or through a contract, we are responsible for that provision of care, so we really looked at that as kind of a wash, that it was separate.

**CHAIRMAN SPENCER:**

Well, I understand that, you know, that we have to do it regardless. But right now we're doing it under the current expenses. So if we go into this new arrangement and we are saying that we're going to pay \$7 million but we haven't included this cost, are you saying that those services are above and beyond what we're paying right now? My understanding is that it's all currently included in the number that we look at.

**MR. FREAS:**

Well, let me put it this way. The cost for -- the way that we calculate the savings, both -- I believe I'm going to start with -- our calculation savings and the Health Department's were slightly different because we make slightly different assumptions. One of the uniform assumptions, though, is TB is considered completely separately, it's in a separate appropriation, it's a separate program, just like WIC which will continue at Tri-Community; separate appropriation, separate program.

For the most part, STDs are considered the same way. You're correct that STDs would have -- we treat STDs -- the people who work at Tri-Community in that appropriation treat STDs there. We also treat them through our own STD programs. One of the things still under negotiation is the -- whether Hudson River will treat STDs and Tuberculosis. They have a responsibility under the Public Health Law, an Article 28, if somebody walks in there, they have to do something for them, whether they say, "You should really go down to the storefront clinic." If we have to go that route, I don't think we do, that's another -- that's a thing they could do. But I would agree that there's no additional cost to the County separate from what we have now, that it's a wash, basically, for those particular services.

**CHAIRMAN SPENCER:**

I see. Yes?

**MR. SINKHOFF:**

I think, if I might just add to that. So Elsie Owens is probably a good example. So the Public Health Services were maintained under contract, and what is happening is Hudson River HealthCare is providing all of the specific data at the prognosis level. We hand that over to the County and the County uses that in its calculation for purposes of its claiming to New York State.

On a purely fiscal basis, the calculation of public health dollars is outside or below the line in the cost calculation that you made reference to. So we will continue to integrate those services or provide them under contract, we will turn over the data to the County and the County will continue to do its claiming under the public health rubric.

**MS. CULP:**

I would also mention that the New York State Law has changed. That prior anyone coming in seeking testing and treatment for an STD, they weren't billed, even if they did have insurance. And now with current State law, we are -- or Hudson River is allowed to ask if they are comfortable with having their insurance billed and, if so, then, you know, we bill them separately. So we would expect to see that decrease over time, too, as more people might be comfortable using their own insurance, and that's under the State Public Health Law.

**CHAIRMAN SPENCER:**

Great. What I'm going to do, because I still have a lot of questions, but I am going to have some consideration for my colleagues, and I'm going to kind of ask one last kind of combined question and then I'm going to have a speakers list.

So my last question, then -- I'll put it all together, I was going to ask each of these separately -- long enhanced services. And again, my concern to the community is that we don't lose services, and just frank and honest, what services are we going to lose? And then I do want to ask, you know, will there be any sort of mental health counseling, drug treatment? Will there be any -- as far as when we talk about funding, the question was asked if Federal funds are cut, how stable is this program? Let's say that there is a change in terms of the way funds are being disbursed; how do you handle for -- a plan for adverse funding conditions?

And to the County, in my large, convoluted question, we are getting to the six-month point. Is there any particular plans for interim funding as more of these transitions take place, or are we on target to what we have budgeted for? So that's my conglomerate. Go ahead.

**MS. NOLON:**

We have a conglomerate of answers, I think. Enhanced services for a health center is to make sure that we have the three components of physical health, medical care, the dental care and behavioral health. So in our model we will, and have been, interviewing the social work staff to assure that whatever social work staff we have are going to meet our criteria for patient care. And this is an increased level of service for behavioral health services, and Ali can go into detail with that later.

Dental services at Amityville, unfortunately they may have been there and they could see remnants of the operator, but it is not currently being provided. And that would be something we would reinstate with brand new operatories, that's phased-in in year two. We made the same commitment at Elsie Owens, we opened early a beautiful, three-chair dental suite, and are quite successful with the dental program there.

You asked a question about adverse funding.

**CHAIRMAN SPENCER:**

Yes, in terms of the federally qualified status and funds coming in and your day-to-day operations. What happens if something changes -- well, you can't anticipate the future, but just in terms of actual -- you actually have to have money in your hand to buy supplies. Are you backed by other centers, or what do you do with adverse funding conditions?

**MS. NOLON:**

I'll let Jim talk a little bit more about that, but let me just set it up to say that we now have 1900 Federally Qualified Health Center corporations with 9,000 sites around the country serving 22 million people. It has been the foundation -- the growth -- the growing foundation of the plan for the roll-out of the Affordable Care Act and has played that role. Hudson River HealthCare by itself assisted over 5,000 people enrolling in the Affordable Care Act, so we are seeing some changes in our reimbursement -- in our patients who are uninsured becoming insured. However, there's still a large group of people who are uninsured. When you look at our numbers we showed you that still -- at Elsie Owens, 39%; at Southampton, 60%. So there's a large group there. Jim, you may want to comment on additional adverse effects.

**MR. SINKHOFF:**

I think one very essential aspect of the FQHC benefits that we talked about is that as an act of Congress, the Medicaid PPS rate is the only promulgated rate by an act of Congress. Medicaid Program, as you know, is a general program, but for Federally Qualified Health Centers the rate structure is specific in Congressional law and could only be overturned by an act of Congress. So we feel that that's fairly stable. I could make all sorts of political commentary, but I won't.

The other source of major funding is -- comes through the {HERSA} Federal 330 Grant Program. There are two aspects to that that give us some long-term comfort. One is that the program doesn't have to go through reauthorization, we still need to go through an appropriation process. As Ann just mentioned, Federally Qualified Community Health Centers have broad appeal across all spectrums of the political rainbow. Rural, migrant, Republican, Democrat, Independent, from Texas to Alaska to Maine to New York, throughout the country, and it is one of the few programs that continues to receive strong bipartisan support. You know, we certainly watch it every year as we go through our own advocacy on appropriation. This year we were, again, very successful in achieving the national appropriation that all of the community health centers were seeking.

As you did say, one can never predict the future, but I would say that Hudson River HealthCare has a long and proud history of finding a way. Even when programs in certain Counties have been cut, we find a way to move things around and retain service and retain employees.

**MS. NOLON:**

May I just add one other comment, and that is our relationship with the County. As we -- this is a partnership. And it has been very obvious, as we've worked these many months with the County Executive's Office, that they're truly -- everyone has the right goal in mind. And we don't feel as though the County is going to walk away from the service provision in the County as we will not. We've never closed a health center. We are deeply committed to finding the resources it needs to help replace what the County has lost over many years. It's been very, very expensive. And we hope we're helping in some way to relieve the County pressures around finances, at the same time to preserve and grow services for the underserved.

**CHAIRMAN SPENCER:**

And to the Administration, since we are getting at a funding juncture for what we, you know, budgeted for and where we are, do we -- are we going to have to go out of budget? What are we going to do?

**MS. SANTERAMO:**

So as of right now we're not changing our timeline and where we are in terms of the fiscal impact statement, but we -- you know, we're continuing with negotiations and, as far as I know, things are going well. You know, at the time that things might be changing, we'll come back to you, but as of right now we think we're moving along and we're in good shape.

**CHAIRMAN SPENCER:**

Certainly. Certainly. So I do think that, you know, as we start to look again at the services, we have, at least now, a track record. And I think, you know, you have done a fine job at Elsie Owens and there have been concerns and criticism and I think we have to put things in place to monitor this process. I would like to see more community outreach, and I'm sure that component is there. I know there was the criticism of the Legislature that -- to actually have people who this will affect come and testify before us, having hearings at two o'clock in the afternoon, but we did have hearings at 5 in Riverhead and here. But I would like to see information posted at the centers, if the Administration and the Health Department could sign off on that, as much as possible that where we're late to service. I know -- you know, we talk about continuity of care, but regardless of how we do it, there will be some changes that we have to accept. So I hope that there's a plan, that there's a community relations plan that will help to get that information out to the public. I thank you. And Legislator -- did you have a question?

**LEG. CALARCO:**

No.

**CHAIRMAN SPENCER:**

I know Legislator Trotta was on the list earlier, so. Thank you.

**LEG. TROTТА:**

I got a lot of calls on this, and I'm like a neophyte on this. How many people work there now in the health center?

**MR. FREAS:**

Twenty-eight.

**LEG. TROTТА:**

And all those --

**MR. FREAS:**

I'm sorry, twenty -- yeah, 28.

**LEG. TROTТА:**

They're all going to go somewhere else within the County, ultimately.

**MS. CULP:**

There's 28 probably in the budget line, but there's some additional people that are budgeted elsewhere. So it's around 40 some individuals, you know, some are there part-time, some full-time, it varies.

**LEG. TROTТА:**

But they're all going to be absorbed somewhere else.

**MS. CULP:**

Yes.

**LEG. TROTТА:**

I mean, what -- are they needed someplace else or, you know, is there overtime being -- you know --

**MS. CULP:**

So we will come up -- you know, we've started coming up with plans, but we will look throughout the entire Health Department, so that includes areas within Patient Care, different grant programs, the Jail Medical Unit, other health centers, Public Health Nursing, Communicable Disease, even in our administrative offices. So Mental Health, the Division of Mental Health, Early Intervention, so

we certainly do have needs throughout the department. Part of why this proposal was based this way, we'll be looking at the individual's job title, also the skills, if there are any special skills that are associated with what they do now. And we're also, much like we did with the Southampton proposal, will be looking at where someone lives, because we do understand that a commute can impact. So as much as practical, we'll take that into consideration.

**LEG. TROTТА:**

For George, some questions. This RFP thing from 2012, that's good enough legally? Because --

**MR. NOLAN:**

Yeah, the -- it was broader than the initial health center. I believe the waiver applied to future health centers and I believe that was the understanding of the Legislature at the time.

**LEG. TROTТА:**

The first sentence, you know, acknowledged the waiver. It sounds like it's -- it expired or something. Is this when -- if you read it, the waiver, the first sentence said, "Please be advised that no extensions of this contract by waiver will be considered." Does this mean it's good?

**MR. NOLAN:**

Are you reading from the waiver itself or the contract or -- I'm not --

**LEG. BROWNING:**

Here.

**LEG. TROTТА:**

The memorandum that describes it from 2012. I just want to make sure that, you know, legally we're allowed to do this without a new RFP. Someone brought that up to me, to my attention.

**MR. NOLAN:**

I'll look at this. I think we're okay to go with this. I think the waiver does cover this particular health center, but I'll take a look at the documents I just was handed.

**LEG. TROTТА:**

Because if it's not, are we in trouble if we do this?

**MR. NOLAN:**

I think we're going to be okay.

**LEG. TROTТА:**

And the Public Meeting Laws, they were all -- that was all --

**MR. NOLAN:**

The Hibberd Law requires two public hearings by the County Executive and two by the Legislature. I know the Legislature did its two hearings, and I presume that the County Executive held his two Public Hearings as well, but I can't speak to that.

**MS. SANTERAMO:**

That is correct, we held our two hearings and we advertised them as legally required.

**LEG. TROTТА:**

Okay. If I go -- if I have no insurance and I go to your clinic and I want a physical, how much does that cost?

**MR. SINKHOFF:**

So we work on a sliding fee basis. As you saw from many of the statistics, many of our patients, the majority are under 200% or below the Federal poverty level with most of them being below 100%. So the fee is \$15.

**LEG. TROTTA:**

For a physical.

**MR. SINKHOFF:**

For a physical and a dental visit, yeah.

**LEG. TROTTA:**

Why did I get it cost \$110 for a physical?

**MR. SINKHOFF:**

I'm not sure what you're looking at, but it's \$15, and it's posted in the health center. Every health center posts our sliding fee, our family size. It conforms with Federal law. So we post every October with the issuance of the Federal register, family size and income and for all individuals.

**LEG. TROTTA:**

Do you have a list of those, like a fee scale?

**MR. SINKHOFF:**

Yeah. Yeah, it's posted in the health centers and we can get you the fee scale.

**LEG. TROTTA:**

Okay. I'll defer for a minute. I'm good.

**CHAIRMAN SPENCER:**

Thank you, Legislator Trotta. Legislator Browning.

**LEG. BROWNING:**

Well, it's good to see you guys again. You know, I know I got to visit Coram and you've done a phenomenal job with the facility. And again, change is always very hard for everybody. It's not always easy. And I think that, to be honest with you, when you transitioned with Coram, the patients themselves probably didn't notice much of a difference, other than the improvements you did to the facility, which was very good.

You know, again, I always say, I come from a union background, I make no apologies for my background, where I came from. And I always have to be concerned about the workers because, again, you know, we have I believe 25 LPNs that have been laid off out of John J. Foley who, you know, to date -- and my concern is that I know many of them. In fact, I just met one the other night in Bellport. We had a meeting in North Bellport, she was a 25-year employee at John J. Foley, a County worker for 25 years, but she wasn't old enough. She doesn't have health benefits, her unemployment has expired, she still can't find a job. She's a CNA, doesn't have a high school diploma, and her whole 25 years working for Suffolk County has gone for naught. And that's one of my biggest concerns, is our County workers that worked, for many of them for many years, since they were kids, and all that time that they put in has gone nowhere. And when they tell me that they're applying for food stamps, when they're on Social Services, I think that's a shame. Because we're taking County employees who were working for the County, making a paycheck and now they're, you know, on Public Assistance, I think it's a shame and it's a disgrace.

And I think most of my questions are not necessarily for Hudson River because I've had the opportunity to meet with you. I have no doubt that you will do a good job. I do want to know from Dr. Tomarken, I received your e-mail with regards. Now, when you said 28 employees, is

that just Tri-Community or is that Tri-Community and Riverhead?

**MR. FREAS:**

When I said 28 employees, I was talking only within appropriation 4103 which is the Tri-Community.

**LEG. BROWNING:**

Okay.

**MR. FREAS:**

As Jen said, there would be other redeployments required, for example, the Family Planning people would go elsewhere as well.

**LEG. BROWNING:**

Okay. So how many in Riverhead, currently in Riverhead? Because obviously we're trying -- you know, there's negotiations to eventually have Hudson River take over Riverhead, so what would that total number be after Tri-Community?

**COMMISSIONER TOMARKEN:**

A couple of points, if I may?

**LEG. BROWNING:**

Sure.

**COMMISSIONER TOMARKEN:**

We don't know what the plan is for Riverhead in terms of staff, number one. Number two, there will be, over time, attrition, people will come and go, so absolute numbers are very hard to pin down at this point in time. Obviously it depends on people's job titles and skill sets, etcetera, and their geographic location.

And contrary, and all due respect to Mr. Farrell, not everybody is going to the Jail Medical Unit. As Jen said, they will be going to Public Health, the Administration, Mental Health, Public Health Nursing, wherever they are needed. So it's not a wholesale movement to --

**LEG. BROWNING:**

But you have vacancies within the Health Department that you can utilize some of those County workers.

**COMMISSIONER TOMARKEN:**

Yes. Yes.

**LEG. BROWNING:**

And, I mean, at what point in time? Because I think it -- you know, I need a level of comfort, because I don't want to see the same thing happen that happened in the past, especially with the Foley workers.

**COMMISSIONER TOMARKEN:**

Nobody can be laid off. I mean, that's a given as far as I'm --

**LEG. BROWNING:**

For now.

**COMMISSIONER TOMARKEN:**

Well --

**LEG. BROWNING:**

For now.

**COMMISSIONER TOMARKEN:**

That's the assumption we're working under.

**LEG. BROWNING:**

Right.

**COMMISSIONER TOMARKEN:**

There is just -- no one gets laid off. They all have to -- will be found a position in one -- in some division within the Health Department, obviously depending, again, on skills and job titles, etcetera.

**LEG. BROWNING:**

I mean, have you done an assessment of how many of the County workers currently are eligible for retirement, that maybe some of them might be able to retire out of the County system and be offered a position with Hudson River?

**COMMISSIONER TOMARKEN:**

And that is certainly an option, yes.

**LEG. BROWNING:**

And again, I need that level of comfort to support what you're trying to do. And I believe it was quite some time ago, I know that there was some discussion, I think it was even before this Administration and when this Administration first came in, was to consider working with Hudson River to keep the County workers there and through attrition that they would replace them. And now I'm hearing, well, no, that's not what's happening. So, you know --

**COMMISSIONER TOMARKEN:**

That's true, that is not the plan.

**LEG. BROWNING:**

Right.

**COMMISSIONER TOMARKEN:**

Because we have a need for people in other County facilities, which if we didn't do this we would have to hire. I think what will happen is that once people see where they're going, that may make up their mind one way or the other, if they're at retirement, or close to it, and they'd be -- I'm sure Hudson River would entertain any application from anybody who chose to retire. We would support it because it would help with continuity and keeping people there who know the system. So we would --

**LEG. BROWNING:**

Well, I did receive your e-mail. However, it was pretty vague, and I would like a more detailed, you know, how many RNs, how many LPNs, how many of each?

**COMMISSIONER TOMARKEN:**

First of all, all the vacancies are in the budget. And because the jail is not a static facility -- in other words, they don't say we need 20 of these and 10 of those because they're ramping up. And so we will --

**LEG. BROWNING:**

No, no, no. Okay, let me get back.

**COMMISSIONER TOMARKEN:**

Okay.

**LEG. BROWNING:**

What I want to know from here, right now, is how many -- you're saying 28 employees. I want to know how many in Riverhead, also, exactly how many RNs, how many LPNs, you know, Clerks. All of the job titles that currently exist in both health centers, exact numbers.

**COMMISSIONER TOMARKEN:**

Okay.

**LEG. BROWNING:**

Now, they're going to move to Riverhead. Maybe some of them may decide to stay with Hudson, but -- and then when we get to Riverhead, how many job titles, exactly how many job titles in Riverhead?

**COMMISSIONER TOMARKEN:**

I would just caution that whatever we say today may not -- whatever numbers we give you today will change over time.

**LEG. BROWNING:**

Absolutely. Everything is flexible.

**COMMISSIONER TOMARKEN:**

Right.

**LEG. BROWNING:**

And everything is subject to change. But it kind of gives me a better idea, because when I keep hearing that, "Oh, well, now, everybody's going to get a job," guess what? For some reason, I don't always believe everything I'm being told.

**COMMISSIONER TOMARKEN:**

Okay. Well --

**LEG. BROWNING:**

And I can't imagine you -- you can't imagine why not, you know. So, to be honest with you, why would I want to support something when I'm not getting definitive answers?

**COMMISSIONER TOMARKEN:**

We'll get you those. But we're working on the assumption that no -- that everybody has to have a --

**LEG. BROWNING:**

Assumption.

**COMMISSIONER TOMARKEN:**

Well --

**LEG. BROWNING:**

And you know what assume means (*laughter*).

**COMMISSIONER TOMARKEN:**

-- we are working under the --

**LEG. BROWNING:**

Sorry.

(\*Laughter\*)

**CHAIRMAN SPENCER:**

Kate, you're hard.

**LEG. BROWNING:**

I am, but I'm being honest. Let's be honest. And I want to know definitive answers, and when we get -- when I get those exact numbers and when I know how many of each of those titles, when they are being transferred over to somewhere else in the Health Department, where are they going to go? Exactly where can each of those titles go?

**MS. CULP:**

You know, that proposal, we will work with the staff first. So, you know, we have an initial plan, it's already changed as of yesterday because of a change in the Health Department. But much like Southampton and East Hampton transition where all the employees were transitioned out of those two health centers and moved, we went, the Health Department, members of Patient Care went, we met with the staff, we gave them their reassignments, and we did that with 30-days. So we went above and beyond what's required in the contracts because we recognize that it's a change and it can impact things you have going on. And that would be our goal for this transition as well, to make sure that everyone gets as much notice as possible. But we would, you know, prefer to have that notice to the employees first once that is finalized.

**LEG. BROWNING:**

Right. So let me make it simpler for you, then. Start with the two health centers, give me those titles; how many in each of those positions?

**MS. CULP:**

Yep.

**LEG. BROWNING:**

And we'll talk more about when you're getting ready to transition people, where you're going to transition to. You know, again, while you say no layoffs, you have an employee who works out in Riverhead and you're going to say to them, "*Well, you're going to move somewhere in western Suffolk.*" Well, guess what? They may quit. So it's not a layoff, but it's a quit, so we still lose a worker.

**MS. SANTERAMO:**

Legislator Browning, as it says in the contract, we are committed that no one will be laid off as a result of this.

**LEG. BROWNING:**

Laying off and resigning are two different things. And, you know, sometimes it could be made difficult for them to continue to stay on the job or to stay with the County because of locations; that's the other issue.

Again, I know that Tri-Community and Riverhead are not in my district, Brookhaven is. Brookhaven Hospital has had many, many years of a relationship with Suffolk County and running the health centers. I'm just curious, what kind of conversations have occurred with the County and Brookhaven Hospital to help them with the transition with Hudson River? Because, you know, I'm not hearing a lot of information as far as what the County is trying to do to help Brookhaven. Is the conversation strictly with Hudson and not with the County? Has the County had any conversation with Brookhaven Hospital? Let them start first.

**MS. SANTERAMO:**

It's my understanding that they are in negotiations with our Administration, yes.

**LEG. BROWNING:**

So Brookhaven Hospital has been meeting with the County on --

**MS. SANTERAMO:**

Brookhaven Hospital has been working with our Chief Deputy, correct.

**MS. SEIDMAN:**

Hi. Phyllis Seidman from the County Attorney's Office. Primarily, Brookhaven is talking to HRH and, you know, the County is trying to work with both of those parties. But those discussions have been between HRH and Brookhaven, and at some point the County will become involved.

**LEG. BROWNING:**

Okay. So there hasn't been any conversation with the County, then, at this point in time.

**MS. SEIDMAN:**

There's been conversation, but nothing specific at this point and nothing that we could report.

**LEG. BROWNING:**

Okay. And again, you know, I have to tell you, I have neighbors and people that I've known who've worked in Brookhaven Hospital for a very long time, some that are getting close to retirement that work in the Brookhaven Health Center. And again, just like I'm concerned with the public employees, I'm equally concerned for the employees of Brookhaven Health Center. Many of them, as Brookhaven employees, you know, serve -- you know, they have a certain paycheck, they're in their retirement system, and some of them are not equipped and ready and able to go back into a hospital-type setting. You know, working in a health center, you know, I'm not a nurse, but having spoken with the nurses that I know, it's -- you know, a nurse who's worked in the health center now for how many years would probably not be able to go back to work in, say, like an emergency room in a hospital, or to do the kind of work that goes on in a hospital.

So, you know, is there conversation with Hudson River to try and work with Brookhaven to retain the Brookhaven Hospital employees and basically try and transition out through attrition, again, similar to what I thought was going to happen with the County. Has there been any conversation like that?

**MR. SINKHOFF:**

So we have had detailed conversations with Brookhaven, they've been ongoing, probably substantively since January and into last year. We've gotten into the detail of staffing, trying to address all of the issues that you're raising. You know, everything from retention strategies to retraining strategies where there may be some employees that may, you know, be identified as being part of the transition. They've been detailed and we've gone through a variety of staffing models.

I think what we very much recognize is the success of all the health centers and the need to do our level best to try to retain as many employees as we can and a model that is, you know, the most efficient that we can make under a set of changing reimbursement schedules. So we're trying to bring as many of the FQHC benefits so that we can retain as many people as we can through the transition.

I can say that the two ends don't completely meet, to be entirely candid with you, and we're working hard to figure out how best to work through that.

**LEG. BROWNING:**

Okay. And I believe right now Brookhaven probably has more RNs than you would need, or that you'd require for your health centers.

**MR. SINKHOFF:**

Yeah, that's true.

**LEG. BROWNING:**

Okay. How's the salary scale between Hudson River, like LPNs or employees versus Brookhaven or even Suffolk County?

**MR. SINKHOFF:**

So the commitment that we're working on with Brookhaven is to do no harm on the compensation. And we are working hard on the fringe benefits which are dramatically different, and that is an area of ongoing discussion.

**LEG. BROWNING:**

Okay. And one last question. Did you have a consultant work for you with the Coram transition with the County when you were doing that?

Do you have a consultant right now working for you?

**MS. NOLON:**

Are you thinking about a legal consultant?

**LEG. BROWNING:**

Legal, any type of a consultant. Do you have a consultant or you're just -- Hudson River, you're doing it internally on your own?

**MS. NOLON:**

We have several consultants, yeah, across the board. Because of the transition, it has many different aspects. We have a few legal consultants.

**LEG. BROWNING:**

Okay.

**MS. NOLON:**

And --

**MR. SINKHOFF:**

Real Estate.

**MS. NOLON:**

Real estate, real estate consultants, practice management, implementation of electronic health record. Who am I missing? Facility development.

**LEG. BROWNING:**

And you had the same when Coram -- with Coram, when you were doing the negotiations with Coram.

**MR. SINKHOFF:**

Yes.

**MS. NOLON:**

Yes. And this, though, requires a little bit more intensity because we're talking about a series of health centers over a very short period of time.

**LEG. BROWNING:**

Okay. Well, thank you. I'm done.

**CHAIRMAN SPENCER:**

Legislator Martinez.

**LEG. MARTINEZ:**

I'm good.

**CHAIRMAN SPENCER:**

You're good? Legislator Calarco.

**LEG. CALARCO:**

Sure. Well, I think it's important for us first to note why we're even here doing this today. You know, unfortunately this isn't a matter of the County wanting to necessarily get out of the business or change our model because we had a problem with the previous model being -- serving the patients well, because it wasn't. The previous model worked very, very well. It is more of a matter of being able to afford it, and that's also not a creature of the County's making.

We -- as the Commissioner, I'm sure, could elaborate -- lost quite a bit of money in State reimbursements about four years ago, I think to the tune of around \$5 million a year that really put us in a bind.

It put us in a very difficult spot where we had to reinvent how we made sure health care services were provided in this County to the people most at need in a manner that was affordable, and that's what we've been attempting to do. The reality is we even got hooked up with Hudson River in the first place doing the Coram facility, because if we didn't, the Coram facility was going to close. I mean, we just wouldn't have a health center at that location anymore had we not found a way to make this new model work at the location there.

*(The following was taken by Diana Flesher, Court Stenographer,  
and transcribed by Kim Castiglione, Legislative Secretary)*

**LEG. CALARCO:**

So, you know, when we talk about whether or not we should move in this direction and serving our patients, that's partly what we're talking about, is being able to serve our patients. If we don't do this we are going to have even more problematic situations in front of us where patients aren't going to be served at all because we can't continue to provide the services because we are not making money on it. And it's not that we're not making money, I misspoke there. We're not making enough reimbursement for us to be able to handle the subsidy that the County needs to make to make the facilities operate, and that's why we're even here doing this today. So I guess maybe it's important and to talk to you or Jim or whoever it is from Hudson River who is the most appropriate person to answer some of these questions is how did, you know, my colleagues have asked well, how do they make it work, then. If the County can't make it work, how do they make it work. And perhaps it is important to go through some of the things that go into making it work.

And I see people doing the oh, it's the money thing, it's the money thing. We pay vendors now to provide the service, right? I mean, Brookhaven Hospital is contracted to provide the service at the two South Brookhaven Facilities, Patchogue and Shirley. We pay them to do that. They don't do that on their own accord and make money on it. We have to give them money to pay them to do that. Same thing with MLK, with Good Sam and many of the other facilities with the exception of Tri-Community and Riverhead where the County operates them solely. There's a couple of things that go into that mix. So with Hudson River being a Federally Qualified Health Center, I think you mentioned this earlier, you are entitled to different reimbursement rates from the Federal government? Is that correct?

**MR. SINKHOFF:**

Yes, that's correct. In detail, one of the advantages that Federally Qualified Health Centers, a distinct advantage that's different than the County reimbursement system is let's say today, and I don't know the details of the County reimbursement, but the Medicaid managed care plan is Healthfirst. For that physical for an insured Medicaid managed care member of Healthfirst who gets a physical at any of the sites that you just mentioned, that reimbursement might be \$60 for that physical. At Hudson River HealthCare, the reimbursement for that same physical may be \$60 from Healthfirst. However, under something called the prospective payment system we are able to then bill the difference between our prospective payment rate and the State of New York to cover the fair cost of rendering that service. That's a distinct difference. That second bill to the State of New York under the PPS system, which I said earlier was promulgated by an act of Congress, can be an additional \$100 associated with that visit. So that is a distinct and real difference both in our ability to render care and also on a pure rate basis.

**LEG. CALARCO:**

And we're not entitled under our current operating system to get that kind of extra billing ability.

**MR. SINKHOFF:**

That's correct.

**LEG. CALARCO:**

Okay.

**MR. SINKHOFF:**

All the Article 28's that are not FOHC's in New York work under something called the APG or the Alternate Payment Group methodology.

**MS. NOLAN:**

May I add to Jim's conversation about rates, the fact that we're a Federally Qualified Health Center positions us to received Federal grants from a variety of sources. We have to compete for those grants, but there's an opportunity to be able to enhance beyond reimbursement a number of programmatic grants that will help to provide additional service and more breadth to the service that we are offering.

**LEG. CALARCO:**

Okay. And so for those individuals who come into the facility, one of your health centers currently that does not have health insurance, right, they're not on Medicaid, you charge them the -- whatever the sliding scale fee is to charge them, which I think your fee schedule is substantially less than our fee schedule. It's what our fee schedule used to be many years ago. You're entitled to get those same kind of reimbursements from the State then? How do you handle that cost?

**MR. SINKHOFF:**

So, no different than any provider rendering services to the uninsured. It really can be thought of somebody who's self-insured. So we will slide that and we will attempt to collect the \$15. In aggregate for our uninsured or self-insured population we collect about 19 cents on the dollar. No different than the County of Suffolk or any other Article 28, we all submit cost reports at the of the year demonstrating the amount of free care that we have provided to the self-insured or uninsured and through a variety of New York State calculations that aggregate all of the participants in the bad debt and charity care pool, there are awards that are made. Those awards typically add about 30 cents on the dollar for that visit. So you add 30 plus 19 and we're roughly sitting at about 50 cents, you know, \$50 for that -- that visit, which is, you know, obviously about the Medicaid managed care market a little bit different, a little slightly under it, and then through a variety of Federal grants, which Ann just made, that's what helps to try to make up the difference but it doesn't cover the entire cost.

**LEG. CALARCO:**

Okay. Presently Suffolk County's health centers are only permitted to accept one single Medicaid managed care provider. As an FQHC you don't have that ability to have exclusivity with a single provider; is that correct?

**MR. SINKHOFF:**

So having exclusivity or not having exclusivity is not dependant upon FQHC status or not. It's a market based decision. We, Hudson River HealthCare, have over 25 different Medicaid commercial Medicare contracts. Again, this is an essential element to access.

**LEG. CALARCO:**

So is that a decision that is just a providing access to as many people as possible, or is it also adding to your financial calculations in that the more people who have Medicaid eligibility of one form or another, that you're able to service the more reimbursements you're able to bring in to help offset the cost of those individuals who are coming in and just paying the \$15 sliding scale fee.

**MR. SINKHOFF:**

So this goes to the payer mix question. So certainly I think you've got it, so if the payer mix is more Medicaid and Medicaid managed care than it is uninsured, it has a better financial result in terms of the overall cost of rendering that service. Conversely, that doesn't prohibit us from doing exactly what our mission requires of us, and you can see in Southampton the uninsured is quite a large percentage of the total, upwards of 60%. In fact, we had budgeted what we thought would be about a 55% uninsured utilization in Southampton. The growth in that number was, you know, not anticipated but is, of course, you know, going to be managed and absorbed, but no one is going to be denied the service.

**LEG. CALARCO:**

Okay. So one of the other differences that I have noticed between your -- what you're eligible for as an FQHC and what we get here in Suffolk County, I happen to sit on the Ways and Means Committee and that committee meets just prior to this one, and we were in the back for Executive Session, as many of you know, because we were in there well into the start time for this committee. And two of those cases that we were dealing with when we go into Executive Session is to deal with lawsuits against the County and to make decisions on how we want to proceed in those lawsuits. Two of those lawsuits were regarding medical liability, medical malpractice suits against the County. We were going to be making, you know, some payments to people for care that's provided through our health centers now, and this is something we do quite regularly. Much more regularly than I would like to think and much more regularly than I ever realized until I had to sit in those rooms make those decisions. As an FQHC you are covered to the Federal government for those liabilities cases; is that correct?

**MR. SINKHOFF:**

Yeah. One of the, again, distinct benefits for Federally Qualified Health Centers is something called the Federal Torts Claim Act Protection for professional liability. In essence, what this does is it federalizes the employees and the institution, the officers and directors of all health centers, and in the event that there is such a claim, the case is remanded out of whatever jurisdiction the claim was filed to the Federal government, and the case then becomes the U.S. Justice Department versus the plaintiff.

**LEG. CALARCO:**

So they handle the lawsuit legal costs, which are expensive for us, as well as any potential settlements that come out of that.

**MR. SINKHOFF:**

Yes, and there's one other very important and distinct benefit and this goes to the reporting. If there's an adverse outcome in the adjudication of the matter, in the private insurance market the physician will automatically be reported to the National Practitioner's Data Bank. In FQHC's there's

an extra step of care that's taken, which is that if, in fact, there was no determination that the care, the duty of care that was rendered by the provider, that provider will not be reported to the National Practitioners Data Bank, even if there was a settlement made by the Federal government.

**LEG. CALARCO:**

Okay. Thank you. My next set of questions is, I hope you'll be able to answer some of these for us. Part of what we've heard and certainly have heard here today from members of the public is about your staffing models, and I certainly have heard this from the folks at Brookhaven and I know you have been in lengthy discussions with them, as you have been with all of the other hospital providers that we have in trying to find models that work both for Hudson River and the hospitals that we contract with presently.

I'm going to focus just on Tri-Community because that's what actually before us here today. So could you maybe elaborate for us a little bit more about how your model is different from ours? We've heard that you maybe have less nurses, registered nurses on staff than we have on staff, different variations in their staffing model, which obviously I think you look to use because it helps you contain your cost, overhead. And I'm certain as an FQHC there's certain Federal and State guidelines that you have to stay in line with in order to maintain that status, which is critical to your being able to function as an entity. So maybe you can help us understand that difference a little bit.

**MS. DUBOIS:**

I think there's a couple of issues at play in terms of thinking about our staffing model. We really think about care in a team --

**LEG. CALARCO:**

You might need to -- you have got to make sure the green light is lit.

**MS. DUBOIS:**

Okay. Is that better? Okay. So I think that there are, you know, some issues around thinking about the way we staff in a team based model of care. The other piece, that is not insignificant, is the use of the electronic health record, which is an important and powerful tool in providing information and helping that team manage patients.

Many of the health centers have evolved over time a specialized -- specialized components within the health centers, and we really look to manage panels of patients with a team of practitioners, including a health care provider, a physician, nurse practitioner, physician's assistant, as I mentioned, RN's and nurse managers is a part of the team, LPN's, medical assistants and then what we call patients navigators, as well as patient representatives. And so the use of a multifaceted team that also includes access to mental health providers, nutritionists and providers within the health center.

So, you know, some of the -- the other piece that happens with the transition in the health centers to date has been the integration of services. So where there is specialized services to manage planning family, for example, that is becoming -- and the way that we've worked on that is to fully integrate that into the services that we offer, rather than to continue to separate that and treating the entire person and not pulling off the different component pieces. So an individual who may want to come in for pap smears or a cancer screening service, that is fully integrated into the work of the team. And so they really provide the full care for the patients within that complement of staff, whereas right now in the County there are a number of individualized programs who work on those specific initiatives for those County health centers. So, you know, one aspect of the change is the integration of multiple components into team based care. We have really implemented, again, this concept of individuals working to the top of their license and appropriately doing so, so utilizing LPN's, utilizing MA's and utilizing RN's within that to the maximum benefit.

The other component that is different about our model is trying to maximize access, same day access for patients so that individuals who want to come in, rather than utilizing a triage model, we really want patients to get in to see their provider. If you're calling and you think that you need to see your provider then let's get you in to do that, rather than trying to assess whether you really mean that or whether this was really the best thing. If you're coming in and you're needing to see your doctor then we try to make that happen. And so, you know, some of the way that we organize ourselves to make that happen, it utilizes, as I mentioned, a different complement of individuals, and so the biggest different to date has been in the total number of RN's, but the total staffing that we employ at the health centers is often is very similar in terms of total numbers.

**MS. NOLAN:**

I just want to add to that. The comprehensiveness of the service we provide include the outreach and the community engagement that we really believe is part of a community health center is important. So in that additional staff that we add to the model we're adding the outreach worker, and in some cases, specialized cases like transportation are needed for migrant seasonal farm workers and other special populations. We're adding that, too. We're also being very attentive and we realize the language competency in Amityville, it's different everywhere, but that bilingual capacity is necessary. We make that guaranteed that our staff really represent the patients as well in terms of language ability.

**LEG. CALARCO:**

Okay. Thank you very much. I think that's all the questions I have right now. Thank you.

**CHAIRMAN SPENCER:**

I'd like to thank the panel. I am glad -- my colleagues, I think, asked very, I guess, probing questions. I'm sure there will be more. There was one issue with Coram that came up in the interim as we got kind of a status report, and I just want to see how that's been resolved. There was -- I understand that when patients come in for services at times that they'll come in, they'll pay a sliding scale fee, and when those services are engaged, depending on their health and what tests they may need, once they pay that fee for the day and they're in the facilities, if they need blood work or a chest x-ray or different things like that, that's part of that sliding scale. What I was hearing sometimes reports where if patients were kind of coming in at the end of the day that maybe they would have to come back at a different time, maybe because the lab was closed or they couldn't get the chest x-ray or some particular test, and there was some financial concern that they were then having to pay another sliding scale fee because they were coming in at a different -- for a different encounter. And I know we had brought that up in like one of the last year's committees, and I don't know if the Commissioner has any update on that, if that's, you know, the practice. I know that there were people in line, and again, you can kind of help me distinguish the myth from the reality.

**COMMISSIONER TOMARKEN:**

We discussed this issue internally and made a policy that if a patient had to come back to complete something that had been started, but for some reason couldn't be done in the first session, that the health center had the discretion to waive the second fee.

**CHAIRMAN SPENCER:**

I think that's an excellent policy. Thank you. Legislator Calarco.

**LEG. CALARCO:**

Thank you. I knew I had one other question I wanted to touch upon, and I know that -- I'm sure the Presiding Officer had asked this question once in the past as well. This is regarding that fee schedule. Presently I think in our facilities we have our sliding fee schedule, I think it's 35 to 75 is what ours is. Yours is 15 to 35, right?

**MR. SINKHOFF:**

Correct.

**LEG. CALARCO:**

But when a patient comes in, and this goes a bit little more to what the Doctor was talking about, Dr. Spencer, a patient comes in, say they come in for a physical or whatever the case may be and there's a need for some lab work to be done. How is that handled? I mean, that's an additional charge to that particular patient or -- and maybe you can give us an idea of what it is that is the average cost for a patient when they come into the facility. Obviously sometimes we've heard -- we have heard the horror story of, you know, someone who went into Coram and ended up coming out with some astronomical amount of fees that they wracked up somehow.

**MR. SINKHOFF:**

Sure. So the simple answer is that the change in the transition in Coram was that the County was covering 100% of lab costs. In our model that is not the case, unless we're doing on-site laboratory tests like urinalysis, finger sticks, then that is all part of the \$15 fee. If the patient has a complex set of comorbidities and they have a blood draw and the lab is sent, there will be a separate charge from that laboratory to the patient. And so the patient will, in fact, experience a charge from Hudson River HealthCare and they will experience a charge from the laboratory.

We made a change in Southampton for our laboratory vendor in part because that vendor has given us in writing assurance that there will only be one bill sent to the patient. There will be no dunning notices so their credit will not be impaired and any outstanding balance will be written off. That we thought for a private enterprise, that was as close to free care as we could get them to go.

On average when we looked at the individuals that are 100% or below federal poverty, so at the \$15 and we added the average lab cost, it was approximately between 45 and \$48 for that visit. And in all candor, there are certain patients that are having some very high lab costs associated with their visit and that is really predicated on their health status, but there are some patients that are experiencing a higher cost.

**CHAIRMAN SPENCER:**

I'm sorry, Legislator Calarco. Just two seconds. When you talk about this lab cost, is that lab cost on a sliding scale or is it standard?

**MR. SINKHOFF:**

It's on a sliding fee.

**CHAIRMAN SPENCER:**

Okay. Sorry about that.

**MS. DUBOIS:**

And I do want to clarify. There is an additional scope of on-site services that are, I think as Jim mentioned earlier, not an additional fee. So hemoglobin A1C's, urinalysis, pregnancy test, there is a full complement, you know, an on-site lab. So those services are included in the fee that we mentioned at the beginning. It is only when the lab services need to be sent out to the reference lab that there is this separate process.

**CHAIRMAN SPENCER:**

Legislator Martinez has a question.

**LEG. MARTINEZ:**

Thank you. Or it's more of a comment just to make sure that it's on the record, because I know that we have met personally and I thank you for answering my question at the time of our meeting. But in terms of the labs going out, will the patients be informed of now them being charged, okay, and how will you be notifying the patients of this center.

**MS. DUBOIS:**

So patients are notified of what's included and what's separate as a part of their visit. We, as Jim mentioned, have negotiated a significantly reduced fee from the lab vendor and we do have those fee schedules on-site in the health centers so when patients, you know, want to know specifically how much this lab test will cost, we can provide them that information.

**LEG. MARTINEZ:**

What about the existing patient, are they going to be informed before coming to the center or are they going to be advised prior to going to the center and --

**MS. DUBOIS:**

So it's not been specifically articulated in the transition letter. It is, certainly, a part of their reorientation to the practice under Hudson River HealthCare, but to this point we've not drafted a specific communication to them on that point.

**LEG. MARTINEZ:**

Would it be something that you would consider, just so we don't want it to be a surprise, here you go.

**MS. DUBOIS:**

So we certainly can consider that as a part of, you know, highlighting that as a part of the orientation material that patients get when they come.

**LEG. MARTINEZ:**

Thank you.

**CHAIRMAN SPENCER:**

Yes.

**MS. NOLAN:**

Dr. Spencer, the woman who spoke about her daughter and the pain management issue, Dr. Chinea would like to respond. We happen to have a very strong pain management approach and she would like to, if that's okay with you.

**CHAIRMAN SPENCER:**

That would be great.

**DR. CHINEA:**

I wanted to respond directly to your comments and to let you know that in the past five years as an organization we have seen exactly what you have experienced, unfortunately, and taken it significantly seriously. So with our EMR, we decided to print out on a regular basis every patient that is prescribed an opiate and what the dosage is and what are the providers that are prescribing those opiates. We then look at that group and isolate how many are prescribing more than should be, and what are we going to do about that as an organization.

So we set upon very strict policies that every provider has to have training exactly when and how to prescribe opiates. If they are prescribing more than they should they have to go to a conference, and we send providers regularly nationally to the best pain conferences. We partnered with Mt. Sinai Medical Center for case conferencing on a monthly basis so that providers can present their complicated cases of pain management. We've partnered with orthopedics, social workers, therapists and other people that we need to form a multidisciplinary team so that patients and the providers are not alone in prescribing, and then we do -- we started a Suboxone Program so when patients need to leave the opiate they have an alternative.

We've sent our psychiatrists and social workers for training to learn how to deal with the mental

health issues associated with chronic opiate prescribing and we discharge patients if we feel they're requesting too much and it's inappropriate and we transfer them either to an inpatient rehab center or to an expert that may look at rehabilitation for that patient.

So I want you to know that in the Hudson Valley area we have the strongest program in multidisciplinary and comprehensive pain management to address that same issue that's happening all over the State and the country.

**CHAIRMAN SPENCER:**

Thank you, Dr. China. I appreciate that. I'm hoping that you will exchange information so that she has a contact point. Again, I'd like to thank the panel. You really did a fantastic job on a very complex issue. We are able to take care of -- I know there are many more questions that we will have to discuss that will come up at the General Meeting, but I do appreciate the efforts. I know that it sounds like our hearts are in the right places. We have to figure out all the detail. So thank you again for your time.

And with that, we are going to move on to our agenda.

**Tabled Resolutions**

Table Resolutions. ***IR 1042-2014 - Establishing guidelines for the use of Methoprene in Suffolk County (Schneiderman).*** Motion to table. They are going to actually present at the next Health Committee so we are going to have -- continue to have exciting Health Committees in the near future.

Motion to table by Legislator Calarco. I'll second the motion. All those in favor? Opposed? Abstention? The motion is tabled. ***(Vote: 6-0-0-0 - Presiding Officer Gregory is included in the vote)***

***IR 1096-2014 - Adopting Local Law No. -2014, A Local Law to establish healthy food standards at Suffolk County Facilities (Hahn).*** This has to be tabled for a public hearing. Motion.

**LEG. CALARCO:**

Second.

**CHAIRMAN SPENCER:**

Second by Legislator Calarco. All those in favor? Opposed? Abstentions? ***(Vote: 6-0-0-0 - Presiding Officer Gregory is included in the vote)***

***IR 1236-2014 - Adopting Local Law No. -2014, A Local Law to require the use of biodegradable products by chain restaurants (D'Amaro).*** I understand that there have been changes that requires us to table. Motion to table. Second by Legislator Martinez. All those in favor? Opposed? Abstentions? It is tabled. ***(Vote: 6-0-0-0 - Presiding Officer Gregory is included in the vote)***

***IR 1301-14 - Declaring May as "Cystic Fibrosis Awareness Month" in Suffolk County (Kennedy).*** I make a motion to approve. All those in favor? Opposed? Okay -- second by Legislator Browning. All those in favor? Opposed? Abstention? Motion is approved. ***(Vote: 6-0-0-0 - Presiding Officer Gregory is included in the vote)***

***IR 1318-14 - Requesting legislative approval of a contract with Hudson River Healthcare, Inc. (HRHCare) for the operation of the Maxine S. Postal Tri-Community Health Center in Amityville (Co. Exec.)***

I'll make a motion to approve. Do I have second? Second by Legislator Martinez. All those in favor? Opposed? Abstentions?

**LEG. BROWNING:**

I would like to abstain because I -- obviously I would like some more information, and until I receive all the information I would like to have I'm going to abstain.

**CHAIRMAN SPENCER:**

The motion is approved with an abstention by Legislator Browning. ***(Vote: 5-0-1-0 Abstention: Legislator Browning - Presiding Officer Gregory is included in the vote)***

***IR 1320-2014 - Authorizing the Lease Agreement for use of County premises located at 1080 Sunrise Highway, Amityville, New York by Hudson River Healthcare, Inc. (HRHCare) (Co. Exec.).*** Same motion, same second, same abstention. All those in favor? Any other opposition? No. ***(Vote: 5-0-1-0 Abstention: Legislator Browning - Presiding Officer Gregory is included in the vote).***

With that, I have no other business before this committee. We stand adjourned. Thank you very much. We did it in three hours. Good work here today. Thank you Hudson River and Administration, Health Department and really the Public Nurses. Thank you.

***(The meeting was adjourned at 4:54 p.m.)***