

**HEALTH COMMITTEE
OF THE
SUFFOLK COUNTY LEGISLATURE**

A regular meeting of the Health Committee of the Suffolk County Legislature was held in the Rose Y. Caracappa Legislative Auditorium of the William H. Rogers Legislature Building, 725 Veterans Memorial Highway, Smithtown, New York on Thursday, July 21, 2016 at 2:00 p.m.

MEMBERS PRESENT:

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

EXCUSED ABSENCE:

Legislator Monica Martinez

ALSO IN ATTENDANCE:

DuWayne Gregory - Presiding Officer
George Nolan - Counsel/Suffolk County Legislature
Sarah Simpson - Assistant Counsel/Suffolk County Legislature
Amy Ellis - Chief Deputy Clerk/Suffolk County Legislature
Craig Freas - Budget Review Office
Michael Pitcher - Aide to the Presiding Officer
Elizabeth Alexander - Aide to Legislator Spencer
Liz Sutton - Aide to Legislator Fleming
Chris DeLuca - Aide to Legislator Cilmi
Ali Nazir - Aide to Legislator Kennedy
Alyssa Turano - Aide to Legislator Hahn
Dr. James Tomarken - Commissioner/Suffolk County Department of Health
Jen Culp - Suffolk County Department of Health
Katie Horst - County Executive's Office
Anne Nolon - CEO/HRH Care
Allison Dubois - COO/HRH Care
James Sinkoff - CFO/HRH Care
Michael Arens - Asst. VP of Government and Community Relations/Stony Brook University.
Dr. Shmuel Einav - Research Professor of Biomedical Engineering/Stony Brook University
Becky Wiseman - Suffolk County Wellness Program Appointee
Dr. Carmine Vasile
All Other Interested Parties

MINUTES TAKEN BY:

Lucia Braaten - Court Stenographer

*(*The meeting was called to order at 2:12 p.m. *)*

CHAIRMAN SPENCER:

Good afternoon. So it's getting started a couple of minutes late. We do have a very rich agenda, so we're going to be efficient and expedient, but we have some -- a lot of important information. I'm going to ask if we could please stand for the salute to the flag, to be led by our Presiding Officer.

*(*Salutation*)*

Welcome to the Health Committee. And I do feel in our tradition, I always ask for a moment of silence for all those men and women who are serving this country both home at abroad, but also the 11 officers that were killed or murdered this week, and as well as for the unnecessary violence and deaths that have occurred around this country. And we want to pray for those things that unite us and not the things that divide us. So if we could have a moment of silence, and if you could stand one more time, please.

*(*Moment of Silence*)*

So as far as with a couple of brief announcements, there is a declared blood shortage in New York State area as a result of decreased supplies. If there was ever an Orlando situation, we would not be able to meet the needs. There is a blood drive happening today at Centerport Fire Department. If you donate, you get two Mets tickets, everyone that donates. So, if you can, if you don't do this one, please donate as soon as possible.

Also, Legislator Monica Martinez has an excused absence.

We have our Public Portion. I have one card, that's Dr. Carmine Vasile. Dr. Vasile, if you wouldn't mind coming to the podium. You have three minutes to address the committee on anything that you so choose. I see that you are talking about lead, is my understanding. Good morning -- good afternoon, I mean.

DR. VASILE:

My name is Carmine Vasile. I'm from 60 Herbert Circle in Patchogue. The Three Village Water District -- School District, they've gone into the water vending business. According to this notice that was sent to Three Village parents, they're installing filter -- yeah. They're installing filtered water bottle filling stations at the -- at each elementary school and will conduct district-wide testing. Now the problem with this is that there is no -- the FDA doesn't regulate bottled water, and the water in the Three Village area has got a lot of radium in it -- radon, radium. Now I base this statement on this recent water quality report. It lists all the radionuclides in all the water districts, and the Three Village system is in Area 4.

Now, unless you put aeration before these bottling stations, the radon is a gas, it comes through and then it regrows the radioactivity in the water bottles. And these kids are going to be filling their water bottles, covering them and they'll be sitting. In about 30 minutes, you'll have Polonium-18 equal to the level of Radon-22. In three to four hours, you've got lead -- you've got Polonium-214, Lead-214, Bismuth-214 all in equilibrium. So within five hours, you've got five times the incoming radiation. So you have to put an aeration system before these bottling stations.

And there's an article here, its measurement of Radon-222 and Lead-210 in bottled spring water, and this University of -- Clemson University, they took sample -- bottled water samples from Europe and the United States and they found enormous levels of radiation in it. So bottled water is not protected by the Safe Drinking Water Act. So to protect the kids, you know, maybe you guys could put, you know, regulations on it and require the proper testing.

Now this is especially important in the Moriches Water District, because they're south of BNL. And according to the Water Quality Report, they had a 2011 Water Quality Report, they have Lead-210, 856 picocuries per liter. That means they've got polonium at that same level, and that's way above the MCL of 15. So the schools in Center Moriches definitely need to test for Lead-210.

CHAIRMAN SPENCER:

Mr. Vasile, thank you. Your time is up. You do make a very important point, and I plan to reach out once again to our engineers in Suffolk County, Department of Health, and also in the Water Authority. I know you have been a passionate advocate of this issue for a long time. Please leave a copy of that information that you're sharing with us, and I will make sure that you get some follow-up, and try to do what we can to address this.

DR. VASILE:

Okay.

CHAIRMAN SPENCER:

Thank you.

DR. VASILE:

I also want to leave this. When Legislator -- Congressman Zeldin took office, he's in my district, I went to him and gave him a petition based upon radon tests at my house. I gave it to him in February. They don't understand it, they have not acted. So I'd like to leave it.

CHAIRMAN SPENCER:

Sure, appreciate it. Legislator Kennedy has a question for you.

LEG. KENNEDY:

Good afternoon, and thank you for coming out. Whoop, hello.

DR. VASILE:

Oh, I'm sorry.

LEG. KENNEDY:

No, that's okay. My -- first, I have a statement. You are aware that we at the Suffolk County Legislature do not control school district decisions?

DR. VASILE:

I understand that.

LEG. KENNEDY:

So have you gone to the Boards of three -- those two school districts and discussed this?

DR. VASILE:

It's like a fortress, you can't get in. I went to Moriches. I called Three Village when this came out and they don't call back, and --

LEG. KENNEDY:

Can you -- you can attend a school board meeting and do the same thing you do here, fill out a card and ask to speak. But I would put the same thing that you just gave to us and the paperwork you sent out in writing with a cover page, a cover letter, and I would send it to each of the school districts.

DR. VASILE:

I did it for the Northport District, no response.

LEG. KENNEDY:

Okay. But didn't you say two eastern districts was what you were talking about?

DR. VASILE:

I went to Moriches, they haven't tested the lead yet. So once they get that, then I'll do that. But this is a health issue, because these children are going to be bringing this water home. So if the State is in -- is in the business of making bottled water and these kids are going to be filling these bottles up, the County should have a concern over that.

LEG. KENNEDY:

Oh, there's a concern. Dr. Spencer is going to go forward with your information and present it, so that we can get an answer back. And let me ask one other question. The aeration prior would prevent bonding? What is -- what is the purpose of the aeration prior?

DR. VASILE:

The aeration gets rid of radon. Radon is a gas.

LEG. KENNEDY:

Yes.

DR. VASILE:

So it gets rid of the radon.

LEG. KENNEDY:

Oh, it --

DR. VASILE:

Okay? It vents it outside.

LEG. KENNEDY:

It vents. Okay. Thank you.

DR. VASILE:

And then the filters in the station will get rid of everything else.

LEG. KENNEDY:

Got it. Thank you.

CHAIRMAN SPENCER:

Thank you. That's all the cards that I have. Anyone else wishes to be heard? Seeing none, we're going to close the public comment.

I would like to take a couple of resolutions out of order. One, we do have an appointment, Becky Wiseman, for the Wellness Program. Becky, would you please come forward and just -- you could stand at the podium if you'd like, or sit at the table, that's fine.

So, Becky, thank you so much for taking the time to be here. We try to be considerate when we have people who are taking the time to come before us to get you out as quickly as possible. We do have your resume, but if you wouldn't mind just taking 20 seconds just to tell us who are, where you're from, and any other introductory remarks.

MS. WISEMAN:

Thank you. Thanks for having me here and for considering the appointment to the committee. I work for Cornell Cooperative Extension. I coordinate their Agriculture Stewardship Program, working with the farmers on farm projects to increase and expand their conservation programs. So it's all -- my work is really targeted towards sustainable agriculture.

And my past history is I am also a licensed Clinical Social Worker, which sort of presents two sides of my background in agriculture and in health care.

CHAIRMAN SPENCER:

Well, I think the vision here is that prevention, obviously, is something that can help protect our productivity. It looks after the health and welfare of our employees, and we really appreciate your helping us in that mission. If you'd stay right there for a moment.

I'm going to ask for a motion to take **1657 (Appoint member to the Wellness Program for County Employees (Becky Wiseman) (Lindsay))**, out of order. May I have second to the motion?

LEG. FLEMING:

Second.

CHAIRMAN SPENCER:

Second by Legislator Fleming. All those in favor? Opposed? Abstentions? We now have a resolution before us. I'm going to ask for a motion to approve.

LEG. KENNEDY:

Second.

CHAIRMAN SPENCER:

Second by Legislator Kennedy. Any other questions? All those in favor? Any in opposition? No abstentions? **(Vote: Approved 7-0-0-1-0/Excused Absence: Legislator Martinez)**

All right. So, Ms. Wiseman, you've been approved by this committee. The final approval comes before the full Legislature on Tuesday. You don't have to appear. I anticipate there will be no issues. Thank you very much for your willingness to help us and do public service, we really appreciate your time. Have a good day.

MS. WISEMAN:

Thank you so much.

CHAIRMAN SPENCER:

Thank you. All right. We also have Dr. Tomarken, who will be with us shortly. But there -- I do have my Presiding Officer, and he has made a request, as our Deputy Presiding Officer, that there's resolution relating to the health centers. What's the number of that resolution?

D.P.O. CALARCO:

1646.

CHAIRMAN SPENCER:

1646. Legislator Calarco has asked for a motion to take that out of order. All those in favor? I second the motion. All those in favor? Opposed? Abstentions? **(Vote: Approved to take out of order 7-0-0-1-0/Excused Absence: Legislator Martinez).**

Okay. We have **1646** before us (**Amending Resolution No. 1114 -2015, in connection with a new Patchogue Health Center (CP 4087)(Co. Exec.)**).

So we do have some members here from HRH. And, you know, I think we've gone through this before. I don't know if we need like a formal PowerPoint presentation just because of everything that's going on, but if you'd like to give us some introduction. Jen, if you'd like to come forward.

While she's coming forward, I have looked at this and I do believe it is something that's appropriate. Legislator Calarco, would you like to make a motion to --

D.P.O. CALARCO:

I make a motion to approve, yeah.

CHAIRMAN SPENCER:

A motion to approve. Legislator Gregory, would you like to second the motion?

P.O. GREGORY:

(Nodded yes).

CHAIRMAN SPENCER:

All right. We have the motion approved and seconded, so now for discussion. Jen, welcome. It's always good to see you. And I think that we kind of know the vision, the mission, the ins, the outs, the grants, so I don't think we have to necessarily do that. If you want to specifically just speak to what we are doing here and why we are doing it, and what you're asking us for, then I think we can handle the matter expediently.

MS. CULP:

Sure. Thank you, Legislator Spencer. As you're all well aware, the County has successfully transitioned its health center network to a Federally Qualified Health Center, Hudson River Healthcare. With seven of those transitions, while HRH has assumed the operations of the health center, the County has maintained financial responsibility for the physical space.

The current Patchogue Health Center is in an area that we are not able to expand needed services, so HRH is here today to present the proposed new location.

As a reminder, HRH was awarded capital funds through the New York State Delivery Service Reform Incentive Payment Program, or DSRIP. DSRIP's purposes is to restructure healthcare delivery system by reinvesting in the Medicaid program, with the primary goal of reducing avoidable hospital use by 25% over five years. DSRIP requires the local match, which is why we're here to discuss today while it's before all of you. So now I'll turn it over to HRH if you have any questions.

CHAIRMAN SPENCER:

And, once again, we did know about the grant. In fact, I think that my last comment was like, "What are you waiting for to do this?" So I know, I think -- I'm very excited that you have found a suitable location, and if you -- you know, again, just we're very much familiar with the mission, but just with regards to this location, does it meet your needs long term? You know, we're getting it for really half price, since we have the DSRIP grant, and so this is an opportunity for us to really be good stewards of the taxpayers' money and provide a very important service. So please.

MS. NOLON:

Thanks so much, Dr. Spencer and the Committee, for acknowledging that, and also inviting us back to be able to give a very short presentation and update as to where we stand with the Patchogue Health Center.

As a means of introduction, I will say we made a commitment that we would work with Legislator Calarco, with the community in identifying a place that was off of Main Street. We made that commitment to the whole Legislature a few years ago, and we had worked diligently to -- through a process with New York State and with you, and, thankfully, you came forward with an appropriation of a match. We applied for the dollars under the Delivery System Reform, the DSRIP Program of New York State, under a special capital fund that they proposed. We were extremely successful, the most successful FQHC in the State in terms of the capital dollars that we acquired, most of which is for Suffolk County, and that was truly with your support. It impacted Wyandanch, Patchogue and Brentwood. And so this match that the County has appropriated will go towards half of the cost of the renovations of this particular site.

We -- in terms of our location of this site, we took under consideration anything that was available in the community, searched through both community linkages with partners and with the -- with Real Estate, with the County, looked everywhere, and identified only one site that met the criteria for this move. We were looking for between 25 and 30,000 square feet, and for expansion a little bit more would have been very doable. And we located this single building that had -- met the specifications. And I would like for others to talk a little bit more about the detail. You can ask questions of me or anyone else. But I just wanted to begin by saying thank you, and that's the summary of where we are and why we're there.

CHAIRMAN SPENCER:

So with this particular location, how does it fit as far as your size needs, but also for the ability to expand to accommodate future services?

MS. NOLON:

This is approximately an 80,000 square foot building with a lower level that is not very usable. However, the footprint of 29,000 square feet on the first floor is very appropriate for the health center. There are improvements that have to be made throughout the whole building in order for us to get a building occupancy. There is 48,000 that is as-of-right developable without any other -- going through any other planning process. And we're taking a look at just the footprint of the health center and then those renovation needs for the whole building that will impact on our being able to get the Certificate of Occupancy for the first floor for the health center.

CHAIRMAN SPENCER:

And with this existing building and the renovations, usually what becomes an issue with these transactions would be the previous -- if there was previous industrial use, if there was any potential for any plumes to be on the soil or in the property. What was the building used for before? It was the old Verizon building?

MS. NOLON:

It's currently being used as the Verizon --

CHAIRMAN SPENCER:

Verizon building. So there are no oiled cooled lines, or there's no potential? I mean, who's -- has there been an engineering survey? It's usually -- the things that wind up turning these situations into nightmares is finding out that there's asbestos, and in looking at the remediation, that that usually causes a cost to actually become untenable. So have we assessed that in terms of any potential toxic cleanup, either on the land or in the building itself?

MR. SINKOFF:

So there's been a Phase I Environmental that was done I think about four, maybe five years ago. So that document, which will be updated, came back really quite positive. We, of course, will do a

more thorough environmental on the inner space. But we know that when Verizon took over the building, they did a pretty major remediation of the site and the building itself, and it's currently being occupied by Verizon employees. So we do need to do an update, but we feel pretty good about not running into a lot of environmental problems with the building or the site.

CHAIRMAN SPENCER:

So that would be really important, because that's a game changer, and that typically would really change the whole scope of the project, if that was the case.

The other thing that's important, Verizon versus a health center, where you're talking about medical sanitary flow, is it a sewer location? What's the current sanitary -- is there cesspools there, sewers?

MS. DUBOIS:

That actually was the difference that Anne was talking about, the 48,000 usable square feet in the building, is because that's what the infrastructure can support in terms of the septic system and the waste management.

CHAIRMAN SPENCER:

So it's the septic system right now?

MS. DUBOIS:

Yeah.

CHAIRMAN SPENCER:

So that's obviously -- you know, because that's a major priority for us in Suffolk County. And so for us to do a major facility or building and not have either an appropriate STP or sanitary flow technology kind of goes against our mission of what we're trying to do. You know, it would make us completely hypocritical, where we're going to go back and we're going ask developers and businesses later on to make sure that -- I mean, you know, we can imagine. I mean, that's a concern.

Again, I strongly support this, but these are questions that I think we should have answers to, you know, that -- where you got 48,000, because that's what the cesspool will handle. That doesn't do anything for our nitrogen reduction and our water quality mission moving forward, so that one is something that's probably a bigger concern.

I don't know if there's something that we could do. We're purchasing the building and we're updating our Article 19, where we could look at putting in some sort of STP in the system to where we're not -- in the building where we're not relying on a cesspool. That's pretty -- you know, pretty concerning, especially with what -- you know, what we're into. So that would be my concerns.

Are there any questions from any members of the committee? Legislator Kennedy.

LEG. KENNEDY:

Good afternoon. First, I'd like to congratulate you. You're doing a marvelous job from everything that I hear. One thing I will say is that I find it disturbing that the neighbors don't want a health care center on their Main Street. That kind of goes against everything that I believe, but that's another story. I -- who wrote the DSRIP grant, the County or you folks?

MS. NOLON:

We wrote the DSRIP grant.

LEG. KENNEDY:

Well, congratulations. That's a great thing that you're doing that, and writing grants to bring money in to service. And I am aware that the requirement is matching funds.

I will tell you what my concern is. My concern is the County of Suffolk just dropped a point on their bond rating because of our excessive debt. I look at this as if I was a bond rating agent, or whatever they were called. We're investing \$7.5 million into a building we don't own. And there are tremendous arguments that this will save us money 30 years from now, but I'm having a problem right now. And as a nurse, to say no to health care, it's breaking my heart, but I am going to have to vote no on this.

So I -- again, I really believe you serve an excellent purpose, you're doing an excellent job. The building looks perfect. Yes, you have to get a waste treatment facility eventually, and I'm sure DSRIP will give another one, and maybe by that point we'll be in better financial shape to do the other 50%. Thank you.

MS. HORST:

Legislator, if I might just address --

LEG. KENNEDY:

Jump in, Katie.

MS. HORST:

-- one of your concerns. If -- Budget did some quick numbers, and if we were to stay in our current space in Patchogue, over the life of this bond, it would cost us 16 million dollars.

LEG. KENNEDY:

What are you estimating the life of the bond is?

MS. HORST:

Fifteen years.

LEG. KENNEDY:

And how are we going to pay for that, Katie? Which employee is not getting paid?

D.P.O. CALARCO:

I think the point is, is --

MS. HORST:

The point is the life -- the bond would cost us over 15 years about just -- about just over 10.5 million.

D.P.O. CALARCO:

So we are paying close to a half a million dollars a year for the location that we're at right now where we're leasing a facility. So the point is that I think that Katie is trying to express here is that by doing this project and investing in this bond, which it will have some debt service cost over the 15 years of the life span of the bond, if we go 15 years, which I know the Comptroller is very aggressive about paying our bonds off in a very efficient fashion to save us even more money, it is a substantial amount of savings compared to paying the half a million dollars a year in rent for a building that we don't own. That irregardless of whether or not we were to even move from that facility, it needs an extensive amount of work. We actually had the health center at one point in time get shut down for a day because the wastewater problems coming from it. So we have major problems at that building where it is located right now. And even if we were to decide that we're

going to stay there and we think that site is the best site in the world, which I will have that argument at another time, it would cost us a substantial amount of money investment in the renovations, as well as the rent that we're paying on it, because that property owner is not selling to us any time soon.

LEG. KENNEDY:

Thank you, Rob, I understand that. Do we have any kind of FIS for this, or even a 15-year bond payment? Anything?

MR. FREAS:

I don't have the County Executive's fiscal impact for this bill yet. I did take the liberty, when the bond was filed this morning, of calculating a bond cost for this. Assuming a 15-year default maturity, total debt service will be about 9.6 million on the 7.5 million, and annual debt service will run about \$640,000 starting in 2018. I would point out that in addition to the half million dollars, we do -- you know, we have property tax on there, LIPA and water, and we -- and that there is a precedent for the arrangement that was actually sponsored by the previous Legislator Kennedy for the Psychiatric Emergency Program refit and rebuild at Stony Brook.

LEG. CILMI:

Mr. Chair.

CHAIRMAN SPENCER:

Legislator Cilmi.

LEG. CILMI:

Thank you. Through the Chair to Katie, I just want to make sure I understand this. So we're paying "X" amount of money per year to be in the location that we're in now. How much is that?

MS. HORST:

That's rent, property taxes and utilities, I believe, and, Jen, you might be able to have this answer, over 650,000?

MS. CULP:

The DPW estimate for lease and tax payment for 2016 is about 653,000.

LEG. CILMI:

So, all right, lease and tax is 653,000, and that's in -- and we don't own that building, obviously, otherwise we wouldn't be leasing it.

MS. HORST:

Correct.

LEG. CILMI:

And we can -- there's no reason to assume that that cost would go down at some point in time, right?

MS. HORST:

There's a 3% escalator for the remaining time on the lease, and once the lease is up, that goes up 150%.

LEG. CILMI:

Okay. And if we -- if we approve this, the bond today --

MS. HORST:

Just to clarify, what's before you today is amending -- amending legislation in the appropriating resolution.

LEG. CILMI:

Okay.

MS. HORST:

The bond will be before you on Tuesday.

LEG. CILMI:

Right, okay. So -- but we have an opportunity to discuss the bond now.

MS. HORST:

Absolutely.

LEG. CILMI:

So let's -- why don't we just do that?

MS. HORST:

Absolutely.

LEG. CILMI:

Because I think the resolution that's really before us is somewhat inconsequential, right?

MS. HORST:

I think it's just SEORA language.

LEG. CILMI:

Yeah. So, Craig, what did you say our annual debt service would be?

MR. FREAS:

About \$640,000. There would be a variation between our -- the way we calculate it and the way that the Executive Budget Office would calculate it. They typically use level debt service, we use a slightly different method, but it would be 600 -- if we use our method, it would be 642,000 and change, and that generally goes down over the course of the bond slightly.

LEG. CILMI:

And would there be any other costs associated with this, any other significant costs that we don't have now?

MR. FREAS:

I don't believe so.

D.P.O. CALARCO:

It's probably a better question for HRH to answer in terms of the agreement that we have. What would -- other than -- other than the cost of this bond to the County. Is there any other costs associated with this building once you're in?

MR. SINKOFF:

That would be County cost.

D.P.O. CALARCO:

That would be County cost.

MR. SINKOFF:

No.

LEG. CILMI:

So what I'm getting at is if we're currently paying \$650,000 or so in lease and taxes, and we would be paying roughly that in debt service, of course, then we would own the -- we would own this building, right?

LEG. KENNEDY:

We don't own the building.

LEG. CILMI:

We do not own the building. Hudson -- okay. HRH would own the building. After, after we've paid for the building, do we -- do we have -- are we responsible for maintenance? You know, I'm not talking about day-to-day maintenance, but if there are things that happen with the building itself, the structure, that need to be repaired, or whatever?

MR. FREAS:

In this case, no.

LEG. CILMI:

In this case, no.

MR. FREAS:

Not with this building.

LEG. CILMI:

Why not.

MR. FREAS:

Because it's going to be HRH's building, as opposed to say Riverhead Health Center, where there might be a little more cost sharing between the two parties, but here, no.

LEG. CILMI:

Okay. So somebody's going to have to explain to me why would we -- why we would be against this. I don't understand. I understand that, but if somebody's against it, I want to understand why, because I'm missing it.

LEG. KENNEDY:

We're not sure. We don't have a Financial Impact Statement.

CHAIRMAN SPENCER:

But one is guaranteed money.

LEG. CILMI:

Wait. You guys should be speaking on the record.

CHAIRMAN SPENCER:

We should be speaking on the record. Legislator Kennedy.

LEG. KENNEDY:

Without an actual Financial Impact Statement -- I mean, technically, we could vote for this bill, but I'm taking this and the bond as one thing in here. I have no facts. I am sitting here guessing. I heard our side of the story. I haven't heard what the other Budget Office stakes will be, so it's voting blind. And I'm not comfortable unless I see that I'm saving money down the line.

LEG. CILMI:

Mr. Chair, I mean, I recognize that we're not voting on the bond today.

CHAIRMAN SPENCER:

Right.

LEG. CILMI:

I would just say that if -- you know, if --

CHAIRMAN SPENCER:

That's --

LEG. CILMI:

I think that's an issue that we have to deal with, I guess, before Tuesday.

CHAIRMAN SPENCER:

Right.

LEG. CILMI:

It just seems -- it seems to me that if we're going to be paying less money, or roughly the same amount of money --

CHAIRMAN SPENCER:

Is it possible that we can have the rest of that information before Tuesday, the other analysis from the Budget Office?

MS. HORST:

Absolutely.

CHAIRMAN SPENCER:

Okay. Well, that's fair enough, and we'll wait for that. I mean, we either -- I think we can pass this. The bond is another issue, and I think that financial information is important on that.

LEG. CILMI:

Right.

CHAIRMAN SPENCER:

So we have a motion and a second. I'm going to call the vote. All those in favor? All those opposed?

LEG. TROTТА:

Opposed.

CHAIRMAN SPENCER:

Any abstentions? Okay. The motion carries. **(Vote: Approved 6-1-0-1-0/Excused Absence: Legislator Martinez)**

Thank you HRH. And thank you, Jen, and we really appreciate it. Congratulations, really, on the grant, and the fact that we're leveraging by bringing in this grant. That's really what makes it a no-brainer.

I am going to ask one question, Jen. You know, I understand HRH is now having this. We're using public funds. We're giving them this building to perform this function. You guys seem robust and strong. You know, if there is a situation where you dissolve, or for some reason -- you know, I'm just curious. Does the County have any attachment to this asset that we're using County public funds for? Does that somehow revert to us? I mean, I know it's yours, we're giving it to you, but it seems like it should be for the -- still, it's of the public use. So if HRH goes -- is there any sort of provision in that lease or -- I mean, in the mortgage or --

MS. SEIDMAN:

One of --

CHAIRMAN SPENCER:

Deed. I'm sorry, that's what I'm looking for.

MS. SEIDMAN:

One of the amendments that we made was requiring documentation. So for the life of the bonds, the County is going to have a property interest.

CHAIRMAN SPENCER:

That's what I'm looking for. Very good.

MS. SEIDMAN:

We can't use them at this point.

CHAIRMAN SPENCER:

Thank you. Thanks for being here.

LEG. TROTТА:

Wait a minute. I have a couple of questions. What does that mean?

MS. SEIDMAN:

It just means that we -- they cannot do anything with the building without the County's permission, so to speak. We have a right of entry into the building, we have a property interest.

CHAIRMAN SPENCER:

There can't be an HRH golf course, and they can't turn it from --

MS. SEIDMAN:

So -- and that's a requirement for bonding that we have, and we do it all the time with affordable housing.

LEG. TROTТА:

Are they putting up any money of their own, or is this all a State grant and a County grant?

MS. SEIDMAN:

Well, it's their grant. I mean, that's what it's for.

LEG. TROTТА:

But it's a grant.

MS. SEIDMAN:

Correct.

LEG. TROTТА:

So why can't my hospital come in here and ask this County Legislature for \$7.5 million?

MS. SEIDMAN:

Well, if they want to give us or put up \$7 million, maybe we could enter into some transaction with them. HRH put itself forward. They're already providing --

LEG. TROTТА:

No, it's taxpayer money.

CHAIRMAN SPENCER:

We're not going to have this discussion now. We passed the resolution. I do think that's an important point, but I know I have some presenters that are waiting, and I'm just going to take that offline, if I could. But I do think it's important that we understand that, so if you could make sure we have that information. Thank you. So I took those two resolutions out of order. Dr. Tomarken is not here.

Today I'm very privileged that we have our partners at Stony Brook University that are doing some fantastic things. I had a -- the opportunity recently to go out and tour their medical technology facility, and some of the things that they are doing is going to basically increase our ability to make early and accurate diagnoses. It's taking advantage of virtual technology. It's taking advantage of just technology to see medicine in a whole new light. And we are at a point where I've asked them to come in and give us an overview of kind of what they are doing. And I really encourage all of my colleagues, make an appointment, go out there and take a tour.

So we are joined today. Michael Arens, Assistant Vice President of Government and Community Relations from Stony Brook, who's here. But presenting and at the table is Dr. Shmuel Einav.

DR. EINAV:

Einav, yes.

CHAIRMAN SPENCER:

All right, who's Research Professor of Biomedical Engineer, Center for Excellence and Information Technology. So welcome, Doctor. Thank you. Dr. Yacov Shamash is the Director and the Vice President for Economic Development, but Dr. Einav knows this very well. And it's nice to see you again. And you are in for a real treat, so please pay careful attention to this presentation. Doctor, thank you.

DR. EINAV:

Okay. Thank you, Dr. Spencer, and thank you, the Committee. How much time do I have for the presentation?

CHAIRMAN SPENCER:

Usually, we have for the presentations for this committee, we have for about ten minutes. But in your particular case, this is so important, that we're hoping maybe 15 to 20.

DR. EINAV:

That's fine.

CHAIRMAN SPENCER:

And then there's questions. Okay, thank you.

DR. EINAV:

Okay. So as Dr. Spencer said, I am a Professional Biomedical Engineer in Stony Brook University, and I'm also the Director of the Health Care and Medical Technologies Division of the Center of Excellence for Wireless and Information Technology. All of that is part of the new Research and Development Park next to the University, and you're all welcome to visit, as Dr. Spencer did. And I can hear that you were very much impressed.

CHAIRMAN SPENCER:

Wow, wow.

DR. EINAV:

The general theme of what we do now in medical technologies and healthcare is personal medicine. We build technologies. We put some software and some other directions that will fit each one separately. Rather than having something that will fit everyone, the medical care now looks for every patient independently, and the technology is helping us to do that.

So the -- if I look on the medical technologies, on the history of medical technologies, we started from an orthopedic pulse, and starting from nails in broken bones and things like that, but we have evolved from that. The next step was, of course, cardiac monitoring, because there were so many cardiac patients. A Computer Augmented Rehabilitation, RFID Tracking, and everything in the Remote Patient Monitoring is geared to the home health care and the long term disease management. We try to give the patients as minimum amount of days or as minimum time as possible in the hospital or the care facility, and we try to keep them as long as possible in their home, in their home environment.

We are looking into Remote Diagnostic Evaluation, and then I can give you an example. About half of the world population never had any EKG scan. And why they don't have the EKG? They are afraid, because if it's abnormal, they will need to be treated, and I'm telling you real stories. How can we monitor? We are trying to develop technologies that you can be monitored without you even knowing that you are monitored, so we can do that in our efforts.

So example of Computer Augmented Rehabilitation. Rehabilitation is a very dull business. You have to do some exercises to do -- look to the left, to the right. We build all kind of computer programs and games that will make the patient enjoy their rehabilitation. So whether they have a stroke, or they had some car accident, they come and they enjoy. And I can tell you, when the session is over, they are asking when is the next one coming. Why? Because they never completed the game that they were in the middle of it. So it's something that is very popular.

And, by the way, in our center, we have about -- our major working force are the doctoral students. We are fond of them, and they are the best interpreters that you will ever find. This is not their thesis, they are working on projects, but they are great. So we train them with the games, how to prevent fall, what to do when you feel that stroke is coming and things like that, and they are very appreciative of that.

The hospital came to us with an issue, not only in Stony Brook Hospital, in every hospital. When a patient is in the operating theater and you take a sample for pathological tissue to find out whether it's malignant or not, it's being sent to the pathology lab. And you won't believe it, I didn't believe it either, 10% of the samples don't make it the first time to the lab. Either the carrier stopped with a friend to have coffee and forgot to continue or for other reasons. So they came to us and we fitted each container with an RFID tracking. In other words, wireless device that is monitored in the

ceiling of the corridors. So if the surgeon is asking what about the sample, and if the lab tells him, "We haven't received it," they look on the screen of the monitor and they know where the sample is. So that put it down not to zero percent, but to about less than 1%, major improvement, and then other hospitals come and ask for that.

Remote Patient Monitoring, and we use all of the engineering and electronic developments that exist in the world. Wireless monitoring is not something that was invented mainly for medical purposes. Wireless, like, you know, the Blue Tooth, or advanced one like the ZigBee, they were invented for more -- the beginning, military applications, and then we took it to the medical. And, by the way, many military industries changed to medical industries, because the complication level of technology is very similar.

So we never substitute the attending physician. It's a key, or it's a measure, or it's technology that helps the physician to monitor the patient. I'll give a very simple example. There is a car accident, 20 people get injured. The ambulance is bringing them to the hospital. Whom would you treat first, the one who is closest to the door, or the one who is closest to the inside? Usually, they look at the face and they see by the face who is more serious than the other. What we do now, we put a patch on each one of the patients, and the patch transmits vital signs, blood pressure, heart rate, EKG, oxygen saturation, and so on. And that helps the doctor to find who needs to be treated first and who needs to be treated later. So that's a very simple example, but it gives you what is the power of Remote Patient Monitoring. So the patches are very -- becoming a very important part of the Remote Patient Monitoring. And we have one company, by the way, in the Stony Brook Incubator.

So some applications of Remote Patient Monitoring, one of them is the home health care. We want the patients to be monitored at home, whether they are handicapped or whether they are 100% healthy. A hundred percent healthy is only relative, because when something happens, you forgot that you were healthy before. Long-term disease management, it's very costly if you have to go to the clinic each time to take vital sign regimen. So now we do it at home, and the way we do it, the patient doesn't have to bother how to get the data to the central location, it's been transmitted automatically. Almost every home is in wireless or WiFi system, so it's being transmitted.

Post-Acute Readmissions Management: Hospitals are being penalized if patient comes back within 30 days. They want the remote monitoring, because, quite often, the patient comes for a simple reason, he or she didn't take the medicine regularly. And so when we do a follow-up on medicines, we can limit or reduce the Post-Acute Readmission rate by about 80%. So hospitals like Stony Brook Hospital is doing it on a regular basis.

We also use the Remote Patient Monitoring for clinical trials. We don't need to look at each patient separately, we monitor them. And then independent aging in the homes for the aged population, we monitor them. They, as I told you before, and I showed you some other examples, they don't know they are being monitored, but they are monitored.

Cell phone or smart phones became the tool of choice. Everything now is being transmitted to the smart phone, and if the patient doesn't have a smart phone, he's fitted with one. It's much more economical for the hospital to give the patient a smart phone on a loan than to send them to buy one, which usually the patient will not buy one. So you can see here on the slide, there is a blood pressure, the weight, activity. By the way, all of heart cardiac patients, when they come home, if they put weight, they know that the body is accumulating fluids and they need to get rid of them. The weight, as it come, they call the doctor and say, "Well, I gained ten pounds, but I didn't eat anything." It's because of the heart condition, that's a very immediate sign.

Here is an example of another patch. You put it on that -- in that case, on the hand. No one can

convince me that it bothers the patient. But this patch has -- the react dots is a combination of a battery and transmitter. So it monitors not only the heart rate, but it also monitors the blood pressure, it monitors the temperature, it monitors the oxygen level, and it sends the information to the smart phone, and from the smart phone, it goes anywhere you want it to go over the WiFi system.

The other patches you can see here, Zio Patch and ultrasound imaging system, everything is becoming miniaturized. So miniaturized means they fit the patient for its own use. So if you see on the right-hand side, the miniature ultrasound, a patient -- I would say not a patient. Even a pregnant woman can monitor the fetus by herself using that ultrasound scanner. She is not supposed to make decisions whether the baby is good or not, okay or not, but this phone sends the image to the OB/GYN and they make the decision. So she doesn't have to go to the clinic, she can do it at home. Of course, if there's an emergency, she goes there.

Drug adherence: Many patients who are transplanted with either -- let's say most popular, kidney or heart, the anti-rejection treatment is very bothersome. They don't feel well with that. So many patients stop taking their anti-rejection pills, and then when the organ is rejected, and it will be rejected, they come to the doctor and say, "Well, Doctor, the organ that I was transplanted was bad, is not functioning." Now there's no way for the doctor to know whether it's because it was a bad organ or because they didn't take their drugs. So they started with all kind of monitoring device. For example, they put the sensor on the pill box, so the patient opens the box, fine, took the medicine and dump it down the toilet. So they took another one and they said, "Well, we put the ring around the neck, and whenever the pill goes through the ring, we'll monitor it." So you know what the patients did? They put a string through the pill, they but it through the neck and pulled it out. I've giving you examples from real life.

So they came to us and said, "Well, what can you do?" So we fitted each drug or each pill with a coil. You can see the kind of a coil inside the pill. We call it a RFID coil, but it doesn't matter. It's a transmitter, and it's being activated only when the pill gets into the body and being activated by the acid inside the body. So you cannot activate -- activate it from the outside. It has to go inside and there's no way to pull it out.

And that's an example of a pill box. You put all the pills that you got. But what if you have like -- you are treated by two or three physicians? Each one gives you medicine, and some of those medicines contradict each other. This box that you see here will tell the patient -- you can say the green sign here. It will turn to red if any of those pills don't fit or contradict other pills. And it will give exactly -- like the yellow pill here is not compatible with the green pill here. More than that, it sends an alarm to any family relative that you want to assign to make sure that father or mother took the med, the pills on time. So there's a lot of variety in this kind of a very simple pill box with ingenuity in the design.

Immunity -- ImmunoMatrix: Instead of going through the -- through the skin with a needle, you can do it with either osmosis, in other words, you put the drug with some other solution outside the skin, it penetrates the skin with osmotic pressure gradient. I'm not going to teach you about osmosis and -- but what you can -- I'm sure you also feel something. When you put some acidic substance on your skin, you feel -- you feel it's an acid. So this one will go inside and will penetrate the skin. The advantage of that, the penetration is fairly slow, so you can have it for 24 hours or 48 hours. So it's a slow release of drugs that goes into the skin. You can put it under the Band Aid and it can stay -- sometimes it can stay a week with the Band Aid.

Welcome to the new world of dressable devices. I told you that we are trying to help the patient to track him or herself. The market is estimated to be \$5.8 billion in 2018, market of dressable garments. And what are those dressable garments? Those are garments that are embedded with

sensors. So they take a comfortable shirt, they put it on your body, and it has sensors embedded in it. You can see an example here, it's a textile. The sensors are not felt, they are embedded inside the garment, and they follow your signs on a 24-hour basis, 7 days, 24 hours or so. So the advantage of that -- and, by the way, the only pocket that you see here, that is a transmitter. We need to transmit the data somewhere.

So the advantage of that is that the patient who needs to be monitored, usually after a few hours they forget that they put this kind of a shirt. The other advantage of this dressable shirt, you can wash it in the washer and use it again and again. And you see many, many sensors, and the limit is just your imagination what you want to follow. And your cell phone is having the sign -- the signal and is being transmitted to the physician. He can monitor it or his nurse can monitor it on a continuous basis. Some even try to make it fashionable, so you can walk with it outside, because people won't know that those are sensors, they think that they are some patterns of a new design.

So the wearable garments, the patches are the gold standard in medical care, because you don't need to follow the patient, you don't need to come, and you don't need to ask him to do this and that, it does it automatically.

I mentioned the pregnant woman before. Now let's see the current state-of-the-art. If the pregnant woman is about to deliver the baby, she's not sure whether she's ready for delivery or not, but she comes to the hospital, you put all kind of sensors and they monitor it, so those are the sensors that you see. The next day or the current, they would give her a special garment for pregnant women and she can even be at home, she doesn't have to go to hospital. And it's being transmitted automatically from her belly to the hospital. So even if she falls asleep, the hospital will call her and say, "Well, listen, it's time for you to come to the delivery room." So that's the meaning of modern day patient care.

So heart attacks, for example, every year we have about 10 million first time heart attack patients. Twenty-five percent of them are silent killers. Thirty-three percent reoccur in nine months. And 20 million people could benefit from home monitoring. And, you know, everybody knows that if you have a heart attack and it happened to you in the emergency room, you're lucky, but if it happened to you half an hour from the emergency room, you're not so lucky. Those garments, or the home monitoring, or the advanced signals can give you a warning that something is going to happen with your heart, you better go and check with your doctor before it's too late. And believe me, there are many signals that the body transmits ahead of time and you can monitor them continuously.

And at Stony Brook, we're introducing a new monitor for cardiac -- instead of catheterization. A patient walks in -- nowadays, a patient walks in with chest pains. Statistically, patients with chest pains, 70% of them, it comes from the digestive system, not from the heart. So rather than having each one of them subjected to EKG and enzymes and all kind of tests, we put them into a CT scanner, and the CT is a 320 slice Toshiba machine. Three hundred and twenty means that in one shot we cover 320 sections of the heart, and it gives them a thorough picture of the blood vessels. And the attending physician can tell right away whether the chest or whether the heart is in good shape or whether it's -- there is a heart attack. So the CT machine, the special CT machine is in the emergency room, not in the Radiology Department. So the patient has this one, and so far, we had about 1,000 patients, not even one failure. A hundred percent success with this CT machine.

What is the problem? What are the other issues? The CT machine, usually it's in the emergency room, usually it's on the ground floor. The doctor can see it on the 8th floor. In the beginning, it took about two hours for the signal to travel in the building, because it's a heavy signal. We fitted a team to work on that, and through some efforts, we brought it down to about a few seconds. And, of course, the radiocardiologist got the case of that, and said, "Well, now I'm going to the beach with my smart phone, I want to do it while I'm on the beach." So it cut it down to five minutes. Let's

see what happens in the future.

Big Data: I just mentioned to you that for the signal to travel from the hospital ground floor to the 8th floor, it took at the beginning two hours. This is because of the size of the data. Big data is becoming a very major issue in medical care. You do a scan of the brain, the amount of data is enormous, and to analyze it requires more than just looking at the images. So we developed a field, I'm talking about biomedical realm. In the field of big data, to provide significant benefits for individuals. How to analyze huge datas and get the first signs of what is happening there. And it's about two years that we started with the big data. We are already in extra big data, because the amount of data is larger and larger, and treating a patient with those devices requires special attention. No wonder that the Watson computer is becoming so popular nowadays, because it can analyze huge data. But there's no computer that can do the work without human power behind it.

So I showed you some projects, I showed you some of our philosophy. I'm not going through the various methods. I will also mention, I will only mention E-Health and developing countries. We are very much involved with medical technologies in remote villages. It can happen in this country, too. And also in third world countries in the world, because doctors don't go there and we need to follow the patients. So all together, I'm coming back to what I said before, personal medicine, watching each patient in the minimal obstructive way, so the patient can benefit from that.

So I will stop here, because it was mentioned before, so I won't go into that. Thank you very much.

CHAIRMAN SPENCER:

Really, thank you. And I, you know, hope my colleagues -- I have a vision of this, but the applications are amazing. The number one killer still in this country is cardiovascular disease, number two is cancer. Number four is deaths from actually mistaken or counterfeit medications, where people aren't getting the medications that they need, and he addressed all three of those. And how does that apply to us in government? Well, one, with our workforce, both in law enforcement and our County employees, where if we have the ability to be able to anticipate a heart attack because of a simple monitoring device, or to be able to make that diagnosis a lot quicker with regards to a stroke or a heart attack, we're going to decrease morbidity, we're going to increase, you know -- it's going to save us significant dollars, because it's -- once we're in the critical care, that's where healthcare dollars go through the roof. There's -- so there -- but there's a huge prevention element, where -- you know, where you could have a situation where you have a bus driver that could have narcolepsy, that falls asleep with a busload full of people. That is a situation where monitoring could alert that, you know, this person is falling asleep, or this person isn't attentive, and there could be a gentle buzz on the wrist, or there could be a gentle reminder. So there's safety applications here.

And what I'm looking to do with Stony Brook is to start a dialogue with government as far as -- you know, I think we're one of the biggest employers, number one. But, number two, we control a lot of the policy that, you know, it's on the State level. But if we can look at ways where, as these technologies are becoming available to in any way partner together to decrease the barriers to implement. We're a great place where we can pass resolutions to implement pilot programs. So I'm going to be working with Dr. Shamash and Dr. Einav to continue this conversation. And, you know, I'm going to be going back out there. But if you have a chance, please go.

I went into a virtual reality chamber showing the inside of a colon. And what was interesting is that if I do an endoscopy or take a CAT scan and I'm looking going forward, even with a 3-D reconstruction, now you could literally in this room walk inside and look behind you and see small evidence of cancer that could -- would not have been detected until much further along. So these -- I mean, what they're doing, it's mind boggling. I left, you know, with goose bumps. You have to go there. It's like seeing something out of a Star Trek movie or something, but this is true,

it's happening. And I think Suffolk County should be a leader and I think we should be a partner.

So I look forward to starting an ongoing dialogue that I'm going to start through this committee that -- with meetings. And I need for you to kind of express your needs or where you would like to see this go. And if there are ways that we can partner in government to be able to help clear the road, then we should do that.

DR. EINAV:

Okay. We'll give you that. And I don't want to leave without the subject of my next presentation, which will be nanomedicine and clinical care. As I say, we'll go over -- not now, I'm talking the next one.

CHAIRMAN SPENCER:

Thank you.

DR. EINAV:

We are going smaller and smaller, so we have nano --

CHAIRMAN SPENCER:

Nanomedicine is also incredible, too, where you can take a pill and do an endoscopy, and there's cameras and sensors and everything, so it -- and you can also effect not only diagnostic, but there can also be treatment as a result. So thank you. Thank you very much.

DR. EINAV:

Thank you for your attention.

CHAIRMAN SPENCER:

(Applause) I appreciate you being here with us.

LEG. KENNEDY:

Do you have contact information?

CHAIRMAN SPENCER:

Yes, I have his card. We have contact there, if some of the Legislators would like that. Thank you for taking the time.

We are going to move on. It works out perfectly. I saw Dr. Tomarken come into the room about five minutes ago, so thank you, Dr. Tomarken. I know that you are dealing with a lot of responsibilities. So I'm going to ask for a motion to take I.R. -- let's see. Where is Dr. Tomarken? **1640 - Confirming the reappointment for James L. Tomarken, Commissioner of Health Services (Co. Exec.)**, out of order, seconded by Legislator Fleming. All those in favor? Opposed? Abstentions? We have I.R. 1640 before us.

And I'm going to -- for the purposes of discussion, I'm going to make a motion -- please, Mr. Clerk, list me as a cosponsor on this, too. I'm going to make a motion to approve. May I have a second?

LEG. KENNEDY:

Second.

CHAIRMAN SPENCER:

Second by Legislator Kennedy. On the motion. First of all, Dr. Tomarken, you finished your first full term as Commissioner. Congratulations. I'm excited and surprised, maybe a little, to see that you're back for more. But there's been significant challenges in the Department with regards to just

a vast amount of responsibility, everything from wastewater to sanitary -- the sanitary code, to nurses, to decreased workforce in the County, to water quality, development issues. I mean, I don't know how you do it. I know that there's 15 divisions. You have a six-year term. This is a major, major, major division in Suffolk County, and I think you've really done a fantastic job. But I do believe that we have ongoing challenges moving -- challenges moving forward, and this is an opportunity for you to be able to maybe express why would you do this for another six years?

*(*Laughter*)*

But also, if you have some, just some thoughts as to your Department and, you know, how you would like to see things go in the future.

DR. TOMARKEN:

Well, thank you. And the scope and focus of public health is changing throughout the country. Where public health used to be safety net services, we're now doing much more consulting, advising, partnering, and that's a very new and exciting field and area. So we're moving into a new culture for public health and it's going to be involved with the State's healthcare system, with DSRIP. The County's commitment to improving the water quality is a huge issue in this particular County. So there's lots of ongoing issues that are challenging and interesting and I'd like to be a part of that.

CHAIRMAN SPENCER:

From your perspective, and I hate to kind of maybe ask you hypothetical questions or a typical job interview question, but in your tenure as Commissioner, where is your biggest area of concern, as far as with Suffolk County and our resources, and that your toughest job as a Commissioner, if you could change something?

*(*Laughter*)*

LEG. TROTTA:

Could always ask the County Executive.

*(*Laughter*)*

DR. TOMARKEN:

I think one of the biggest challenges is more and more science is coming to play in the County in a variety of ways, especially water quality, wastewater, health issues, ticks, Zika, all these other diseases that are coming up, and we're going to be challenged, because we're going to have more responsibility. There's more international health problems coming to here, including, as we all know, Ebola, Zika, etcetera. I expect more to come. And I would focus on those two areas as the biggest challenges for the Health Department. And I know that more and more chemicals are being discovered, their adverse effects that are in the ground, or groundwater, that have been dumped here for many years. So those are going to be continuing challenges and is going to require more resources, as I see it, going forward.

CHAIRMAN SPENCER:

Do you feel that you have gotten the support from the Legislature since you've been here, or from the Administration, that you need? How do you feel about your workforce at this time?

DR. TOMARKEN:

Well, by and large, you know, people -- we're one of many departments, so we have to work within the constraints of what we have and what we're given. But what I will say is that the Administration and the Legislature has basically had an open ear and listened to us. You have

different agendas and different objectives, but, by and large, I found that anybody we addressed with objective information has been respectful and responsive, and tried to give us what we needed, and asked appropriate questions about how we're dealing with our resources. Now, going forward, it's still going to be more difficult, as the financial situation is not a pretty picture going forward.

CHAIRMAN SPENCER:

Just a brief question to Counsel in terms of understanding. The Commissioner has a six-year term, and my understanding of that six-year term was to allow the Commissioner the ability to be kind of independent of any term of any political elected at that particular time. So the Commissioner cannot be removed without -- the Commissioner does not serve at the pleasure. And the Commissioner, can explain that to me?

MR. NOLAN:

No. Any termed officer, like the Commissioner of Health Services, they have a term of office and can only be removed for cause. So there would have to be a stated reason, and I think under our Charter, the Commissioner would have -- would be given an opportunity to answer any allegations or charges that are the basis for the removal.

CHAIRMAN SPENCER:

So, for instance, is it different with like the Police Commissioner, that they serve at the pleasure?

MR. NOLAN:

Sure.

CHAIRMAN SPENCER:

So they can be -- the Executive at the time can say, "Thank you, I'm going to go in a different direction"?

MR. NOLAN:

Right. For no cause or any cause, you can remove him.

CHAIRMAN SPENCER:

And which Commissioners are in that particular situation? Are all the Commissioners? Well, obviously, the Police Commissioner, but in the major departments?

MR. NOLAN:

Most Commissioners serve at the pleasure. The Health Commissioner has a term, the DSS Commissioner has a term of office, I think the Real Property Tax Service Agency Director has a term, and I believe there's one more, but the rest serve at the pleasure.

CHAIRMAN SPENCER:

And so the reason those Commissioners are distinguished is because it allows them to kind of function without the fear of political retribution in terms of being able to carry out what they feel is essentially their job.

MR. NOLAN:

Right. I think that's essentially the theory underlying it, is that they are free, to some degree, from political pressures and political considerations.

CHAIRMAN SPENCER:

So, Dr. Tomarken, you're in a unique position, because you, unlike -- because you have -- obviously, County Departments of Health are under the auspices of the State Department of Health. You work with the Administration and you also work with this committee and this Legislature. From your

previous tenure, do you feel that you are able to carry out your duties without interference with political forces, or are you able to -- do you feel that if there is a situation that you feel strongly about from a point of public health, that you are willing to take a stand on that, and to do what you know in your experience and in your expertise is necessary?

DR. TOMARKEN:

Yeah. I wouldn't be here if there was any of that kind of influence brought to bear.

CHAIRMAN SPENCER:

Okay. So -- and I think that's extremely important, especially with what you're dealing with, and I personally believe that you've navigated that very well. I think you've been very amicable and friendly, but when you've needed to take a stand on something that's important, that you've done that, and I think that my interpretation is that that has been respected.

So are there any questions from the committee? Legislator Trotta.

LEG. TROTТА:

What -- why didn't we do this earlier? It expired on April 17th.

DR. TOMARKEN:

There's a holdover period of six months and I was looking at what I wanted to do with my life. I'm not a young man anymore.

LEG. TROTТА:

So am I.

DR. TOMARKEN:

It was just a personal kind of assessment of what I wanted to do. When you hit 70, you start to look at other options in life.

LEG. TROTТА:

Okay. We expect you to be more vocal. I just want to say, every time I've ever called, you and all your people have been very responsive, so I thank you.

DR. TOMARKEN:

Thank you.

LEG. FLEMING:

I think the Chair stepped out. Hi, Dr. Tomarken. I do have a couple of questions. I would echo -- oh, the Chair is back. Do you want to take your chair back. I was just asking him a few questions.

CHAIRMAN SPENCER:

Please, absolutely, Legislator Fleming.

LEG. FLEMING:

Thank you. So I would echo Rob's thought, that you've -- that your Department has been very responsive. And we've had -- in my district, in the short time I've been in office, we've had a lot of demands to make on your Department with regards to not only the nitrogen contamination of our waterways, but also groundwater monitoring. The tick stuff has been huge and your Department has been very helpful.

I wanted to ask you also with regard to just more mundane -- for instance, permitting, and a

concern in my district with regard to the laborious nature of the permitting process. And I think we've had brief conversations about it, but I'm just wondering if you have any thoughts as to whether there's room for improvement in the permitting process, and whether that's something we could look forward to.

DR. TOMARKEN:

We are always looking to improve that, because we want to encourage development. It's interesting. We did a study a couple of years ago and found that somewhere around 75% of the time that an application is in process, it's in the hands of the applicant or his or her staff or vendors. What we really would encourage is that people come to us ahead of time so we could tell them exactly what they should and should not do. So there's the ability to have pre-meetings, so that people don't go out and buy property or start buildings without the proper permits, etcetera, and that they have proper information.

We need to make it clear to people what our expectations are and what our requirements are, because the reason we're there is to protect the environment. And so we want to encourage business, we want to encourage development, we want to encourage people to make changes to their homes, etcetera, but they need to come to us ahead of time so we can tell them exactly what they need, and they need to -- we need to have people use our portal more often, so that they know exactly where their application is. It's right out there on the internet and they can look and see whose -- you know, what status it's in, and where it's being held up, if it is. And, you know, we'll do -- we try to do the best we can, but we need -- it's a two-way street. But it's certainly -- we're certainly open for any suggestions.

LEG. FLEMING:

I appreciate that, but it sounds -- I guess I'm hearing what I thought I may have been hearing before. And don't get me wrong, I know you're extraordinarily qualified, and I certainly support your reappointment. I just -- since we have the opportunity to discuss it, it sounds like you're saying the room for improvement is on the consumer side, that there is no room for improvement --

DR. TOMARKEN:

No, I think it's always both. That's why I say it's a two-way street, and anything we can do to improve it, from being able to be more responsive in a time manner and conveying the information. If I had enough staff, I would have a callback method, so that, you know, if we've sent something back to somebody, and then say after a week or two weeks we haven't heard back, if I had the staff, I would say let us do it. But, unfortunately, right now I don't have that kind of luxury. But, yeah, if we had the ability to initiate that kind of followup, I'd be more than happy to do it.

LEG. FLEMING:

I appreciate that. And I do -- I do recognize that the staffing may very well be one of the issues, and it's something that I'm anxious to support your Department on. But I am very grateful for the amount of cooperation, that I think you've done a fantastic job with regard to the Article 19 changes, with regard to the arthropod borne disease lab and the work that's being done there, so I do commend the work you've done. But, you know, it's my job to ask the questions and move us forward with regard to what the concerns are in my district, so -- but, at any rate, thank you for your willingness to serve.

CHAIRMAN SPENCER:

I think Legislator Kennedy is next. But just following up on that question briefly before I acknowledge Legislator Kennedy, is I did take an intense interest in that health permit process. And, you know, we had the meeting here and I thought it was successful. We rolled it out doing the portal. But one thing that happened, you know, we were looking at targeting cutting the time in half, versus residential, versus commercial. And we were chugging right along, I was asking for

reports, and then at one point, the time started going up again. And the report that we got was, well, there was this one person who -- that was sick. And I was very -- so probably one of the times where I said it's unacceptable for us to have these permits relying on one person at that time who was ill and there was some transition.

And I hope that now, with the fresh six-year term, that the resources are limited, but it's kind of -- you know, for instance, like when we were cutting positions in the Health Department, but some of these positions were fully supported positions from the State, and we had to look at those very carefully. But when it comes to the permit process, the delays that occur in terms of these development projects with regards to interest on loans, it sometimes goes into the tens of thousands of dollars. And I do think, and I would love to work with you on this, is that we need to figure out a way where if we are following the code and doing what we are supposed to do, that we should have a way of being able to expedite this process and put the staff in that we need to do that. There's -- in my opinion, just speaking as a Committee Chair, that's a place where we could have room for improvement.

We should have as many people as necessary, because we should increase our fees. And I understand that we want to keep everyone on a level playing field, but there is the resources to be able to fund that department adequately to be able to address, and that permit process should be instantaneous. And you had given me some numbers, that when we were going through it, that when you look at the entire time, 90% of the time is kind of waiting, and actual 10% is execution. So that was -- that would be one critical comment that I would have that I would love to see if we can improve on.

DR. TOMARKEN:

Certainly.

CHAIRMAN SPENCER:

Thank you.

DR. TOMARKEN:

I look forward to that. Thank you.

CHAIRMAN SPENCER:

Thank you. Legislator Kennedy.

LEG. KENNEDY:

Congratulations, Dr. Tomarken. We're happy that -- I'm sure it's going to go through, and we're happy to have you back. Your Office is extremely efficient. They -- I'm a regular caller for too many things.

DR. TOMARKEN:

That's all right.

LEG. KENNEDY:

And I can say that I'm only waiting for one thing at this point in time, so that's a good record that you keep. The only thing that I would suggest, if possible, when you put in your next budget, is you put in for a few more positions in wastewater examiners. That's the only thing. And I understand why it takes a while for things to get done there. But that's it. Congratulations.

DR. TOMARKEN:

Thank you.

CHAIRMAN SPENCER:

Okay. I have no one else on my speakers list. And we have a motion and a second to reappoint Dr. Tomarken as Commissioner of Health Services. All those in favor? Any in opposition? Any abstentions? **(Vote: Approved 7-0-0-1-0/Excused Absence: Legislator Martinez)**

So, for an appointment of this level, usually reappointments don't have to appear in the committee and definitely come to the General Meeting. But in your case, Dr. Tomarken, the -- this is such a high level position within the County, I'm going to ask if you would indulge us and appear before the full Legislature on Tuesday.

DR. TOMARKEN:

Sure.

CHAIRMAN SPENCER:

Thank you very much. I really appreciate it. It's been a privilege working with you.

DR. TOMARKEN:

Thank you.

CHAIRMAN SPENCER:

And I look forward to continuing that work.

DR. TOMARKEN:

Same here. Thank you.

CHAIRMAN SPENCER:

Okay. So with that, we are going to move on to our agenda. And I'm going to move back to **Tabled Resolutions: I.R. 1151 - Adopting Local Law to elicit public input and require legislative approval of fee changes (Cilmi)**. Let's see.

LEG. FLEMING:

Motion to table.

D.P.O. CALARCO:

Second.

CHAIRMAN SPENCER:

Motion to table by Legislator Fleming.

LEG. CILMI:

Motion to approve.

CHAIRMAN SPENCER:

Second by Legislator Calarco. Motion to approve by Legislator Cilmi.

LEG. TROTTA:

Second.

CHAIRMAN SPENCER:

Seconded by Legislator Trotta. All right. So tabling motion takes precedence -- precedence. Now just it's going to be a 3-3 vote on this right now. So what happens, the tabling motion would fail. What happens on the approval motion? I just want to give my colleague that distinction. If it's 3-3, it fails; is that correct?

MR. NOLAN:

Right, both motions would fail and the resolution would fail.

CHAIRMAN SPENCER:

The resolution would fail. With that, in terms of working, is there another action that we could take that would be agreeable that we could consider?

LEG. TROTТА:

Motion to discharge.

LEG. KENNEDY:

Without recommendation?

CHAIRMAN SPENCER:

But they know that I voted for this, so I vote for all discharge --

LEG. TROTТА:

Yes.

CHAIRMAN SPENCER:

That's not something we --

LEG. TROTТА:

Motion to discharge.

CHAIRMAN SPENCER:

All right. Which takes precedence, tabling, discharge and then approval; is that correct?

LEG. FLEMING:

Tabling first.

MR. NOLAN:

Tabling would -- tabling would still take precedence.

CHAIRMAN SPENCER:

All right. So motion to table. All those in favor?

LEG. CILMI:

Doc, if I may.

CHAIRMAN SPENCER:

Yes.

LEG. CILMI:

Before you call the vote. You asked if there was anything we could do to -- I forget exactly how you put it.

CHAIRMAN SPENCER:

I think that --

LEG. CILMI:

Move this along.

CHAIRMAN SPENCER:

Right, right. And I think that, although I understand -- I've looked into this really at depth, and even went back to the Department to ask about this. And I think, philosophically, I have a difference as far as when it comes to fee changes in the Health Department and just understanding the complex nature and how some of these fees are prescribed by functions we have to do by the State. To me, I can't support that on the fact that I believe that it can sometimes be an issue where -- when it comes before the Legislature, I do think we have the ultimate responsibility. I agree with that philosophy, and I agree in every other Department that I think that that should be the case. But in the Health Department, because of sometimes circumstances of emergency or circumstances that are things that we have to do from the State, that the Commissioner needs to have the freedom to be able to put those fees in place, and I don't think that that should come before the Legislature. And it's just a philosophical difference on that, that's my -- well, not philosophical.

LEG. CILMI:

Well, that's not a philosophical difference at all, it's a practical difference.

CHAIRMAN SPENCER:

A practical difference, yeah.

LEG. CILMI:

But that's not -- in my mind, it's not an unsurmountable practical difference. I mean, if you wanted to make accommodations in the bill for dealing with emergency situations, or cases where the State requires us to make some sort of changes, I would be happy to do that if it gained your support.

CHAIRMAN SPENCER:

That would -- and I'm standing on the record. Those types of accommodations to address those concerns would be something that could put me in a position to support this.

LEG. CILMI:

If I may, then, through the Chair to Counsel. Are those types of changes able to -- can we make those types of changes in this bill?

MR. NOLAN:

Sure. You could, you know, state that the fee changes have to come to the Legislature, except under certain circumstances. I think the -- maybe the difficult part will be describing what circumstances would warrant having the Commissioner unilaterally set the fees, but it could be done. But it's going to take some thinking and --

CHAIRMAN SPENCER:

Could I ask the Commissioner, would that be something that maybe a conversation with Legislator Cilmi to look at kind of your concerns? I don't want to put legislation with unintended consequences that would tie your hands from being able to execute where you needed to do so because of this being maybe bogged down in the political process.

DR. TOMARKEN:

I'm always glad to work with any Legislators. I'll be more than happy to him meet with Legislator Cilmi.

CHAIRMAN SPENCER:

You have deal, sir.

LEG. CILMI:

Well, that doesn't sound like a deal.

(Laughter)

"More than happy to meet" does not sound like a deal, and they are always more than happy to meet. I -- the sentiments that were shared during the Doctor's hearing here I share. The Department and he personally have been nothing short of responsive. The question -- the question is the changes that were described here, are those changes that would -- that would, you know, allow you to support this bill?

DR. TOMARKEN:

I have to -- to be honest, I haven't looked at it in that detail to those changes, so I can't really comment on it.

LEG. CILMI:

Well, the -- so the question is, what this bill says is that any changes in fees in the Sanitary Code would have to come to the Legislature for approval, rather than the Department, you as a Commissioner just being able to make those changes. Dr. Spencer has indicated that the problem that he sees here is that there might be emergencies that arise that necessitate changes in fees, and likewise, there may be situations where New York State requires us to change fees in some way. And so I think, without putting words in his mouth, he said that if we make changes that reflect those concerns, that he would support this bill. But the question is would you support the bill in at that respect?

DR. TOMARKEN:

Well, the two areas you're talking about, emergency and State mandates, so to speak, to me are not the main issues here. The main issue in my mind was putting fees into the political arena. And so that's my concern and --

LEG. CILMI:

Right. So the answer to the question is no.

DR. TOMARKEN:

Basically, to be simple about it, yes.

LEG. CILMI:

Okay. Thank you.

CHAIRMAN SPENCER:

Okay. So we have three motions.

LEG. TROTTA:

I have a question.

CHAIRMAN SPENCER:

Yes, Legislator Trotta.

LEG. TROTTA:

In your six years, have you ever seen fit there was an emergency situation?

DR. TOMARKEN:

No. That's why it's not an issue for me. I mean, that's why it's -- it's the other issue to me.

LEG. TROTTA:

What other issue?

DR. TOMARKEN:

Putting fees into the political arena, making it subject to political debate, political action, as opposed to keeping it within the Department. The emergency issue is not --

LEG. TROTTA:

Not an issue.

DR. TOMARKEN:

-- in my mind an issue.

LEG. TROTTA:

Just generally, in -- if you have to raise the fees for something.

DR. TOMARKEN:

I think if you look at the history, we don't do it unless we're basically asked by the Administration, or our costs get escalated for some particular reason. I think we've done it two or three times. It's not an issue for us in terms of something that we have some need to have this authority. But I think that my concern is that --

LEG. TROTTA:

Did you ask for this?

DR. TOMARKEN:

No.

LEG. TROTTA:

Okay. That's all. Thanks.

CHAIRMAN SPENCER:

Commissioner, when we talk about changes in the Sanitary Code, does that go before the Board of Health? Do those fees go before the Board of Health for approval?

DR. TOMARKEN:

If it's a Sanitary Code fee, yes.

CHAIRMAN SPENCER:

I does? Okay. All right. So we have three motions, a motion to table, a motion to discharge, and a motion to approve. Tabling goes first. All those in favor? Any in opposition.

LEG. CILMI:

Opposed to table.

LEG. KENNEDY:

(Raised hand).

LEG. TROTTA:

(Raised hand).

CHAIRMAN SPENCER:

Opposed to table. Three opposed to table, but the Presiding Officer has now entered the room, who is now --

LEG. CILMI:

What a coincidence.

CHAIRMAN SPENCER:

Just happened. I didn't -- so the tabling motion carries. **(Vote: 4-3-0-1-0/Excused Absence: Legislator Martinez)**

So all right. Moving on with our agenda. But, Tom, I will keep my word. I am willing to work to address, at least from my point of view. So if that's something you want to kind of follow up on, I would love to do that.

LEG. CILMI:

If not, when the Presiding Officer is on vacation.

(*Laughter*)

CHAIRMAN SPENCER:

Okay. ***I.R. 1207 - A Local Law prohibiting the distribution of plastic carryout bags used in retail sales (Spencer)***. I have a new resolution that I've placed. I'm not withdrawing this one just yet, so I'm going to make a motion to table.

LEG. FLEMING:

Second.

CHAIRMAN SPENCER:

Second by Legislator Fleming. All those in favor? Opposed? Abstention? Motion is tabled. **(Vote: Tabled 7-0-0-1-0/Excused Absence: Legislator Martinez)**.

INTRODUCTORY RESOLUTIONS

I.R. 1592 -- moving on to Introductory Resolutions -- ***Declaring the month of November as "Complex Regional Pain Syndrome Awareness Month" in Suffolk County (Hahn)***. Wow. Motion to approve, second by Legislator Calarco. All those in favor? Opposed? Abstention? Motion carries. **(Vote: Approved 7-0-0-1-0/Excused Absence: Legislator Martinez.)** Yes.

LEG. CILMI:

Just could I ask a question here on this? Do we have somewhere a list?

CHAIRMAN SPENCER:

Of months that we have declared?

LEG. CILMI:

Every -- yes, of every declared --

LEG. KENNEDY:

I have one in my office.

LEG. CILMI:

You do?

LEG. KENNEDY:

I have it.

LEG. CILMI:

Where is it?

LEG. KENNEDY:

It doesn't have Complex Regional Pain Syndrome Awareness Month.

LEG. CILMI:

I've been in your office, Leslie. I'm not sure where --

LEG. KENNEDY:

It's in the pile.

LEG. CILMI:

Or somebody should have a list of this, this kind of stuff. Katie, is this part of your responsibilities?

MS. HORST:

We've started to compile a list going back as far as we are able to see how many months, days, weeks have been declared in support of something.

LEG. CILMI:

Right. Good. I look forward to seeing that.

MS. HORST:

I can't promise when it's going to be done, but we are.

LEG. TROTТА:

Two things?

MS. HORST:

Yes, yes.

LEG. KENNEDY:

Two and three.

MS. HORST:

Multiple months have been approved for -- or certain months have been approved for multiple things at different times.

CHAIRMAN SPENCER:

Okay.

LEG. CILMI:

Not that it's necessarily a problem. I was just curious to see if there's a, you know --

MS. HORST:

It's not one of our top priorities.

LEG. CILMI:

We have a staff member who's keeping track of the months.

MS. HORST:

We are working on it.

LEG. CILMI:

Okay, thanks.

CHAIRMAN SPENCER:

Thank you. So we have a motion and a second. All those in favor? Opposed? We don't have a motion and a second. We did.

MR. NOLAN:

You have it?

MS. ELLIS:

No, I don't.

CHAIRMAN SPENCER:

You didn't have it? All right. I made the motion, and the second came from Legislator -- it came from Trotta or -- Fleming, Fleming. I'm sorry. So I apologize. All those in favor? Opposed? Abstentions? Motion is carried. **(Vote: Approved 7-0-0-1-0/Excused Absence: Legislator Martinez)**

I.R. 1593 - Establishing a public information campaign on the dangers of Conversion Therapy (Spencer). I'll make the motion to approve, and I'll give a brief explanation. Do I have a second on the motion?

LEG. FLEMING:

I'll second.

CHAIRMAN SPENCER:

Second. You know, New York State Health Department -- I'm sorry, Department of Education really dictates clinical practice. It's not something that we can take action on to abandon conversion therapy, but we can still work with the Health Department. I've run this by the Commissioner, who's going to work with me to create awareness. The problem with this condition, although -- this treatment, although it's not mainstream, which is what the criticism is of any legislation on it, it is still being done underground. It affects all those of all socioeconomic statuses. Although it's no longer covered by Medicaid, there are those that are affluent that are still finding conversion therapy, people who still do this here on Long Island, so this is why I've put this bill in.

So I have a motion and a second. All those in favor? Any in opposition? Any abstentions? Motion is carried. **(Vote: Approved 7-0-0-1-0/Excused Absence: Legislator Martinez)**

I.R. 1598 - A Local Law to register retailers of liquid nicotine in Suffolk County (Cilmi). Legislator Cilmi what's your pleasure?

LEG. CILMI:

It's a public hearing. I believe it has to be tabled for public hearing.

CHAIRMAN SPENCER:

Motion to table for public hearing, I'll second the motion. All those in favor? Opposed? Abstentions? 1598 is tabled for public hearing. **(Vote: Tabled for Public Hearing 7-0-0-1-0/Excused Absence: Legislator Martinez).**

1607 - Accepting and appropriating 100% federal grant funds from the Department of Health and Human Services Food and Drug Administration in the amount of \$70,000 for the advancing Suffolk County's Conformance with the Voluntary National Retail Food Regulatory Program Standards (VNRFRPS) administered by the Suffolk County Department of Health Services, Division of Public Health and to execute grant related agreements (Co. Exec.). I'll make a motion to approve and place on the Consent Calendar, seconded by Legislator Fleming. All those in favor? Opposed? Abstentions? **(Vote: Approved 7-0-0-1-0/Excused Absence: Legislator Martinez)**

I.R. 1609 - Amending the 2016 Adopted Operating Budget to accept and appropriate 100% additional State Aid from the New York State Office of Mental Health (NYS OMH) to Family Residences and Essential Enterprises (FREE) for Transitional Care Coordination Services (Co. Exec.).

Same motion, same second, same vote to place on the Consent Calendar. **(Vote: Approved 7-0-0-1-0/Excused Absence: Legislator Martinez)**

I.R. 1613 - Accepting and appropriating 100% federal pass-through grant funds from the NYS Department of Health in the amount of \$104,705 for the Beach Act 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 for the Consent Calendar. **(Vote: Approved 7-0-0-1-0/Excused Absence: Legislator Martinez)**

I.R. 1614 - Accepting and appropriating 100% federal pass-through grant funds from the United Way of Long Island in the amount of \$87,108 for the Ryan White Part A Medical Case Management ("MCM") administered by the Suffolk County Department of Health Services, Division of Patient Care and to execute grant related agreements (Co. Exec.). Same motion, same second, same vote. **(Vote: Approved 7-0-0-1-0/Excused Absence: Legislator Martinez)**

I.R. 1615 - Accepting and appropriating 100% federal pass-through grant funds from Health Research, Inc. in the amount of \$570,709 for the Public Health Emergency Preparedness 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. **(Vote: Approved 7-0-0-1-0/Excused Absence: Legislator Martinez)**

I.R. 1616 - Accepting and appropriating 100% federal pass-through grant funds from Health Research, Inc. in the amount of \$85,690 for the Public Health Emergency Preparedness - Cities Readiness Initiative (CRI) Program administered by the Suffolk County Department of Health Services to execute grant related agreements (Co. Exec.). Oh, I'm sorry, **Health Services Division of Public Health to execute grant related agreements.** Same motion, same second, same vote.

Craig, if you could, would you add up the grants here that we just -- just accepted, if you could give me that in a couple of minutes.

I.R. 1617 - Accepting and appropriating 28% New York State and 72% Federal pass-through grant funds from the New York State Department of Health in the amount of \$171,662 for the Lead Poisoning Prevention Program ("LPPP") administered by the Suffolk County Department of Health Services, Division of Patient Care and to execute

grant related agreements (Co. Exec.). Motion by Legislator Kennedy, seconded by Legislator Calarco to place on the Consent Calendar. All those in favor? Opposed? Abstention? Motion is carried. **(Vote: Approved 7-0-0-1-0/Excused Absence: Legislator Martinez)**

I.R. 1621 - Designating the month of June as "Post Traumatic Stress Disorder Awareness Month" in Suffolk County (Pres. Off.).

Mr. Presiding Officer, what's your pleasure?

P.O. GREGORY:

Add it to your list.

CHAIRMAN SPENCER:

Add to the list. Motion to approve, seconded by Legislator --

LEG. TROTTA:

On the motion.

CHAIRMAN SPENCER:

-- Trotta. On the motion.

LEG. TROTTA:

Is that June of '16 or '17?

P.O. GREGORY:

'16 -- of next year. Next year.

LEG. TROTTA:

'17.

CHAIRMAN SPENCER;

'17. All right.

P.O. GREGORY:

Forgot what year I was in.

CHAIRMAN SPENCER:

All right. Are you okay with that second?

LEG. TROTTA:

Yeah.

CHAIRMAN SPENCER:

All those in favor? Opposed? Abstention? Motion is approved. **(Vote: Approved 7-0-0-1-0/Excused Absence: Legislator Martinez)**

I.R. 1630 - Accepting and appropriating 75% State grant funds from the New York State Department of Environmental Conservation in the amount of \$1,000,000 in connection with the Sewer Infrastructure Program to provide funding for a Mobile Home Park Wastewater Treatment Demonstration Program administered by the Suffolk County Department of Health Services, Division of Environmental Quality and to execute grant related agreements (Co. Exec.). Motion by Legislator Cilmi. You like taking money, right, it's okay? Seconded by Legislator Calarco. All those in favor? Opposed? Abstention? Motion is carried. **(Vote: Approved 7-0-0-1-0/Excused Absence: Legislator Martinez)**

I.R. 1632 - Appropriating funds for the purchase of equipment for the Environmental Health Laboratory (CP 4079) (Co. Exec.). I'll make a motion to approve, seconded by Legislator Gregory. All those in favor? Opposed? Abstentions? Motion is carried. ***(Vote: Approved 7-0-0-1-0/Excused Absence: Legislator Martinez)***

I.R. 1633 - Amending the 2016 Adopted Operating Budget to reallocate 100% State Aid from Hands Across Long Island (HALI) to Family Residences and Essential Enterprises (FREE) for housing and respite services (Co. Exec.). How much money is that particular resolution on that one? Does anyone --

MR. FREAS:
What's the number again?

CHAIRMAN SPENCER:
1633.

MR. FREAS:
\$70,028.

CHAIRMAN SPENCER:
How much?

MR. FREAS:
70,000.

CHAIRMAN SPENCER:
Oh, great, we'll take the money. I'll make the motion to approve and place on the Consent Calendar, seconded by Legislator Kennedy. All those in favor? Opposed? Abstentions? ***(Vote: Approved 7-0-0-1-0/Excused Absence: Legislator Martinez)***

We already did 1640, Dr. Tomarken. ***1646 - (Amending Resolution No. 1114 -2015, in connection with a new Patchogue Health Center (CP 4087)(Co. Exec.).*** Amending the -- We did that one, which was the Patchogue Health Center.

1649 - A Local Law to reduce the use of carryout bags in retail sales. (Spencer). Has to be tabled for public hearing. All those in favor -- I'm sorry. Motion to table.

LEG. KENNEDY:
Second.

CHAIRMAN SPENCER:
And second the motion to table, Legislator Kennedy. All those in favor? Opposed? Abstention? Motion is tabled for public hearing. ***(Vote: Tabled for Public Hearing 7-0-0-1-0/Excused Absence: Legislator Martinez)***

And we did 1657. My gosh. I didn't think we were going to be able to do it, but --

MR. FREAS:
2.2 million.

CHAIRMAN SPENCER:

We -- so we got -- so just for my -- all of my interested colleagues, that we had 2.2 million in pass-through funds from the State that we accepted. So, you know, it's good to take the good with the bad, so that's nice.

I think that we're actively seeking these grants, and I commend the Health Department on bringing those resources in. It looks like you're doing a very robust job, where we can go through and take all of this money, and it's making sure that we get our fair share back in Suffolk County, and you really did a nice job there. So thank you very much.

I have no further business before us. We stand adjourned. Thank you.

(*The meeting was adjourned at 3:55 p.m. *)