

HEALTH COMMITTEE
OF THE
SUFFOLK COUNTY LEGISLATURE

Minutes

A regular meeting of the Health Committee of the Suffolk County Legislature was held in the Rose Y. Caracappa Legislative Auditorium of the William H. Rogers Legislature Building, 725 Veterans Memorial Highway, Smithtown, New York on Thursday, May 29, 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

ALSO IN ATTENDANCE:

Presiding Officer DuWayne Gregory - District No. 15
Terry Pearsall - Chief of Staff, Presiding Officer's Office
Lora Gellerstein - Chief Deputy Clerk of the Legislature
George Nolan - Counsel to the Legislature
Sarah Simpson - Assistant Counsel to the Legislature
Craig Freas - Budget Review Office
Tom Vaughn - County Executive Assistant
Amy Keyes - County Executive Assistant
Phyllis Seidman - County Attorney's Office
Michael Pitcher - Aide to Presiding Officer Gregory
Bill Shilling - Aide to Legislator Calarco
Greg Moran - Aide to Legislator Trotta
Liz Alexander - Aide to Legislator Spencer
Linda Mermelstein - Chief Deputy Comm, SC Department of Health
Jen Culp - Assistant the Commissioner, SC Department of Health
All Other Interested Parties

MINUTES TAKEN BY:

Alison Mahoney - Court Stenographer

MINUTES TRANSCRIBED BY:

Kim Castiglione - Legislative Secretary

*(*The meeting was called to order at 2:02 p.m. *)*

CHAIRMAN SPENCER:

We're now going to begin our committee. I'm going to ask if we could stand and have the salute to the flag to be led by Legislator Browning.

Salutation

Again, let us have a moment of silence for all those who are defending our country or protecting our freedoms, for the families and the lives that were lost in California during the massacre and, again, for just this great country as we celebrate Memorial Day.

Moment of Silence Observed

Good afternoon. Welcome to the May 29th meeting of the Health Committee. And at this point I'm -- I don't have any cards. Do we have any cards? So is there anyone that wishes to be heard who is in the audience today? Is there anyone who wishes to be heard? No. Okay.

I do have a presentation from the Department of Health this morning. I have Jen Culp who's here, and I think Anthony is -- all right. So I'll have Jen start and Tom from the Administration. We are having a presentation regarding the Patient Advocacy Unit. So thank you for being here, Tom. It's always good to see you. Jen, thank you. So go ahead and if you would like to give us some of the -- a formal presentation and we could ask questions. Is there anyone that needs an agenda? Okay.

So Anthony normally -- I think there is a formal presentation that you have PowerPoint for but you gave us handouts. I understand that we'll use the handouts. Our IT person is with a family issue right now, will probably be back within 15, 20 minutes, but we're going to press on.

MS. CULP:

Good afternoon. Thank you for having us today. Again, my name is Jen Culp from the Suffolk County Department of Health Services. I'm here today to give the committee an update on the Patient Advocacy Unit. As some reminder background, this unit was created through legislation to assist vulnerable populations in Suffolk County access care. The two resolutions were No. 859 of 2012 and then amended in 2013, Resolution No. 351.

The mission of this unit, pursuant to the legislation, is to assist vulnerable populations in locating skilled nursing facilities, nursing home care, Public Health Nursing care, ambulatory care, long-term care, mental health care and custodial care. And this also includes long-term pediatric care, victims of traumatic brain injury and veterans in need of long-term care. So it's quite a broad mission.

As you might remember, initially this unit was going to be placed in the Department of Social Services. It was then decided to move the unit into the Health Department. Once it was moved into the Health Department, we decided to place this unit within the Division of Patient Care. The following are some of the start up activities that took place as this unit began. We did hire an RN back in November of 2013, but she recently left in late March, early April of this year. She took a new position, but we do have a new RN who is scheduled to take over in June, 2014, from the Tri-Community Health Center. We're very excited about that opportunity. We think it's a great fit. She already has several ideas about this unit. In the interim, though, we have been -- staff has been assigned who are monitoring the phones, responding to any e-mails and, you know, we're continuing to respond to any public inquiries that come in for people that are in need of any type of assistance.

This is a new unit so a lot of time has been spent in really developing internal resource books, looking at both what the County offers through our own department, through other departments like Aging and Veterans Services, DSS, and also what our community based providers offer. So we're developing books and resource lists, phone numbers, all sorts of contacts so that we're able to adequately respond to any incoming questions.

We also created and distributed a flier regarding the unit. On that flier, you know, it talks about the mission, has the phone number and e-mail, and then there is a lot of outreach that's been done. So this flier and a letter were sent to all Legislators, both at the end of 2013 and again in 2014, and we continue to ask that any questions that come into your office please feel free to refer over to the Patient Advocate if it's in regards to accessing any type of health care services and we can work with that constituent to see that their needs are met.

The Patient Advocate has also met with all the health centers and fliers have been posted in all of our Suffolk County Health Centers about this unit with the contact information. She's also met with our Mental Health Division. We've sent letters and fliers to community docs that do home visits, to social workers and hospital discharge planners at all of the Suffolk County hospitals, the medical model day-care programs in Suffolk County, our Medical Social Work Division and other departments throughout the County, like Office of Aging.

The Patient Advocate has also participated in various committees and task force throughout the department, including our substance abuse committees, our mental health committees and our health center administrator meetings, and this just helps the advocate be familiar with those who are on the ground doing the work and also reminding these organizations and our own staff and departments within the community that we're available to help. We've also worked on the development of the database where we are tracking all the calls that come into the unit and how they've been resolved.

In addition, the Patient Advocacy Unit has also assisted with many department projects that relate to accessing care, including the health center transitions to the FQHC model. We have someone who's actively responding to any patient inquiries that come in about the transition of their health center.

We have partnered with EMS for their trained overdose responder class to help any response or RSVPing or questions about those classes, and also the New York State Health Exchange Assistance. We did a lot of research around that so that when people did call the department looking for guidance, looking for help, we were able to help direct individuals to the appropriate either navigators, websites and also just talking to the State to get some information to try and clarify any questions people had.

Thinking about this unit, you know, this is an opportunity where the department could really look at its new role as we get out of the direct service, but really being available to patients throughout Suffolk County. We're looking at several future opportunities, including working on presentations or developing workshops in response to community needs. So looking at our community health assessments and our community health improvement plans, looking at all of the data that's available regarding the health of our residents and how we can best meet their needs and do some health outreach and education around different chronic diseases, fitness. There's a host of injury prevention that we could be working on.

We'll also be doing mass outreach to private provider offices, continued assistance in meeting the goals of the Community Health Improvement Plan, developing a website and also participation in the Long Island Help Collaborative, which is a collaborative that was recently created, in which it's Nassau and Suffolk County Departments of Health, all the hospitals on Long Island and several community based organizations. So it's an exciting collaborative and it's a really great opportunity

for networking and also to really get a pulse on the needs, the health needs, of the community.

Also along with this legislation is the Patient Protection Oversight Committee. And this -- we had our first meeting in March of 2014. The next meeting is coming up next week, June fifth, and it was decided that the committee will meet quarterly.

In March we reviewed -- introductions of all the members, we reviewed the legislation, and I also did a presentation on the department's Community Health Improvement Plan, CHIP as we call it, to give everyone an idea of kind of where the department is in terms of health in Suffolk County.

The committee also talked about some projects that we would like the unit to work on. Two examples of those projects is creating a pamphlet with nursing facilities and the services that are offered. So something that someone could easily look at and see, okay, this -- this facility has an Alzheimer's Unit or this facility has a Pediatric Unit, this facility may accept vents. So having that all in one place for a resident to look at. And then also talked about developing a quick reference guide to long-term care services in Suffolk County. So something that someone can look at and really see, you know, what are the payment types around long-term care. What are other services that are out there that may assist a family member either getting a loved one into a long-term care facility or some other options. Maybe they're not quite at that level, but what else is available in the community, getting that information to the public.

The Patient Protection Oversight Committee members were laid out in the legislation. They include representatives from the Chair of the Health Committee and the Social Services Committee; representation from the Health Department and Social Services Department; representative from the Joint Commission on Accreditation and Health Care Organizations; the Island Peer Review Organization; New York State representative who regulates mental health; regulates skilled nursing facilities; regulates hospitals; home health agencies. A representative from the Health and Welfare Council of Long Island; Office of Aging; Office of People with Disabilities and Veterans Services.

So we've been working -- we pretty much have all of the members. The State has asked that they send a technical advisor rather than someone from each of these areas, so we do have someone from mental health and then we have a technical advisor to represent the other areas that were listed in the legislation in regards to New York State.

As I mentioned earlier, the next quarterly meeting is next week, this June, and we will be having a presentation from the Suffolk Independent Living Organization, SILO. We'll also be talking about our falls prevention program at the department and we'll continue to develop goals and objectives for both the Oversight Committee and the unit as well as review some of the projects that I talked about earlier and talk about future projects as well.

So, you know, we've been doing a lot of work. It was a lot of background, a lot of research to get this unit up, a little bump with staffing, but we've been covering that and are really excited about the next opportunities over the summer. And I'm available for any questions if needed.

CHAIRMAN SPENCER:

Thank you very much. I appreciate that. Actually, I had several questions and I had written them down in anticipation of this meeting. You covered most of them in your presentation, which is great. And, you know, I wanted to make sure that as we shift over to the FOHC model that is available for that, you mentioned that we helped with our constituents and residents being signed up if they need help with the affordable care and just directing them to the right place. And also the support for the Narcan when we do have a save. I know that was important, to make sure that we help them find a place to go.

Currently as it stands right now, is there any -- are we serving the public and when I say the public, anyone can call? Are we confirming if it's a Suffolk County resident or anybody that calls up? They can call from Florida or anything like that. Are we asking their address?

MS. CULP:

We're asking what town they live in to try and help us kind of track that. But we have had, for example, someone was calling from Connecticut, but they were moving back to Suffolk County, Florida moving back to Suffolk County, so.

CHAIRMAN SPENCER:

What sort of response have you seen so far, if you will just give us a volume of calls if you'd say in a month, you know, thousands, hundreds?

MS. CULP:

No, it's actually been very minimal.

CHAIRMAN SPENCER:

Okay.

MS. CULP:

Really only probably, I mean, on the tracking guide a dozen or so calls, but we've been, you know, haven't done as much outreach as we plan to do in the future in terms of the website, in terms of reaching out to the private docs, so we will expect that to increase as well.

CHAIRMAN SPENCER:

Any plans for a formal sort of rollout, grand opening sort of thing where we have like a media kind of blast and social media blast where people know that you guys are out there?

MS. CULP:

We have talked about that. We thought maybe coinciding that with the launch of a website.

CHAIRMAN SPENCER:

Okay.

MS. CULP:

But if we wanted to do something earlier, I mean, I think that would be fine as well.

CHAIRMAN SPENCER:

You mentioned this Patient Protection Oversight Board. So as I look at the members, there are 17 members of this board?

MS. CULP:

Well, there were 17, but New York State requested that instead of sending half a dozen people, they would be sending one technical advisor to handle any questions that came up in terms of, you know, regulating the ambulatory care, regulating the nursing home, regulating -- so that kind of cut the list down a bit.

CHAIRMAN SPENCER:

Okay. Is there -- who's the Chair of the Oversight Committee? Is that with the Commissioner? Is there an internal election? Because I could see that each of these groups on this Oversight Committee may have different interests, so in terms of guiding the agenda.

MS. CULP:

We, in our first meeting we had the RN, the Patient Advocate staff member guiding, putting the

agenda together and leading the meeting, but I think that is something we could talk about at the next meeting, if the group wanted to elect a chair. I think that would be a good idea.

CHAIRMAN SPENCER:

And is the committee making decisions I guess similar to any other board that we're making -- offering resolutions and Robert's Rules of Order and then by majority vote, or is it just consensus? Are they formally considering decisions? I guess what my question is, is that when you look at this committee they're under the Department of Health.

MS. CULP:

Uh-huh.

CHAIRMAN SPENCER:

And there's usually more kind of a board oversight and then kind of a where you have an Executive Director. So we are looking at day-to-day decisions that have to be made in terms of just staffing and hours and calls and decisions of that sort that won't come before this board. Who's running the day-to-day operations of this particular Patient Advocacy Unit?

MS. CULP:

So the day-to-day operations is run by a Registered Nurse.

CHAIRMAN SPENCER:

Okay.

MS. CULP:

So right now, you know, it's vacant. We're waiting for June. We've just been covering it with both clerical staff and RN's that are currently in patient care already to cover any calls or e-mails that are coming in.

CHAIRMAN SPENCER:

Sure. No, I got that. That makes sense. But as far as if there is a decision that needs to be made, who would be kind of -- who's the nurse reporting to? Is she reporting directly to the Commissioner?

MS. CULP:

She reports to our Director of Patient Care.

CHAIRMAN SPENCER:

Director of Patient Care, okay. So that would be the person that would have to make the --

MS. CULP:

She's an M.D.

CHAIRMAN SPENCER:

An M.D.

MS. CULP:

Yes.

CHAIRMAN SPENCER:

Okay, all right. That's important. And that speaks to my next question. It's great, I love this, this was one of the things I was with -- you know, one of the original sponsors and we tried to make a very concerning situation slightly better in terms of making sure there would be some continuity of care with our patients. How are we handling liability? Because when you have, you're making

decisions and you're making recommendations, so there's a physician that's ultimately having some oversight.

And you are not giving medical advice per se, but you are -- let's say if there were someone that made a claim. Like I called up the Advocacy and they advised me to do this or whatever. Are we -- have we addressed that through Legal in terms of what our liability is with regards to when we direct people? Because, you know, look at the VA scandal or whatever. There's liability just because of not receiving health care. So someone says you know what, I needed -- I needed a particular sort of care, I didn't know where to go. I called the Advocacy Unit and they didn't respond to me, you know. And I -- you know, my mother had a heart attack and she died and the Advocacy Unit didn't respond or they gave me bad advice. And these things happen. I know this as a -- I see this happen all the time. Dealing with the public is challenging --

*(*Laughter*)*

-- at times. So have we discussed liability and how that works?

MS. CULP:

We have talked about the liability and we've also talked about kind of where, you know, we have to have sort of guidelines because, like you said, we don't necessarily have a HIPAA agreement.

CHAIRMAN SPENCER:

Right.

MS. CULP:

So a lot of the calls, you know, that have been coming in, they haven't been so much like looking for medical advice. It's been more of directing someone, you know, giving out a list of referrals. So if someone called regarding pain management, we were giving a list of ideas of what they could do, where they could go, including different clinics or a support group.

We've also -- a lot of the calls have actually been around housing. So we've been working with DSS to kind of understand the process. But that is something we talk a lot about, we talk to the staff about, and you know, have made it very clear that, you know, come to us. Like find out what's going on. If it gets to the point where you're kind of uncomfortable a little bit or not sure where to go, that we're coming back, we're talking to the County Attorney, we're talking to the Commissioner and moving forward.

CHAIRMAN SPENCER:

That's great. My biggest liability, even though it may seem like a bit of an obscure question and not a high-risk, I think there is substantial liability risk when we talk about the -- when we look at the addiction referrals, because you're literally talking about someone that was overdosing, who wasn't breathing, who had their lives saved. And we've already seen that some of them have had to be saved more than once. So now all of a sudden we're kind of -- and I think we should do it. I support it 100%, but I want us to see this coming and make sure that we've had a hard conversation about someone that was just saved by our Police Officers with Narcan. They're looking for a referral, we know there's a massive shortage of treatment options, and so in the interim of trying to get someone in a particular direction they have an overdose and they die. And the family says we went to Suffolk County and, you know, we know that we can make recommendations. So that's probably -- so that's more of a statement than necessarily needing a response. To me, in my, you know, in my humble opinion, there's some liability potentially there that we should be aware of in terms of our disclaimers or whatever. I want to get these people and these patients referred, but then we refer them and there's no beds. There's no beds, there's no beds, there's no options. That young person uses again and unfortunately loses their life, could someone turn around and say look at the County as being like you guys took this on.

So I hope you guys have talked about that and I would help you in that discussion, how we're going to handle that and maybe make that abundantly clear that we're here to help, to facilitate and everything, but that we're not putting ourselves out there --

MS. CULP:

Right.

CHAIRMAN SPENCER:

-- as a referral that we are guaranteeing treatment, because we know that's the crisis. So, anyway. So are there any questions? Legislator Browning.

LEG. BROWNING:

Well, it's great to see you. And I know I was at the first meeting. I am hoping -- when is the next one? I think I have it on my calendar.

MS. CULP:

Next Thursday, June fifth.

LEG. BROWNING:

Okay, I'm not sure if it was a conflict on my calendar but, as you know, I'm very -- this is something of real interest to me. You know, I guess the disappointment that it didn't roll out as quick as it should have. And, you know, one of the things that I noticed, and I keep saying -- I want to say I told you so, I told you so, was I have to say you had a great group of people on that group.

MS. CULP:

(Nodded head yes).

LEG. BROWNING:

On this advocacy group, but my concerns were that many of the conversations when they talked about nursing home care and the types of people they represent, how many times I heard around that room was private nursing homes don't take them. And that was one of my issues and I will not give up on, you know, my platform of speaking in support of why we needed that public nursing home, because we did take those people. And when I heard each and every one of them talk about their clientele and how private nursing homes don't want their people, and now we're moving forward.

There was a report just came out with regards to some nursing homes, private nursing homes, and the IJ's in those nursing homes. And I know that one of them -- and actually two of those nursing homes belonged to Mr. Sherman, who was our potential buyer, one being Avalon and the other one was up in Erie County. Now, 20 of our John J. Foley residents went to Avalon, which was one of the homes that was named and we heard about it on News 12, and I know that a couple of them have since moved on.

However, how are we going to handle that type of a situation when there's serious IJ's, you know, the one in Medford, the one most recently Avalon, how are we going to handle that type of a situation when a family member calls and as you said, you know, the doctor's offices and the hospitals don't yet have notices up, which is something I think we should have, advertising that we can help. We will be an advocate for you. You know, what are we going to do if someone calls from say Avalon and says I have a family member there and I need to get them out of this nursing home and into another one. And, you know, moving forward we know that there's going to be a serious need for more nursing home beds, which we don't have enough of. I'm just curious how the advocacy group is going to handle that.

MS. CULP:

Well, I think for one we have to remember what our role is, so in terms of the oversight of the nursing facilities, that's the State of New York. So making sure that those individuals have, you know, a contact there, also would give them information regarding the Ombudsmen Programs. That's also an outlet for them with groups that do have oversight of those nursing facilities. And then, you know, to look at some of the pamphlets we've created in terms of where the nursing homes are, what their different specialties are and just kind of, you know, helping someone kind of walk through that process.

LEG. BROWNING:

So you're not -- you're not going to basically -- you know, I call you up and I say I have a 50 year old family member with, you know, severe dementia, bi-polar, schizophrenic and I need a nursing home. It's gotten to that point where we need a nursing home for my family member and I don't know where to go. So you're not going to have a list of nursing homes that you're going to recommend. You're -- so you're basically going to refer to the State?

MS. CULP:

No. I mean, if someone was looking for nursing homes we would be able to give them a list of the nursing homes in Suffolk County, what their different specialties are, do they have a Psych Unit, do they have, you know, someone that had dementia, do they need a locked unit, that type of information. And then also be able to go over the steps. So what is the paperwork that needs to be completed, where are you in the payment terms, Medicaid. A lot of people don't know that Medicare doesn't, you know, help out long-term care. What are the different options. So really walking through that process and lending the support there.

LEG. BROWNING:

Well, and the other part of it is, is when we have nursing homes, you know, I'm going through this in my district for sober homes, where I contact DSS and I say, you know, these are homes that we should not have Social Service clients going to. And so I would like to think that the advocacy group is going to look at this list and say, okay, well, you know, we just heard about one on News 12, two on News 12. You know, would we have them on a do not send to list, you know, because of frequent complaints, State violations. Do we want to be responsible to send somebody or to recommend any of these types of nursing homes that have got some serious issues, because my concern would be our liability. They could come back and say well, you told me to go to Avalon. You know, you recommended Avalon. I put my family member there and they're dead now or they're seriously ill. You know, that's one of my concerns is, you know, that we're not going to be sending people to bad facilities.

MS. CULP:

I mean, that's something I think another step in that is also making sure that the callers are aware that there are rankings of what is out there in terms of New York State, the stars or how they look in terms of the quality of the care they're providing. And in terms of the do not send to list, that's something I think we can definitely look into to see if that's something we would, in fact, be allowed to do. I'm not sure but we can talk about that.

LEG. BROWNING:

Because, you know, and again, I have looked at that site, the New York State site and the violations and the different things, and some of them, you know, you'd say oh my God, I wouldn't put anybody there. I wouldn't put my dog there. But, you know, you kind of have to narrow it down. And I know John J. Foley has had issues.

MS. CULP:

Sure.

LEG. BROWNING:

But then again I look at the clientele and some of the residents that were there. There were difficult residents. So, you know, I just would have concerns about sending anybody to some of the ones we've read about and to maneuver through, you know, that site, the State site, it can be a little complicated and a little difficult for the average person to look at and understand whether it's a good place or a bad place, because everybody gets some kind of a violation or some kind of complaint. But anyway, if I don't get to see you next week possibly one of my Aides will be there. Thank you.

MS. CULP:

Okay. And we'll be sending out prior to the meetings the work that we've been doing, so you'll get the brochures to review for your input.

CHAIRMAN SPENCER:

Jen, where is the group meeting?

MS. CULP:

At our administrative offices in Great River.

CHAIRMAN SPENCER:

In Great River. Okay.

MS. CULP:

It's an open meeting so it's been publicized.

CHAIRMAN SPENCER:

Thanks. And, you know, to follow-up to Legislator Browning's point, I understand. I think that's a genuine concern, but also we can't be in the business of referring directly to a particular place, but we also have to be careful in terms of how we judge.

MS. CULP:

Right.

CHAIRMAN SPENCER:

I think if you look at these web sites and things like that in terms of what's driven, I've gotten 30,000 patients in my office and you may talk to 29,500 of them that says I'm wonderful, and you may talk to two or 300 people that say oh that guy, I would never see him, he's terrible. And so we can't -- we don't want to start to get into, you know -- medicine is very personal, but we do want to know if someone has substantial, Federal violations and things of that sort. I think that's a very good point.

That's all the questions that I have. I'm excited that you all were able to make this a fruition. I appreciate the formal slide presentation that you've given us and thank you for being here. Appreciate that.

MS. CULP:

Please let me know if you need --

LEG. TROTTA:

Question.

CHAIRMAN SPENCER:

Oh, legislator Trotta has come up with a last minute question.

LEG. TROTTA:

What's the phone number?

(*Laughter*)

That's a good question.

MS. CULP:

854-0337 or you can e-mail PAU@suffolkcountyny.gov.

CHAIRMAN SPENCER:

Thank you, Jen. I appreciate it. Thank you, Tom. Thank you. That's the only presentation that I have today. I'm going to now move on to our agenda. Madam Clerk, are you ready for the agenda?

MS. GELLERSTEIN:

I'm ready.

CHAIRMAN SPENCER:

Thank you very much. Appreciate it.

Tabled Resolutions

IR 1042 - Establishing guidelines for the use of Methoprene in Suffolk County (Schneiderman). I'm going to make a motion to table.

LEG. CALARCO:

Second.

CHAIRMAN SPENCER:

All right. All those in favor? Opposed? Abstentions? The motion is tabled. **(Vote: 6-0-0-0 - Presiding Officer Gregory is included in the vote).**

IR 1236 - Adopting Local Law No. -2014, A Local Law to require the use of biodegradable products by chain restaurants (Hahn). We need to table for a public hearing. I'll make that motion. Second by Legislator Calarco again. All those in favor? Opposed? Abstentions? **(Vote: 6-0-0-0 - Presiding Officer Gregory is included in the vote).**

IR 1334 - Directing the Department of Health Services to test groundwater for 1,4 Dioxane (Hahn). So Tom, I need you to weigh in on this. Legislator Hahn, the sponsor of this, says if we are going to come up with a list, and this is on there, she feels that this is such a critical substance that stands out that she -- her legislation is important, that she wants to move this particular substance forward because it's such a threat and she's asked that we approve it.

Now, last time we discussed this I know there was some concern that there was going to be more of a comprehensive list that was going to be presented. Has there been any contact with Legislator Hahn or is this -- I know she's not on this particular committee, but it's difficult for me when a Legislator has a very -- a valid resolution. Can you give me some -- what would you like us to do? Are we able to -- what's the problem with moving this if this substance is likely going to be on the list anyway. This resolution doesn't hurt that.

MR. VAUGHN:

I think -- I don't feel that our concerns about this are very different at all than the concerns that we had with Legislator Schneiderman's Methoprene bill just for slightly -- I feel that they're two issues of the same coin, just different sides. I think I just messed up that metaphor.

I guess part of our concern is I don't really know what makes Dioxane 1-4 any different than Dioxane 1-3 or 1-6 or if there is a 1-3 or a 1-6 or an eight or anything else. We had hoped to have Mr. Dawydiak back here today to express his reservations and ask that the bill continue to be tabled. He unfortunately was needed across the street over at another major water initiative meeting that was going on, so he was unable -- he stopped in and I got the e-mail asking that we please send him back because he was needed elsewhere.

But we would ask that it continues to be tabled. I do understand that the Legislator is very concerned about it, but we do have -- we do have the Health Department looking into developing a comprehensive list. We would just like that list to be produced, and if --

CHAIRMAN SPENCER:

I saw Mr. Dawydiak here.

MR. VAUGHN:

Yes, he was.

CHAIRMAN SPENCER:

So there's things that are more important than my committee is the message that I'm getting. I don't understand it. We're talking about -- I mean, I'm hoping that he's bailing water or something. My committee is very important.

MR. VAUGHN:

Your committee is very important, as a matter of fact, and we also hope that -- not only is your committee very important, but we hope and plead that the esteemed Legislator does not take offense to Mr. Dawydiak's pop in and pop out.

CHAIRMAN SPENCER:

I'm a little offended, but maybe, you know, you'll help me feel better.

MR. VAUGHN:

I would like to. I mean, if we could perhaps hug afterwards.

*(*Laughter*)*

I mean, if that would make you feel better I would be happy to. I'm not really a big hugger myself.

CHAIRMAN SPENCER:

I just know that there was something --

MR. FREAS:

Mr. Chairman.

CHAIRMAN SPENCER:

Yes.

MR. FREAS:

If I may. I know that one of the Health Department's reservations had to do with the cost. When I had done the original fiscal impact statement for this bill and I spoke to Mr. Dawydiak, the test for this particular contaminant would actually require additional staff and which -- so there would be -- if we would -- and at -- when I mentioned this to the sponsor, the sponsor changed the effective date to one January 2015 versus a 2014 date, because the 2014 date would have had a direct fiscal impact and would therefore have required an offset in 2014. Since the bill doesn't take effect until 2015, and we do have some questions as to whether this is among the contaminants we

really want to concentrate the most on, maybe we could go ahead and table it.

CHAIRMAN SPENCER:

Okay. Well, I think that's -- okay, thank you. I'm feeling a little better.

*(*Laughter*)*

LEG. CALARCO:

I make a motion to table.

CHAIRMAN SPENCER:

Motion to table. Second by Legislator Browning. All those in favor? Opposed? Abstention?
Motion is tabled. *(Vote: 6-0-0-0 - Presiding Officer Gregory is included in the vote).*

IR 1394 - Adopting Local Law No. -2014, A Local Law to warn consumers of the dangers of liquid nicotine (Anker). The sponsor has requested that we table, so I'll make that motion. All those in favor? Opposed? Abstentions? Kate abstains -- Legislator Browning abstains.

MR. NOLAN:

No, no. She was the second.

CHAIRMAN SPENCER:

Oh, she was the second. I'm sorry. I thought she she said -- she was on the vote. *(Vote: 6-0-0-0 - Presiding Officer Gregory is included in the vote).*

LEG. BROWNING:

On the motion. I would like to mention --

CHAIRMAN SPENCER:

I'm sorry, we've already taken the vote.

LEG. BROWNING:

Yeah.

*(*Laughter*)*

I'm going to send you an e-mail with regard to e-cigarettes, if you read Newsday about e-cigarettes helping more people to quit.

LEG. TROTТА:

I read that.

LEG. BROWNING:

And another article, "Top scientists warn the World Health Organization not to stub out the e-cigarette." So I think everyone should be reading these articles because, you know, again, FDA is studying it and for -- I think anything for us to be doing on e-cigarettes, let the Federal Government and the FDA deal with it.

LEG. CALARCO:

On that issue, because I do support the concept of Legislator Anker's resolution. It's doing two things. It's actually not addressing e-cigarettes. It's actually just regarding the liquid nicotine capsules that are not childproofed and the liquid nicotine itself is poisonous if it's absorbed on the skin or consumed by drinking it. That's the issue that the bill is trying to address, not whether or not people can or should be smoking e-cigarettes. There have been equal number of stories about e-cigarettes not helping people quit smoking. So I think the science is still out on that one.

LEG. BROWNING:

Right.

LEG. CALARCO:

But we do know liquid nicotine is poisonous and there should be a surety that children can't get ahold of it.

LEG. BROWNING:

And you have to be 21 to buy it.

LEG. CALARCO:

You do.

CHAIRMAN SPENCER:

All right. Thank you. I have no other business before this committee. This is one of the rare circumstances of a 46 minute Health Committee meeting. Don't get used to it. Enjoy.

*(*Laughter*)*

We are adjourned. Thank you.

*(*The meeting was adjourned at 2:44 p.m. *)*