

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, June 16, 2016 at 2:00 p.m.

MEMBERS PRESENT:

Legislator William Spencer - Chairman
Legislator Bridget Fleming - Vice-Chair
Legislator Robert Calarco
Legislator Monica Martinez
Legislator Tom Cilmi
Legislator Robert Trotta
Legislator Leslie Kennedy

ALSO IN ATTENDANCE:

Sarah Simpson - Counsel/Suffolk County Legislature
Dr. James Tomarken - Commissioner/Suffolk County Department of Health
Jen Culp - Suffolk County Department of Health Services
Scott Campbell - Suffolk County Department of Health Services
Amy Juchatz - Suffolk County Department of Health Services
Jason Hime - Suffolk County Department of Health Services
Madelaine Feindt - Suffolk County Department of Health Services
Katie Horst - County Executive's Office
All Other Interested Parties

MINUTES TAKEN BY:

Gabrielle Severs - Court Stenographer

MINUTES TRANSCRIBED BY:

Kim Castiglione - Legislative Secretary

(*The meeting was called to order at 1:59 p.m. *)

CHAIRMAN SPENCER:

Good afternoon. I'm going to ask if we could stand and have the Salute to the Flag to be led by Legislator Monica Martinez.

(*Salutation*)

Please remain standing for a moment of silence for all those victims in the Orlando tragedy as we pray for their families. Also for all the men and women who are serving this country both at home and abroad. Thank you.

(*Moment of Silence*)

So welcome to the Health Committee, and at this time we open up for public comments. I don't have any cards at this time. Is there anyone that wishes to be heard for the public comment? Is there anyone that wishes to be heard? Seeing none, we'll close the public comment.

We have a presentation today and we also are going to be getting an update on the Zika virus. So it's not really two presentations; the Zika virus is just more of an update. So I think that the Health Department will be ready for the lead presentation at about 2:30, so I'm going to ask if -- invite Commissioner Tomarken if he would come forward and if we could hear the latest on Zika.

Hello, Commissioner Tomarken. Thank you. So, Commissioner, I thought I would ask a couple questions that hopefully that will help to frame your update. And one question that has been posed to me is have we seen any evidence that the mosquito responsible for the Zika virus, that typically can't survive in temperate climates, but their cousin or a relative that may be able to. Have we seen the virus being transmitted by this other mosquito that's endemic to the northeast? And are we seeing evidence of I think it's the *Aedes aegypti*, that mosquito, are we seeing evidence that that mosquito is able to survive up here is one question.

And I'll finish and I'll let you give -- but the other issue is that we're getting a lot of conflicting information in the news with regards to the World Health Organization. One week I heard that they were recommending that the Olympics either be moved or postponed, and then I think the Olympic Committee had said *no, the Olympics will go on*. And then I saw another flash that again they're kind of asking that it be moved or postponed and that some of the concern is that the spread of the virus is actually even more than they expected it would be, and that we may be behind. I saw recently Nassau County has a Zika plan. I understand that we have a Zika plan, so I would like to know a little bit about specifically what our plan is.

And last but not least, I understand that potentially the blood emergency that -- I just had a press conference with Long Island Blood Services, that there could be some tying in and that those who are coming from Zika related countries are prohibited from donating blood for 28 days, and Puerto Rico now can only accept imports because they're not accepting donations because of Puerto Rico being a Zika country.

So I know it's a lot, but you're nodding where I think you kind of understand what I'm looking for, and so I'll be quiet and let you give us an update.

COMMISSIONER TOMARKEN:

Thank you. I think your first question about the different mosquitoes I'll let Scott Campbell, who is the Director of our ABDL lab, address those.

MR. CAMPBELL:

Hi there. The *Aedes aegypti*, or the Yellow Fever mosquito, which is thought to be the main vector for Zika virus outside of the U.S. in Brazil and other locations, Central America and South America, we've never found those mosquitoes here. I have been conducting mosquito surveillance for almost 25 years and we've never found that species here. It doesn't mean we couldn't have an introduction here. Just like *Aedes albopictus*, the Asian Tiger mosquito, which we do have here, and they are cold tolerant so they can survive over the winters. But *Aedes aegypti* doesn't appear to be cold tolerant, and even if they're introduced, the likelihood of them overwintering is slim. But we've never found that mosquito here. That doesn't mean it can't occur here, be introduced. The eggs travel on containers, tires and other containers in locations where *Aedes aegypti* were to live. They could lay eggs and those containers, if brought here, they could hatch and we could have a locally introduced population. But the likelihood of them surviving overwintering would be low.

COMMISSIONER TOMARKEN:

I'm sorry. I lost track of your second and subsequent questions.

LEG. TROTTA:

That's all he asked.

CHAIRMAN SPENCER:

Subsequent question was relating to those that might be considering going to the Olympics and the World Health Organization. What is the guidance there? Is there a concern? And then the last question was what's our Zika plan.

COMMISSIONER TOMARKEN:

In terms of the Olympics, that is really caught up in economics and politics. The Brazilians are saying that it hasn't been proven that *Aedes aegypti* and the Zika is the cause of the microcephaly; CDC says it is. They've made that statement that they see the correlation, they believe that is the case. But in the midst of all the financial and political problems and issues in Brazil, it's not surprising there are conflicting messages, but I think at the end of the day it's an individual decision by an individual athlete. I saw in The Times this morning one male athlete was freezing his sperm before he went. There's no clear cut answer. And again, I think it's all wrapped up into politics and economics and the chaotic situation as it appears in Brazil. There's no way to say what's the right or wrong thing to do. It is winter supposedly there. The risk of transmission should be less, but it's not zero, that's for sure. And our plan?

CHAIRMAN SPENCER:

Yes.

COMMISSIONER TOMARKEN:

Every county is required to produce a Zika Action Plan. Ours was judged by the State to be the best and then used as a model. And what the Zika Action Plan entails is basically three components; education, monitoring and surveillance and then action if a locally endemic case is discovered. So we have a mosquito -- a very robust mosquito plan in place normally. It's been there for many years, it's approved by the State, so that is sort of the basic plan that we have.

What the State has asked certain counties, we being one of them, is that if a case were found of local transmission, how would we react and how would we gear up for such an occasion. So from an educational point of view we have already and we would continue to outreach to the public, to OB-GYN providers, to physicians in general, to hospitals, with updates about if, in fact, a locally transmitted case occurred we would disseminate that information. In terms of actual surveillance, I'm going to let Dr. Campbell describe how we would increase our surveillance and in what manner.

MR. CAMPBELL:

Currently we have approximately 50 sites that we conduct mosquito surveillance at for West Nile and Eastern Equine Encephalitis. We are using that footprint to use for our Zika Action Plan and the subsequent Zika virus surveillance. We would respond to locally acquired cases, if one were to be identified, with mosquito surveillance to try to determine if and what level the mosquitoes were infected. That's how we would respond to any kind of locally acquired.

COMMISSIONER TOMARKEN:

Let me add that we have what we call rapid response teams. We have three and we have personnel already assigned to them. The State has indicated it has rapid response teams, as does the CDC. So if a case were discovered, a locally acquired case, there would be State, Federal and local cooperation and coordination to try to determine exactly how that case occurred, and then to decide what, if any treatment, which could be larviciding, could be adulticiding, and it could be by air or it could be by local handheld devices and truck.

Remember that these mosquitoes only travel in about a 200 meter radius, so it's much different than a West Nile Virus Culex mosquito, which can travel in much larger distances. So if we find a case in place X, you really are really looking in just that immediate area, whereas if it was a West Nile case, you might be more concerned on a larger geographical area.

CHAIRMAN SPENCER:

In your assessment as far as -- and congratulations on having the best plan -- but overall as we look at this nation and look at just our role as far as protecting, from -- as you've seen this develop, because I understand the information changes every day, would you describe this country as being adequately prepared? Have we underestimated or overestimated this threat? Should we be doing more? And this is really more your personal assessment and your role as Commissioner.

COMMISSIONER TOMARKEN:

Well, the evidence and the opinions of the experts is that they expect there to be increased transmission of the Zika virus, either by travelers, by sexual transmission or by -- and they're expecting that it's very likely there'll be local transmission at some point, because the mechanism is such that a traveler can come back and so that's a travel case who has Zika, but they may transmit it sexually to somebody else. A mosquito may bite that person and then bite other people. So the ability to control that is very, very difficult.

The mosquitoes -- all that has to happen is the mosquitoes adapt a bit or the virus change a bit, and one of the characteristics of viruses is that they mutate or change quite easily. We saw that in HIV. And so the potential for the spread of this is, and again, it's a potential that is very high, but it depends on a lot of factors coming into play. But especially in Southern Florida and the Southern U.S. The expectation is that there'll probably be locally acquired cases over time.

Are we ready? Yes and no. We have a plan. The real question will be do we have enough staff to handle any kind of outbreak, so to speak, and what kind of research are we doing to establish the potential risks. One of the big issues for ladies of childbearing age, if they get bit and they either have or do not have symptoms, how long are they at risk for? Is it just until the virus leaves the bloodstream? Is it beyond that? Does the virus hide in the human body like Ebola has shown to be true about? So we need a lot more research because we don't know the extent of the risk and we can't give people a definite *oh, don't worry beyond X period of time*. These are all estimates. And so from that perspective we don't have enough funding and we need more funding to do research and follow patients.

The CDC has developed a pregnancy registry just to try to deal with that, to see someone who is pregnant who is positive for Zika and follow them over a period of time. Well, they're going to do

that throughout the United States. They'll have several hundred and maybe it will get into the thousands, and we need to be able to understand and be able to give people accurate information as soon as we can collect that kind of data.

CHAIRMAN SPENCER:

I thank you, Commissioner, for the information. Do any of the other Legislators on the committee or anyone have any questions?

LEG. CILMI:

I have a question.

CHAIRMAN SPENCER:

Legislator Cilmi.

LEG. CILMI:

I'm just curious. What is it about the type of mosquito that carries Zika that allows that type of mosquito to carry Zika as opposed to another type of mosquito. I mean, couldn't any mosquito carry any given disease?

MR. CAMPBELL:

All mosquitoes, if they take a virus, the virus actually has to recognize the gut and go through the gut into the salivary glands. So if there's no recognition of the virus to receptors along the gut wall, it won't enter. So the mosquito can pick it up, but when it feeds and the saliva goes into that bite site, it won't transmit the virus. The virus stays within the mosquito. So that's that mechanism. So not all mosquitos can transmit West Nile or Triple E or Zika, and so that's the reason. That's that mechanism.

COMMISSIONER TOMARKEN:

But at the same time, there are anecdotal reports and concerns that other species of mosquitos, like the ones that carry West Nile, could, if they adapt, be able to transmit Zika.

LEG. CILMI:

Right.

COMMISSIONER TOMARKEN:

So we're sort of on this precipice waiting to see what develops, because one of the things about viruses is they are notoriously difficult to deal with because of their ability to mutate and change.

CHAIRMAN SPENCER:

I think that what's -- you know, we've dealt with SARS, we've dealt with West Nile, we've dealt with a lot of different viruses, and the interesting thing about Zika is that it can have a devastating, long-term economic impact, and that's because the difference between a baby that's born normal cephalic versus microcephalic is just the care for that baby. The microcephalic baby is going to require inordinate resources over a lifetime and may not be in a position to contribute to society, and so I think that that's probably the bigger picture that may be underestimated of what that burden will actually be and the cost. I don't like the word burden, but the cost.

Please keep us posted and let us know what we can do. I think that when we looked at like Ebola, Ebola was immediate threat to life. This to me is a lot more insidious because of the long-term impact that it could have that we can't measure. It's important for us to, you know, really be very aggressively addressing these issues, especially if you start to have a debate over whether or not the microcephaly is even caused by the virus. If we have -- and with long-term problems like this where you don't see the evidence as readily, you can have those that are trying to put on an

Olympics that will say *there's no proof of this*, that will ignore the science because of the immediate economic benefit. This could go out to the entire world when you're hosting the entire world. I think it's a concern, but I think that we're doing everything possible that we can do. So thank you, Commissioner.

So I see Amy is here. Are we ready for the lead presentation? Are we still waiting -- are we able to -- I know at 2:30 that was going to be.

COMMISSIONER TOMARKEN:

We can do part of it.

CHAIRMAN SPENCER:

You can do part of it? Okay. We'll do the agenda and that way we'll -- and then we can be ready. Okay. Very good.

Tabled Resolutions

So with that, we have Tabled Resolution ***IR 1151 - Adopting Local Law No. -2016, A Charter Law to elicit public input and require legislative approval of fee changes (Cilmi)***.

LEG. CILMI:

Motion to approve.

LEG. TROTTA:

Second.

CHAIRMAN SPENCER:

We have a motion to approve and a second.

LEG. CALARCO:

Motion to table.

LEG. FLEMING:

I second the tabling motion.

CHAIRMAN SPENCER:

We have a motion to table and a second. Tabling motion goes first. Any discussion on the motion?

LEG. CILMI:

Sure. Maybe, through the Chair, if I could just ask Katie to join us at the podium.

CHAIRMAN SPENCER:

Sure.

LEG. CILMI:

Hello, Katie.

MS. HORST:

Hi.

LEG. CILMI:

And I know Dr. Tomarken has spoken about this bill as well. Do you know, have you had an opportunity to read this bill yourself and address it with your staff?

MS. HORST:

Not recently.

LEG. CILMI:

Okay. So this is a bill that would very, very simply require that any fee changes associated with the Sanitary Code, they come before the Legislature for approval rather than, you know, just be done administratively. And, you know, I recognize and appreciate the desire to be able to make changes to that Sanitary Code, to the fee structure, without the Legislature's approval, but with so many other issues in the County, so many other programs, this Legislature retains that authority, and I believe appropriately so as we are, you know, the closest level to the residents that we represent and inevitably the ones that get the phone calls when things go up. So I'm wondering if there's anything about this bill that you would suggest in terms of an amendment that might garner the support of the Administration and the Health Department.

MS. HORST:

I'm really going to defer to Dr. Tomarken on that.

LEG. CILMI:

Sure.

MS. HORST:

I know he has some strong opinions on the authority of this.

CHAIRMAN SPENCER:

Commissioner, would you come to the podium, please? I don't know if you heard the question from Legislator Cilmi.

COMMISSIONER TOMARKEN:

Basically I think it's the same issue that we've discussed on prior occasions.

LEG. CILMI:

Right.

COMMISSIONER TOMARKEN:

And basically our position is that I think it's better to keep it out of the political arena. I think it's very hard to imagine that if a constituent came to any Legislator and said *I don't think this fee or fine is reasonable* or *I can't afford to pay it*, that it puts the Legislator in a very difficult position potentially, at least from my position.

LEG. CILMI:

That's why we get paid the big bucks.

COMMISSIONER TOMARKEN:

You and me both.

LEG. CILMI:

Your bucks are bigger than mine.

LEG. FLEMING:

His bucks.

LEG. CILMI:

That's why he's laughing.

COMMISSIONER TOMARKEN:

Sorry, I missed that. But in any case, I think by keeping it where it is it keeps it more objective and it takes it out of the political arena. I think once it gets into the political arena than all fees and fines would be subject to legislative pressure on the department, and you're going to advocate for your constituent. That's your job and that's what you're there for, but I think what gets lost is the objective. I don't think anybody has found that what we've done has been arbitrary and capricious. It's done rarely. We're always open for feedback and we always try to work with individual constituents.

Our job is to try to help people comply with the rules. We're not making a ton of money on these fees because number one, we're only allowed to charge based on cost. So this is not a revenue generator for the department or the County. It's a way -- it's a bit of a leverage to get people to comply to protect the environment. So -- and we don't do it very often and we do it to cover our costs.

I think this is not like a private company jacking its rates up like some of the pharmaceuticals have done, et cetera. So I think keeping it objective, keeping it out of the political arena is the way to go, and we'll be glad to work with -- and we do work with every constituent to arrange any kind of way they can reduce the fee, eliminate it. If they come in compliance we have all kinds of legal agreements that can alleviate the penalties or reduce them. We want compliance. We're not here to --

LEG. CILMI:

You realize, though, that this is not constituent specific. I mean, this wouldn't create a system whereby any single constituent could come to us and say *we don't want to pay this fee* and then the Legislature would address it. This is just to say that whenever you would propose changing any of the fee structures that exist that you would bring those suggestions to us. And time and again this Legislature has listened reasonably to reasonable, you know, requests for increases in a variety of different ways and agreed that they're warranted and appropriate, and I don't really see how this is any different.

COMMISSIONER TOMARKEN:

Well, I think like any piece of legislation that comes in front of the Legislature it can be used, you know, in a very sort of benign way or it can be used as a political tool.

LEG. CILMI:

Of course, but that's with anything that we do.

COMMISSIONER TOMARKEN:

Right.

LEG. CILMI:

So I guess I would ask you then, I mean, it sounds like you're really answering my question, the question I asked Katie was is there anything that -- any amendment that you would suggest to this particular bill that would, you know, garner your support.

COMMISSIONER TOMARKEN:

Off the top of my head I can't think of one, but I would be glad to give it some thought and talk to staff and see if there's anything. But right now I don't have anything to offer.

LEG. CILMI:

Okay.

CHAIRMAN SPENCER:

If I may, the bill is in Health, but when I read it it says the purpose of this law is to require legislative approval of all the increases made in any department, so this applies across all departments. Is that correct?

LEG. CILMI:

I don't think -- if it does say that then --

CHAIRMAN SPENCER:

I'm looking here at --

MS. SIMPSON:

The bill that's before you today is specific to the Department of Health and it's in the Charter for the Department of Health.

CHAIRMAN SPENCER:

I see. Okay. My question, Tom, with regards to just me looking at how I could support this bill or changes, what made you introduce this specific to the Health Department? When I look at, you know, our Parks and DPW and fees and things like that, what is -- where is the distinction?

LEG. CILMI:

There is none, really. The thing that precipitated this bill is that I got a notice, as we all did, of changes in fees with the Sanitary Code back at the beginning of the year, where many of the fees were increased 10%. There are some new fees instituted, some of the fees were increased much more than 10%, and it just kind of called attention to the issue to me.

As you have noticed, I had previously filed a bill to require that all fee changes come before this Legislature for approval, and that bill did not meet with the Legislature's approval at the time. And so when this came to me and I proposed this bill, I actually had a conversation with Counsel, and George Nolan said to me that he couldn't think off the top of his head of any other fees that the County -- that the Administration has the authority to change unilaterally. This may, in fact, be the only one that we cede that authority to the Commissioner.

CHAIRMAN SPENCER:

I think for me, and I disagree with -- I don't support this bill in its current form, but I have different reasons because I think for us to accept the political responsibility is part of our job. My concern, and maybe I'm not sure if the Commissioner would disagree, and I was at a Board of Health meeting yesterday, and right now we're looking at Article 19, and Article 19 has to come before this Legislature because it's part of the comprehensive plan. But typically the Board of Health is the keeper of the Sanitary Code. And for instance, when we just voted on -- was it Article 7 recently with regards to the tanks? So the Board of Health convened separately and we went back and forth for weeks on that one, and then on another issue of the Sanitary Code where it related to when a food worker could return to work.

The Board of Health or the Health Department is different from other County departments because they are existing with two -- with a hybrid authority, that the Sanitary Code and the Suffolk County Department of Health is part of the New York State Department of Health, but also the Commissioner and portions of it are part of Suffolk County. And my concern when I look at fees, especially when it relates to the Sanitary Code, where the Board of Health actually sometimes runs separate and makes decisions regarding the Sanitary Code that is outside the purview of this Legislature, I felt that that was a situation why the fees sometimes would stand different because of kind of those competing interests. And to have this legislation that would require all fees, especially regarding issues of the Sanitary Code, that was my personal reason why I opposed it.

LEG. CILMI:

Right. But the fees don't come from New York State. I'm not sure that New York State even requires us to --

COMMISSIONER TOMARKEN:

Some do, and generally what they do is they'll have a range or an upper limit.

LEG. FLEMING:

Don't these -- may I through the Chair? Don't these fees also relate to things that we are directed to do by the State, so in order to do what we have to do we have to set the fees that will allow us to do it. That's how I understand it.

LEG. CILMI:

But that's not unlike other things that we've done here. I mean, we have oftentimes been faced with certain mandates that come to us from either Federal or State Government, the most recent of which I guess is the minimum wage requirement, that we've actually then had to act on. But -- so I don't see that as an impediment to this bill or a reason why we should sort of continue to abdicate advocate what I believe should be our responsibility to our residents, be they residents or business owners.

CHAIRMAN SPENCER:

I think with regards to your original question, it is something that as with other things we've been working on that, you know, I would be willing to look with the Administration and you or whatever to try to see. But I think my concerns, I agree that we have a responsibility and I don't think we should abdicate that, but I also think that the Sanitary Code and its direction that comes down from State mandate, that the Commissioner with regards to certain things needs to be able to have discretion that may be outside of the legislative process, just as the Board of Health votes on some things. And maybe with we can clarify those where we could get to a point of common ground or maybe some daylight. But that's just answering a question as far as what my concern is. So if that's acceptable to you, I'm willing to look and work with you and see if there's something that could work out.

LEG. CILMI:

Well, as you know, I'm always willing to cooperate and compromise. I don't see how, unless we further narrowed the scope of the fees that we were talking about in this bill, I don't know that we will find common ground. I suppose one compromise might be to require legislative approval of any new fees in the Sanitary Code. That might be -- and that just comes to mind now. That might be something that we could discuss. But other than that, I mean, I think it's our responsibility to control the fees that our County Government charges our residents and our businesses. I believe that's within our responsibility as Legislators and that's the foundation of this bill. So, you know, if my colleagues agree with me then we would support that and if not, we wouldn't.

CHAIRMAN SPENCER:

Thank you. Any other discussion with regards to this particular IR 1151? Seeing none, the tabling motion takes precedence. We have a motion to table by Legislator Calarco, seconded by Legislator Fleming. All those in favor? Opposed? Any abstentions? The motion is tabled. **(Vote: 4-3-0-0 Opposed: Legislators Trotta, Kennedy and Cilmi)**

IR 1207 - Adopting Local Law No. -2016, A Local Law prohibiting the distribution of plastic carryout bags used in retail sales (Spencer). So I am working with a lot of different people on this bill, and it looks like I'm going to be doing another version of this, so I'm going to make a motion to table.

LEG. CILMI:

Second.

CHAIRMAN SPENCER:

Second by Legislator Cilmi. All those in favor? Opposed? Abstentions? The motion is tabled.
(Vote: 7-0-0-0)

Introductory Resolutions

IR 1501 - Amending the 2016 Adopted Operating Budget to accept and appropriate 100% additional State Aid from the New York State Office of Mental Health to Family Service League for the Children's Case Management Program (Co. Exec.). Motion to table and place on the Consent Calendar. Seconded by -- to approve. What did I say? To table and place -- to approve and place on the Consent Calendar. Do we have a second?

LEG. CILMI:

Second.

CHAIRMAN SPENCER:

Second by Legislator Cilmi. All those in favor? Opposed? Abstentions? Motion carries. **(Vote: 7-0-0-0)**

IR 1550 - Accepting and appropriating 100% State grant funds from the New York State Department of Health in the amount of \$323,908 for the Tobacco Enforcement Program-ATUPA administered by the Suffolk County Department of Health Services, Division of Preventive Medicine and to execute grant related agreements (Co. Exec.). Same motion, same second, for the Consent Calendar.

LEG. FLEMING:

On the motion.

CHAIRMAN SPENCER:

On the motion.

LEG. FLEMING:

On the motion, as it's going to the Consent Calendar is fine -- is Dr. Tomarken here anymore or?

CHAIRMAN SPENCER:

He is here.

LEG. FLEMING:

May I ask him a question about the tobacco work just since the recent decision, the DEA decision, to include liquid nicotine products as tobacco products so that they now fall under all the regulations, at least for State law. And I should have asked you this offline, but since you are here it might be of interest to the public as well.

How does that affect our regulations and what we do with regard to vape cigarettes, liquid cigarettes. I think that's a pretty significant occurrence that the DEA has said they are tobacco products. It's a little stunning to me that it took as much litigation to get that to happen, but now that it has, does it give us any more power to regulate where these vape cigarettes are showing up or how they are advertised or keeping them out of the hands of our kids?

MS. CULP:

The County -- Jen Culp from the Health Department. The County has actually been way ahead of the curve on this, and since 2009 e-cigarettes and those products have been considered a product that should not be sold to minors and fall under those regulations. So the ATUPA, if they're out, they will look and make sure that the appropriate signage is up and will, you know, try and buy that type of product with a minor to make sure it is, in fact, being enforced if they're under the age of 21.

LEG. FLEMING:

And are there any restrictions with regard to advertising or is there any -- well, if you could just answer that.

COMMISSIONER TOMARKEN:

I don't think so. I think the State requirements in laws and regulations regarding tobacco sales and how you advertise would pertain.

LEG. FLEMING:

Okay. Well, I'll keep looking into it, but I was stunned to see vape cigarettes being advertised on cable television during children's programming. So I'd love to look into that with you if we could. I don't know if -- and any other suggestions that you might have with regard to opportunities for action to protect our young people in particular based on this DEA decision, I'd really appreciate knowing about. I would be happy to support legislative action on it. Thank you.

CHAIRMAN SPENCER:

Legislator Cilmi has a question.

LEG. CILMI:

More of a statement to Legislator Fleming's line of questioning. As Jen and the good Doctor know, I have a bill that's being laid on the table I think this cycle, Counsel is indicating yes, that actually requires that any retailer selling vape type products, liquid nicotine or the e-cigarettes, would have to register with the County, with the Health Department, in conjunction with Consumer Affairs. I think you are going to work together so that we know where these folks are. Because right now you could basically, you know, lift your garage door and sell e-cigarette stuff from your garage. So having a registry with a very nominal fee to register biannually, every two years, will give the Health Department at least the information as to where these products are being sold so that they can more effectively police them, if you will, to make sure that they're selling them within the confines of the law.

CHAIRMAN SPENCER:

Did we approve that?

LEG. CILMI:

Once it gets, you know -- yes. The short answer is yes, Doc, that you should approve. And I worked with the Health Department in developing that.

CHAIRMAN SPENCER:

Legislator Calarco has a question.

LEG. CALARCO:

Thank you. Dr. Tomarken, I have a follow-up since we're talking about these vape shops and they seem to be proliferating everywhere. And it's not just the sales or the materials, but they tend to be wanting to setting up more and more of these shops where you actually go in and you are using the product inside of the shop.

So the question I have really pertains to the legality of that. As you know, we have equated the vape use as the same as any other tobacco use in terms of your ability to use it indoors. It is my understanding it was something we passed many years ago when this product was first being marketed. The question comes are they legally permitted to use these products in these shops in the fashion that they're doing it? I know there's, I guess, some provisions to allow tobacco use, but are they falling under that provision that would allow them to do these shops or are these things not technically legal in the County?

COMMISSIONER TOMARKEN:

You know, it's complicated because initially they started out with vaping nicotine and now they vape anything they want. So I'm not clear on whether or not that -- where the Clean Indoor Act applies to them. So if they vape orange juice, does that fall under the jurisdiction of the Clean Indoor Act because generally -- tobacco we made a product so --

LEG. CALARCO:

So these stores are not just marketing a product that contains nicotine?

COMMISSIONER TOMARKEN:

Right.

LEG. CALARCO:

But they're containing -- we don't really know what this stuff contains.

COMMISSIONER TOMARKEN:

It could be anything.

LEG. CALARCO:

So the law -- I think it was actually Legislator Cooper who passed the bill prior to the good Doctor taking the seat in the 18th District, that equated these products to the same as cigarettes indoors.

COMMISSIONER TOMARKEN:

Well, to classify something as a cigarette or a tobacco product, that's a State --

LEG. CALARCO:

No, I believe he passed a law locally that said use of these products is going to fall under the same provision as the County law. I know the State passed a law, but we have our own law on the books that says you can't smoke indoors. And I think he equated these products to the same law. He put them into the same law if I'm not mistaken.

COMMISSIONER TOMARKEN:

I'll have to look.

LEG. CALARCO:

So the question then arises is are these vape shops where they are smoking these products or using these products indoors, are they permissible given that you're not allowed to use these indoors, except for certain provisions for tobacco products I think make up the majority sales, which is where you're allowed to have I guess a cigar shop and all they sell are cigars and you could smoke your cigar in the shop or the hookah lounges.

COMMISSIONER TOMARKEN:

There are vaping places, not necessarily the places where they sell, but they have vaping parties and vaping events, so.

LEG. CALARCO:

They're popping up everywhere, Dr. Tomarken.

COMMISSIONER TOMARKEN:

Right. I'm not sure that we have any authority over them and that's what I'll have to check with.

LEG. CALARCO:

Yeah, I'd ask that you take a look at it, because I know -- as I said, I believe it was Legislator Cooper who passed the bill to say you could not vape indoors under the same statutes that you could not -- the same County statutes, provisions, that you couldn't smoke cigarettes or any other tobacco uses.

CHAIRMAN SPENCER:

I think, Counsel, they are pulling up the statute now. Sarah, can you shed any -- can you clarify this at all for us, please?

MS. SIMPSON:

Certainly. Chapter 254 on smoking we added the definition of e-cigarette to the definition of smoking so that any of the prohibitions against smoking applied to the combustion of e-cigarettes as well.

COMMISSIONER TOMARKEN:

Combustion of what, what product?

MS. SIMPSON:

The use of an e-cigarette.

COMMISSIONER TOMARKEN:

Anything that goes into it.

MS. SIMPSON:

It just says -- it defines e-cigarette providing a vapor of liquid nicotine and/or other substances mixed with propylene glycol. I can't speak to the orange juice question, but.

LEG. CALARCO:

Well, it says and/or any other substance so it sounds to me --

MS. SIMPSON:

Any other substance mixed with propylene glycol.

COMMISSIONER TOMARKEN:

We'll have to clarify that and now the FDA is using the term ENDS, E-N-D-S, to classify all these e-cigarette type things and what goes into them. So it's a complicated issue. We'll clarify it.

LEG. CALARCO:

It sounds like we were ahead of the curve a little bit.

COMMISSIONER TOMARKEN:

We were, but the question is what happens outside of --

LEG. CALARCO:

Well, I think the importance is the provision of the County law that we start allowing the towns and villages to be aware of that County law, because they are dealing now with a proliferation of these

types of shops that are looking to set up. And some towns are saying and are trying to place them into specific zoning areas so that they don't have them just popping up next to a school per se or some other situation along those lines. But quite honestly, if the shop itself and the use itself is not permitted under County law, then the towns and villages should be aware of that because they shouldn't be authorizing and doing building permits and codes and that process for people to set up a vape shop where it's a vapor lounge really, and you're going in to do that if it's not permitted under County law.

CHAIRMAN SPENCER:

I think that, Legislator Calarco, you bring up a very good point, and I think if the Commissioner is indicating just as far as maybe clarifying that internally. There's concern on my part that perhaps that the direction as far as with our enforcement policy that perhaps we may not be enforcing it as we have it written on the law. And I propose that perhaps there can be a meeting with the Health Department administration and with representatives of this committee, because I think that's a huge difference in terms of if you as the Commissioner have a particular understanding of this, then obviously the direction that would be going out to the enforcement end may mean that we're not enforcing this as the legislative intent or as it is written.

COMMISSIONER TOMARKEN:

I'll be glad to clarify it and get back to you on that.

CHAIRMAN SPENCER:

Thank you. All right. I don't see any other questions. Thanks, Mr. Calarco. So we were on IR 1550. We had a motion and a second. Discussion on the motion? It was to be placed on the Consent Calendar. Since it's been a while since we had to vote I won't say same vote. I'll say all those in favor? Any in opposition? Any abstentions? Motion carries. **(Vote: 7-0-0-0)**

IR 1551 - Accepting and appropriating 100% grant funds from the New York State Department of Health in the amount of \$187,597 for the Drinking Water Enhancement Program administered by the Suffolk County Department of Health Services, Division of Environmental Quality and to execute grant related agreements (Co. Exec.). Same motion, same second, same vote. (Vote: 7-0-0-0)

IR 1552 - Accepting and appropriating 100% grant funds from Health Research, Inc. Passed through from the New York State Department of Health in the amount of \$205,000 for the Expanded Partner Services (EPS) Program administered by the Suffolk County Department of Health Services, Division of Public Health and to execute grant related agreements (Co. Exec.). Same motion, same second, same vote, to place on the Consent Calendar. (Vote: 7-0-0-0)

And ***IR 1553 - Accepting and appropriating 100% State grant funds from the New York State Department of Health in the amount of \$16,576 for the Rabies Control Program administered by the Suffolk County Department of Health Services, Division of Public Health and to execute grant related agreements (Co. Exec.). Same motion, same second, same vote to approve and place on the Consent Calendar. (Vote: 7-0-0-0)***

So that completes our agenda. So we have a presentation, and the presentation is from the Health Department. We have with us -- I'm going to ask if you would come forward at this time -- Jason Hime, who's Senior Public Health Engineer, and Amy Juchatz, NPH, Environmental Toxicologist. And the reason for this presentation I'm hoping can be, you know, extremely useful to all my colleagues and for your school districts.

So recently what has happened is, especially in the wake of Flint, Michigan, school districts have been testing their drinking fountains, and in some cases they have been finding lead levels that are out of the recommended levels and there's been some confusion with regards to when they should test, how they should test, why they should test, how the information should be disseminated, and what the testing means.

And so fortunately I was able to -- and I appreciate the Department of Health working with Suffolk County Water Authority. We had an information seminar at Suffolk County Water Authority, the Educational Facility, where we invited our school districts. And I think we had participation of over 30 school districts that came out this past Friday. I think there was representatives from Legislator Fleming's office, but the presentation was absolutely phenomenal. It gave extremely clear information. It is something that my colleagues should please pass on to your superintendents. It just, number one, it just gave a very clear understanding of what the meaning of these lead levels are and what we should be doing with them. So without further delay, I turn over the mic to Jason Hime.

COMMISSIONER TOMARKEN:

We're going to start with Human Health first with Amy Juchatz.

CHAIRMAN SPENCER:

So I turn it over to Amy Juchatz.

MS. JUCHATZ:

Thank you. Yeah, we just thought that we would switch it around a little bit, because on your agenda it looked like you maybe wanted a little bit broader as far as lead toxicity and its impact on children, and then we certainly will -- the bulk of it I think Jason will talk about the lead in water if that's okay.

CHAIRMAN SPENCER:

Sure. And I note you gave a more detailed explanation. This should probably be more broad for my colleagues and just give them what they need.

MS. JUCHATZ:

Right.

CHAIRMAN SPENCER:

And just to be fair so you can kind of time it out, keep it to about 15, 20 minutes.

MS. JUCHATZ:

Perfect.

CHAIRMAN SPENCER:

Perfect. Thank you.

MS. JUCHATZ:

Great. So I'm Amy Juchatz in the Suffolk County Department of Health Services, an Environmental Toxicologist and, Jason Hime and Madelaine Feindt, who works in Public Health Protection, the Lead Poisoning Prevention Program is one of her tasks I believe. One of many, I think. So we'll hear from Madelaine as well.

I just wanted to give a very brief overview about why we're concerned about lead exposure, especially in children. And just a few takeaway points that I wanted to kind of get out there right away is that lead affects almost every organ system in our body, and especially in children. It's

hard to find on organ system that it doesn't impact. And we've known about lead toxicity for quite a while. It's not something new.

There's evidence that there is no threshold below which exposure to lead does not cause a health effect, so that there's no risk. Of course the greater the exposure, the greater the impact, the higher the risk; the lower exposure, the lower the risk, but we can't seem to -- there's no evidence that there's a low enough level that below that you don't have any risk of any health effect.

Children are by far the most sensitive to lead, especially ages from zero in the womb to six years old are the most sensitive to the effects of lead. And there's also evidence that lead is a carcinogen. So if the rest wasn't bad enough, it also looks like it could be a potential carcinogen.

In children we're particularly concerned about the effects of lead on the central nervous system, and as well developmental effects. As I mentioned, children, unborn fetuses can be exposed. It crosses the placenta. It also can appear in breast milk, so mothers who are breast-feeding and are exposed to lead can also pass it on then to their breast-feeding children.

In terms of central nervous system effects, some of the effects, you know, at low level exposure that we're very concerned about are learning disabilities, effects on growth and development, lower IQ, behavioral problems, things like that. So at low level exposure those are the kinds of things that we're really concerned about with exposure to lead in children. And these effects, depending on how high the exposure is, can be long-lasting and long-term.

So why are children more sensitive to the effects of lead. One reason is that their organs are developing and that makes them much more susceptible to the toxic effects of lead. They also absorb -- their bodies absorb more of the lead that they're exposed to. In addition, their behavior also often makes them more prone to be exposed to lead. Little kids are crawling on the floor. They're exposed to dust, they may be chewing on paint chips or window sills that may have been painted with lead paint. They have a lot of hand to mouth activity, so if they've got dirt or dust on their hands they're putting them in their mouth and now they're exposed to anything that might have been in that dirt or dust. So those behaviors can make them more sensitive and more likely to be exposed to dust than an adult would be.

There are a lot of sources to lead and drinking water is just one of those sources, but certainly lead paint is a primary source of lead exposure, and as many of you know, lead paint has been banned for quite a number of years. I think it was 1975, 1978 or so that it was?

MS. FEINDT:
Seventy-eight.

MS. JUCHATZ:
Seventy-eight that it was banned, but it's still around and that can lead to lead in home indoor dust, it can also lead to lead concentrations in outdoor soil.

There's also issues sometimes with pottery that has lead glaze on it or porcelain that might be used in cooking and food preparation. And then there's also some ethnic and folk remedies that I think they're finding, maybe Madelaine will touch on that, but they're finding also may contain a lot of lead. So I think I'll stop there and --

CHAIRMAN SPENCER:
One quick question, Amy, and I didn't have a chance to ask you this when you gave the presentation before. As far as lead is concerned and your understanding, I know when we talk about toxicity we talk about concentration versus time.

MS. JUCHATZ:

Right.

CHAIRMAN SPENCER:

One, is there an additive affect to lead in like the lead that I was exposed to last year. Is my body able to process that lead at all or that exposure is added on and there's a lifetime exposure, and also when we talk about lead exposure, I know there is limited as far as contact exposure, but is it more delivered through the body when it's inhaled across the alveoli in the lung, or is it absorbed through the GI mucosa? Is it eliminated primarily through or hepatic means or renal?

MS. JUCHATZ:

All good questions. So the main routes of exposure are oral ingestions and inhalation. I think oral ingestion probably are the primary routes with children. Inhalation has been a big route of exposure, especially in occupational exposures. Air pollution, you know, can be an issue with lead. We've gotten a lot of the lead out of gasoline so that's reduced some of the air pollution. So I think the main route probably for young kids is injection.

As far as excretion, it can go both ways, through feces and urine is my understanding. It is excreted, you know, so you may get -- so you do -- your levels do decrease. However, lead does get stored into the bone. And correct me if I'm wrong, because Madelaine certainly knows a lot about this. But I think it all depends on how much you're exposed to, so bone levels do reflect a long-term exposure. If you have a large exposure, you know, over a long period of time, you will get a lot of lead that gets stored into bone, and that will then be with you for quite some time, and especially in kids they do see that. It may be reduced a little bit over time, but it's difficult to, without treatment, to get rid of that.

COMMISSIONER TOMARKEN:

Let me just add a couple of things. Twenty percent of lead is absorbed, the other 80% is not absorbed when you inhale it or ingest it, so you're not getting 100% needless to say. And secondly, if you have a one-time exposure, so to speak, then you will eliminate it over time and it can be four to six weeks to get rid of it. So when you look at exposure and toxicity, you're looking at amount, route, duration and the individual characteristics of the patient so to speak; age, health status, et cetera. So it's a multifactorial issue. It isn't just if you come in contact with lead you're going to end up with brain damage. You know, it doesn't work that way. And it's a phenomena that is age related more likely than not, and so that's why there's a mandatory program for zero to two year olds, which we'll talk about in a second. So that's the perspective. So the mere fact that one is exposed -- because we're exposed to lead. It's in the soil, it can be in the air. It does not necessarily mean you're going to have some sort of health effect. It's a potential depending on all these other factors that play into it.

CHAIRMAN SPENCER:

Thank you. Thank you, Amy.

MS. FEINDT:

Madelaine Feindt, and I'm involved with the Childhood Lead Poisoning Prevention Program for public health protection. I am in charge of the environmental lead investigations and I work hand in hand with patient care nurses who go out with us. We do an investigation surface by surface at any child that has been lead poisoned. The level is normally 15 micrograms per deciliter which mandates us to go out, however we do go out at lower levels as well. A pediatrician calls us or a concerned parent, and that would go under a primary prevention program.

New York State Public Health Law requires children to be tested at one year of age and two years of age regardless of what that initial test was, and any foreign born children up to 16 years of age.

And then a lead exposure risk assessment questionnaire is given by a pediatrician up to age six. And if any of those flags are positive, then they also should do a lead test on that child.

So these home visits we do a full lead based paint inspection and assessment of its condition to determine if there are any conducive to lead poisoning, such as deteriorating condition on a friction or impact surface, such as a window or a door jam, or on a chewable surface such as a window sill. In addition, we go and we do obtain water samples from the drinking area of the home, normally the kitchen faucet. Take soil samples, dust samples and suspected consumer products and the Environmental Laboratory analyzes those for lead.

Some examples of positive samples that we've gotten are ceramic bowls and plates, imported herbs such as tumeric from India, medicines -- ayurvedic medicines from India, imported face make-up called kohl or sirma, imported candies from Mexico that are contaminated with lead. We also do a standard interview questionnaire conducted with the family to determine if there's any potential occupational exposures from somebody working in the home, such as house painters or welders, potentially cross-contaminating their children with exposure from their work clothes or automobiles. Any place the child spends at least eight hours per week, we also do a secondary investigation such as a day care or a grandmother's house. The nurses from patient care provide medical counseling, nutritional counseling.

CHAIRMAN SPENCER:

I think we get kind of the gist. I have one specific question with regards to -- my understanding, and this is one of the little recesses in the Affordable Care Act, but the Affordable Care Act does provide for lead testing for all children. In Suffolk County, do -- is that something that -- is that a potential source of funding for some of the services that we do? I know that, but that's something that's in the 1200 pages that, you know, I found out. Where do you -- is this something that we do, that we administer under the County or is this totally separate when we look at testing in children.

MS. FEINDT:

I believe the health centers did a lot of lead testing, but mostly I think it's private pediatricians at this point. It's about a 50% compliance rate.

CHAIRMAN SPENCER:

Do we get reimbursed? Do we bill?

COMMISSIONER TOMARKEN:

We don't do the testing anymore.

CHAIRMAN SPENCER:

We don't do it. Okay.

COMMISSIONER TOMARKEN:

We had coverage for our patients. The point of this is that it's a mandatory law by the State to have children zero to two years of age tested twice, but there's no way to enforce it. In other words, there's no master list of children that were born in the last two years and whether or not they've had testing. If they do get tested and the results are abnormal and they go to the State, the State notifies us, and Madelaine's group goes out and does their investigation.

I would point we have the authority, and we have done this, we have removed families and children from these homes if the landlord is not cooperative. And we have actually had -- gone to court, and at times we will pursue condemning the property so that other people can't move in. We work closely with DSS to find emergency housing if it's needed.

CHAIRMAN SPENCER:

Okay. All right. I'm wondering if that's something we could investigate, that that seems to be -- but if we have the responsibility, because I know that testing is mandated, but the mandate, there's provisions in the law under the Affordable Care that says that it should be compensated. I don't know if there's anything that we can investigate on the side to see if maybe we could be possibly reimbursed for those investigations. Just a thought, maybe it's pretty farfetched.

COMMISSIONER TOMARKEN:

I think a better way to approach it would be to advise all the pediatricians and primary care practitioners that they will get compensated and that people are entitled to this.

CHAIRMAN SPENCER:

Thank you. Thank you very much.

MS. FEINDT:

You're welcome.

MR. HIME:

Jason Hime, Associate Public Health Engineer, Supervisor of the Bureau of Drinking Water in the Health Department. I'll be brief. This is a very condensed version of the presentation we gave last Friday with Dr. Spencer and the Suffolk County Water Authority.

What role does Suffolk County Department of Health Services play in the regulation of drinking water. The Federal Government has the Safe Drinking Water Act, New York State takes primacy through the New York State Sanitary Code, and we also have our Suffolk County Sanitary Code that addresses lead in drinking water.

In Suffolk County, out of the 220, approximately, public water supply systems that we regulate, there are 29 community water supply systems required to comply with the Lead and Copper Rule in the New York State Sanitary Code that we enforce, and all of our major municipal systems and Suffolk County Water Authority are in compliance with the Lead and Copper Rule. I'll give a quick overview of some of the Suffolk County Water Authority results from last year in a second.

We do have two small systems that have exceeded the lead action level, and one small system that exceeded the copper action level, and they're all working towards compliance with the Lead and Copper Rule by installing optimal corrosion control treatment. And pictured in the presentation there are many different routes that lead is entering our drinking water, and one of the ways that most of our water supply systems are complying with the Lead and Copper Rule is by adjusting the PH, and it's a delicate balance. As you can see from the chart, PH is on the left-hand side. If they introduce too much of a PH adjustment increasing on the scale they can form a scale on the inside of the piping. If it's too low on the PH scale it can actually corrode and release some of the lead into the water supply. We have 11 non-community water supply systems, including three schools on the East End that also have to comply with the Lead and Copper Rule.

This is, you know, the Suffolk County Water Authority, our largest water supply system, serving somewhere between 1.2 and 1.3 million people, our residents, in Suffolk County. There's a brief overview of some of their results from last year that they collected under the Lead and Copper Rule. As you can see, about in the middle of the chart, the overall results spanned anywhere from non-detects up to -- the highest I see here is a 9.83, and that's in parts per billion. The action level is compared to a 90th percentile value shown in the next column over. That has to be below 15 parts per billion. So you can see all the testing that was performed last year was less than half of that action level, so they are effectively providing optimal corrosion control treatment for the reduction of lead and copper in their supply. And that's based on worst case sampling locations at

worse case sampling events where it's a first draw sample, the first water that flows through the tap after it's stood motionless overnight.

Where is the lead coming from.

LEG. CILMI:

Can I just stop you for a second? May I, through the Chair? Could you just back up a slide?

MR. HIME:

Yes, sir.

LEG. CILMI:

Just out of curiosity, why does it appear to me that Fire Island is an outlier in terms of that number?

MR. HIME:

I can't explain that based on this data set at this time.

LEG. CILMI:

Okay. I mean, is that cause for concern? I mean, I recognize that it's well below the threshold that you set, where that is set, but it still seems significantly higher than the other ones.

MR. HIME:

This could be the result of two homes that were sampled on Fire Island. It appears that the highest result on this table from 2015 monitoring was a 9.83, which again, the highest result still below that 15 part per billion action level.

LEG. CILMI:

Right.

MR. HIME:

And then the 9th percentile, 7.26. I couldn't speak to the source of these.

LEG. CILMI:

Okay. Thank you.

MR. HIME:

So where is the lead coming from. Typically even across the nation lead is typically not found in the source water in appreciable quantities. It's more of corrosion of internal plumbing, lead service lines, lead solder. Some of these recent exceedances that we've had were from 50% lead solder that had been used in plumbing repairs or modifications. We've heard of certain issues where people are putting in faucets that aren't compliant with the 2014 Reduction of Lead in Drinking Water Act. It may be coming out of Europe, high end faucets. Also brass. Lead can also come out of brass.

So a history about regulation. President Reagan in 1988 introduced the Lead Contamination Control Act, and this at that time directed states to establish programs to assist educational agencies to remedy lead problems. Unfortunately, in 1996, that Lead Contamination Control Act was overturned, and therefore the implementation has been left up to the State's discretion. Some of our research recently indicates that most states have voluntary programs for schools to go out and collect samples for lead. In New York State it is still a voluntary testing program for the schools and childcare facilities.

The EPA has come up with several documents that they've published online. The one on the left is called the Three T's for reducing lead in drinking water in schools. It's over a 100 page document. And there's another one that I show on the right, a smaller document, but it provides best management practices for schools on reducing, you know, exposure to bacteria from the drinking water supply as well as lead, and it provides some specific guidance to the schools on maintenance that they can take -- measures that they can take.

So what have we done in Suffolk County Health Department. We've sent out over 200 letters to educational institutions in Suffolk County informing them of this voluntary testing program and providing them with a link to the Three T's guidance document that the EPA has published. We've sent out 69 e-mails to those educational facilities. Last week we had the Drinking Water Forum with Dr. Spencer and Suffolk County Water Authority. We've done outreach to our public water suppliers and their consultants, just to try to get the message out there to the schools about this voluntary testing program.

A brief overview of the Three T's. The Three T's stands for training, testing and telling. They want the schools to understand what their plumbing system components are made up of, how that lead leeches out of the plumbing components into the water supply and what the health effects are. The testing portion, they want the schools to come up with a plan and a procedure and remedial actions and then practices to get the message out there to the employees and the parents of the students. Right now the schools are deciding where and when they can test under this voluntary program. They can look to Suffolk County Department of Health Services, our staff, and the public water supplies for additional guidance.

What are some of the possible remedial actions that the schools can take. In the Three T's guidance they talk about cleaning the aerators because bits of lead solder can actually break off inside the plumbing and collect on the underside of the aerator, as shown in the top photograph here. We are advising them to only use cold water in the schools for consumptive purposes. I think that we need to get that message out there to the public to ensure that only cold water is used for food and beverage prep. Implement flushing programs, even residents at their homes, and then these school facilities should be flushing their taps prior to use, especially after long, extended school vacations and, you know, weeks off for winter break, spring break. An interim measure in the event that they find lead over the action level, the lead action level on the EPA documents for the schools is 20 parts per billion. They're saying they should placard the sinks and the water should not be used from those taps or the school can provide bottled water in the interim. Permanent remedies; flushing again, replacing the outlets, replacing the piping components and so on. And that's all I have.

CHAIRMAN SPENCER:

You have those -- the full presentation available? Can that be placed on our T drive for my colleagues to see? The slides and the presentation that was given, I got feedback from the superintendents that were there and they describe the information as being extremely vital. Each of them said that it influenced really how they were going to implement their policies moving forward based on the information from this. It was two hours, and it could not have been more effective, you know, public service that we were able to do. So I was so proud. I was really definitely proud to be part of the department. You did a fantastic job. And so I just would encourage my colleagues to reach out to your superintendents and let them know that we have this program. I have Legislator Fleming and then Legislator Trotta.

LEG. FLEMING:

Thank you, Doc, and thank you for sponsoring that. I know we -- my office found it to be very helpful, too, and I think the schools did as well. It's so important.

I have a question with regard to the schools, excuse me, and I think water fountains are getting to be a little passe, and I don't know if that's true or not. I know a lot of schools that I go to now have a different set up. They have where you can put your -- you know, because we all carry our own water with us now. Back in the day everybody used the water fountains. And I had read, I don't know if it's true, that some of the lead concerns are aggravated by the fact that these water fountains are not being used very frequently. And I don't know if that's true or not and if you've had any feedback from the schools on that and if there's any way we can be supportive of efforts to encourage people, as you said, use bottled water if there's a concern. I just don't know what you've seen in terms of what people are using these days as water fountains in the schools.

MR. HIME:

I think it varies from school to school. I think there's probably still locations out there that have the bubblers or the water coolers. Lack of use certainly could cause increased concentrations of contaminants, one of them potentially being lead. It all really depends on the construction of the unit itself, the year constructed. As I said, there was a recent, under President Obama, there was a 2014 Reduction of Lead in Drinking Water Act that took the concentration of lead in plumbing components from 8% down to 0.25%. So I would imagine that any replacement plumbing fixtures would have less of a potential to leach elevated concentrations of lead into the water supply. So as far as what's out there in the hundreds of schools across Suffolk County, unfortunately I couldn't say.

LEG. TROTТА:

In the case of East Northport or the Northport schools, how is that found and what do they do to fix that?

MR. HIME:

I'm not intimately familiar with that investigation. I understand that they may have hired a consultant to collect samples. I did get a chance to view some of the results, but without knowing the testing procedure that they took and whether follow-up flush testing was done -- and I'm not really intimately familiar with what remedial measures they took at that particular school, so I'm sorry, I can't answer that question.

CHAIRMAN SPENCER:

Legislator Martinez.

LEG. MARTINEZ:

Thank you. Just a quick question. How often are schools mandated to do testing?

MR. HIME:

At this point it's still a voluntary program in New York State. We understand that there was a bill in the New York State Senate that I believe passed today and that is looking to require schools to test. So at this point there is not a mandate for testing and we have reached out to the EPA and the State Health Department about recommended frequencies for testing in the schools, and at this point there is no recommendation.

COMMISSIONER TOMARKEN:

The bill would require annual testing and then if there were problems, more frequently.

LEG. MARTINEZ:

Thank you.

LEG. TROTТА:

If they do test and it comes up positive, they have to report it to you?

MR. HIME:

At this point it's still a voluntary program and they're not required to notify --

LEG. TROTTA:

There's no requirement for anything for lead testing in schools or anything like that.

MR. HIME:

That's correct.

LEG. MARTINEZ:

So if found, they don't have to report it.

MR. HIME:

Under the voluntary guidance and the EPA guidance, that guidance document includes a lot of information about, again, training, testing telling. So one component of that is reaching out to the employees and the parents and the students to educate them to take corrective measures in the event they exceed the action level in the guidance document, which is 20 parts per billion of lead.

COMMISSIONER TOMARKEN:

The answer to your question is no.

CHAIRMAN SPENCER:

So again, thank you. This was very good. Thank you, Commissioner, for responding to, you know, me looking for information and looking for what we could do. And I put out the call to the Commissioner and saying that, you know, we had that crisis in a couple of our school districts and to put this together and work with Suffolk County Water Authority. I really, you know, with the responsibilities that you have, this was going above and beyond.

COMMISSIONER TOMARKEN:

We made it clear, as you noted in the meeting, that school districts can contact us at any time for advice and guidance and we'll be more than happy to help them deal with this issue.

CHAIRMAN SPENCER:

Thank you. So I have no other business before this committee today, so if everyone else is clear, then we stand adjourned. Thank you.

*(*The meeting was adjourned at 3:20 p.m. *)*