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**HEALTH COMMITTEE
OF THE
SUFFOLK COUNTY LEGISLATURE**

Minutes

10 A regular meeting of the Health Committee of the Suffolk County
11 Legislature was held in the Rose Y. Caracappa Legislative
12 Auditorium of the William H. Rogers Legislature Building,
13 725 Veterans Memorial Highway, Smithtown, New York on Thursday,
14 March 23, 2016 at 2:30 p.m.

15
16 **MEMBERS PRESENT:**

17 ***Legislator William Spencer - Chairman***
18 ***Legislator Bridget Fleming - Vice-Chair***
19 Legislator Robert Calarco
20 Legislator Monica Martinez
21 Legislator Tom Cilmi
22 Legislator Robert Trotta
23 Legislator Leslie Kennedy

24
25 **ALSO IN ATTENDANCE:**

26 *P.O. DuWayne Gregory - 15th Legislative District*
27 *Legislator Kate Browning - District #3*
28 George Nolan - Counsel/Suffolk County Legislature
29 Amy Ellis - Chief Deputy Clerk/Legislature
30 Elizabeth Alexander - Aide to Legislator Spencer
31 Alyssa Turano - Aide to Legislator Hahn
32 Marie Barbara - Aide to Legislator Cilmi
33 Ali Nazir - Aide to Legislator Kennedy
34 Greg Moran - Aide to Legislator Trotta
35 Craig Freas - Budget Review Office
36 John Marafino - County Executive Assistant
37 Jason Hann - County Executive Assistant
38 Dr. James Tomarken - Commissioner/Department of Health Services
39 Walter Dawydiak - Director of Environmental Quality/SC Health Dept
40 Ann Marie Csorny - Division of Community Mental Hygiene/DHS
41 Kathy Giffuni - Dolan Family Health Center/Nurse Manager
42 Joseph Volavka - Dolan Family Health Center/Senior Administrator
43 Karen Martin - Empire State Nursing Program
44 Pat Bishop-Kelly - Suffolk County Board of Health/Member of the
45 Board of Advisors for the American Cancer Society
46 James Kelly - Resident of Huntington Station
47 Anne Nolon - CEO & President/Hudson River HealthCare
48 Allison DuBois - Chief Operating Officer/Hudson River HealthCare
49 Carlos Ortiz - Regional Practice Manager/Hudson River HealthCare
50 Patrick Halpin - Hudson River HealthCare
51 Colette Knuth - Suffolk County League of Women Voters
52 All Other Interested Parties

53
54 **MINUTES TAKEN BY:**

55 Alison Mahoney - Court Stenographer
56

1 (*The meeting was called to order at 2:06 p.m.*)

2
3 **CHAIRMAN SPENCER:**

4 Good afternoon. We're going to call the meeting to order here
5 shortly. So thank you, everyone who's with us. I'm going to ask
6 that the Legislators on the Health Committee would come in at this
7 time. Madam Clerk, are we ready?

8
9 **MS. ELLIS:**

10 Yes.

11
12 **CHAIRMAN SPENCER:**

13 Okay. Budget Review. Okay. So thank you, everyone. Welcome to
14 the Health Committee. If we could please stand for our salute to
15 the flag by Legislator Fleming.

16
17 *Salutation*

18
19 Thank you. Please remain standing for a moment of silence again
20 for all of those men and women who are serving this country, both
21 at home and abroad. And also for our friends in London and those
22 families that were the victims of this most recent heinous
23 terrorist attack and the lives that were lost.

24
25 *Moment of Silence Observed*

26
27 So, welcome. According to our agenda, the second item is
28 correspondence; I have no correspondence today. And the next item
29 is the public portion. Is there anyone from the public that wishes
30 to be heard? I have no cards. Is there anyone that wishes to be
31 heard? You have three minutes to address any item that you choose.
32 Seeing none, I'll close the public portion.

33
34 So, today I think that we're all aware nationally that health care
35 is front and center and it's of national interest. And today I did
36 feel it was very important, in light of the events that are taking
37 place and the complexity of health care and all the decisions that
38 will be made that will impact us over maybe the next day or so, I
39 felt it was important to convene a panel and I wanted to have a
40 panel discussion on health care in America and the proposed impact
41 in terms of changes, whether or not you look at the American Health
42 Care Act or the Affordable Care Act.

43
44 And as Chair of the Health Committee, I've received calls from
45 people who have expressed their concern over the future of health
46 care in response to some of the recent proposals. And although
47 nothing has been voted on yet and the proposal is changing hour by
48 hour, I did feel compelled to at least begin a conversation, a
49 dialogue with members in the health care community that are serving
50 our residents in Suffolk County and about some of the proposals and
51 what some of the potential impacts may be, positive or negative.

52
53 I understand on Friday, March the 17th, an Executive Order was
54 issued by our County Executive asking department Commissioners to
55 lay out the impacts on the proposed bills within 30 days, which
56 would be April 17th, and we look forward to that report in this

1 committee. I plan to have a continuing conversation in this
2 committee.

3
4 The National Association of Counties has sent out the following
5 yesterday and I think it kind of really opens our discussion:
6 *"Today, March the 23rd, the U.S. House of Representatives is*
7 *expected to vote on the American Health Care Act, a measure that*
8 *would repeal and replace the Affordable Care Act."* The House
9 passes -- if the House passes this bill, it would mean the Senate
01:10PM 10 would vote next Tuesday, March the 28th, and if the Senate makes
11 changes to the House version, the bill would then go back to the
12 House again for a final vote.

13
14 So I have brought together panelists today and I'm going to have
15 them come forward to the table here in the center, and I've invited
16 our Health Commissioner who is at our committee all the time and I
17 think is always relevant to these sorts of discussion, especially
18 in our interest of public health and health care delivery,
19 Dr. James Tomarken; I also have Colette Knuth who's a Doctorate of
01:11PM 20 Policy Analyst and President of the Huntington League of Women
21 Voters joining us today; Pat Bishop-Kelly who is a member of the
22 Suffolk County Board of Health and a member of the Board of
23 Advisors for the American Cancer Society; Kathy Giffuni, RN, Nurse
24 Manager of the Dolan Family Health Center; and Anne Nolon, CEO and
25 President of Hudson River HealthCare. And I understand that Anne
26 actually has a board meeting to attend and she's here with several
27 of her colleagues.

28
29 So having the privilege of sitting on the League of Women Voters
01:11PM 30 panel discussion, I did learn some lessons that -- the panel was
31 very informative, but this topic is so complex that if we gave each
32 of these experts a chance to elaborate, each of them could take an
33 hour in terms of a discussion in and of itself. So I'm going to be
34 very brief and I have a specific question for each of the panelists
35 that I would like to have them address.

36
37 I did want to say this upfront, is that this is a bipartisan
38 committee here in the Legislature. This is not a partisan
39 discussion, it is not a pro Affordable Health Care or a pro
01:12PM 40 Affordable -- American Health Care Act debate. It is -- strictly
41 what I'm looking for is just you being leaders and being experts in
42 your particular areas and seeing that a lot of our constituents --
43 and although there's not a lot of people here today, this is
44 obviously being recorded and being broadcast. It is, you know,
45 important that we start to get as much information out there, so I
46 feel that I'm fulfilling an obligation.

47
48 It is now 15 minutes after the hour. Wherever we are in this
49 discussion or debate, I'm going to have a hard stop at 15 after
01:13PM 50 two. And we don't have a long agenda, so to my fellow members of
51 the Legislature, you know, since this is going to be an ongoing
52 discussion, we're not going to have a protracted discussion today.
53 Because if I don't place limits on it, there's no -- you know, it
54 could continue and it would be very difficult to control.

1 So with that, I'd like to start with Anne Nolon since I understand
2 that she may have another obligation. And what I'd like each of
3 our panelists to do is to give a brief introduction, and if you
4 could limit it to two minutes because I really want to get into
5 more of the substance. And, Anne, since you have to leave, I mean,
6 I'll be a little -- you know, but I'm going to have specific -- I
7 saw the look on your face; three minutes, it makes it a little
8 more, so I think that that would give us a chance. But this is
9 just an introduction, I really want you to spend the time on the
01:14PM 10 question that I have directed for you. So, Anne, thank you.

11
12 **MS. NOLON:**

13 Thank you. Thanks to the Health Committee, really appreciate being
14 here.

15
16 Community health centers serve nationally 25 million people, have
17 been, certainly, a bipartisan-supported group of health centers for
18 so many years. George Bush doubled the number, George W., the
19 number of people seen in health centers; President Obama also saw
01:15PM 20 it is a foundational expansion in order to set the foundation for
21 the Affordable Care Act expansion. We've been in Long Island since
22 2003; many of you may not remember that, but that is when we
23 started serving agricultural workers here in the East End. We then
24 expanded in partnership with you in -- over -- from 2012, our first
25 health center as part of the family was the Elsie Owens in Coram
26 health center, and then ended in 2015 with Brentwood and Riverhead.
27 All in all, we transitioned 40,000 patients and have added to that;
28 now see 64,000 in our newest data in '16, 2016, a 60% increase from
29 that transition.

01:15PM 30
31 Over the same period, we have seen a decrease in the uninsured by
32 9.2%, an increase in the Medicaid increase by -- because of, we
33 believe, the Medicaid expansion component that was added during the
34 Affordable Care Act of 5.5%, 3,000 Suffolk residents were added --
35 this just in our sites, by the exchange, so we have 3,000 new
36 patients who are insured. By and large, there was a huge decrease
37 in the uninsured, as I said, 9.2, and an increase in covered
38 patients.

01:16PM 39
40 Suffolk County really shares the same vision we have of achieving
41 the triple aim of improving quality, reducing cost and improving
42 the patient experience. Based on community health centers
43 nationally, and this is national evidence, the health centers have
44 reduced costs of care than when compared to others receiving care
45 in a non-FQHC system by 24%. They have fewer in-patient admissions
46 by 25%, and they have lower spending by 33%, and these are
47 referenced in the Kaiser Family Foundation information.

01:17PM 48
49 Through the expanded Medicaid rollback and the per capita cap
50 decrease in resources to New York State, we believe that we could
51 be -- we're deeply concerned, of course, and really reflect Senator
52 Flanagan's concern which he is indicating deeply concerned about
53 the cutback to New York State. And we can only imagine that the
54 ranks of the uninsured will fill again, and we hope not. But with
55 the projection by the CBO of 14 million by 2018 and 24 million in
56 -- by 2026, we feel as though that 24 million will certainly impact

1 Suffolk County.

2
3 I'll end with one example of our commitment to quality and what's.
4 Happened here in the County. And I will probably read this comment
5 because this is by our Chief of Clinical Quality, Dr. Sophia
6 McEntire, a family physician who's been working with us for almost
7 a decade. And she, in her research, applied national control rates
8 to our increase in control rates; the national control rate of
9 hypertension is 53%, we have increased from 15 to 16; the control
01:18PM 10 rates from 67% to 72%, this is 20% higher than the national control
11 rate. The -- when applied to our Suffolk patients, we will save
12 312 lives with this system of improvement alone. Thank you.
13

14 **CHAIRMAN SPENCER:**

15 Thank you. That was fantastic. It really was. I understand that
16 you will -- you're leaving us early, but you left us in good hands
17 with Alison DuBois, so she'll be -- thank you so much for taking
18 the time and the information you gave us was exactly the type of
19 information that I was looking for. Please continue your mission.

01:19PM 20
21 **LEG. FLEMING:**

22 Can we get a written report?
23

24 **CHAIRMAN SPENCER:**

25 Can we get a written report?
26

27 **MS. NOLON:**

28 Oh, yes, absolutely. I have this all written down.
29

01:19PM 30 **CHAIRMAN SPENCER:**

31 Wonderful. We'd like to --
32

33 **LEG. FLEMING:**

34 You can just file it with the Clerk.
35

36 **CHAIRMAN SPENCER:**

37 I'm going to ask the Clerk if that could be distributed to the
38 members of the committee and we'll have that available for the
39 entire Legislature. Thank you.

01:19PM 40
41 **MS. NOLON:**

42 Okay.
43

44 **CHAIRMAN SPENCER:**

45 Our second panelist is our Commissioner, Dr. Tomarken. And.
46 Dr. Tomarken, you need no introduction, but if you wanted to give
47 us an introductory statement, that would be greatly appreciated.
48

49 **COMMISSIONER TOMARKEN:**

01:19PM 50 Well, I've been asked to comment on the effect of the proposed
51 legislation on public health, and I'll take a few minutes just to
52 run through some of the highlights.
53

54 In the Affordable Care Act, there was a Prevention and Public
55 Health Fund, set-aside money from the CDC to do some core
56 prevention activities as well as disease intervention. The

1 proposed legislation would cut over a five-year period three
2 billion, that's with a B, billion dollars to these programs,
3 and the programs are the following: Disease tracking, and that is
4 infectious and communicable diseases as well as food-borne
5 illnesses.

6
7 **CHAIRMAN SPENCER:**

8 Commissioner, when you say the proposed legislation, just -- well,
9 there was a question, which proposed legislation?

01:20PM 10

11 **COMMISSIONER TOMARKEN:**

12 The new American --

13
14 **MS. NOLON:**

15 Health Care Act.

16
17 **COMMISSIONER TOMARKEN:**

18 -- Health Care Act.

01:20PM 19

20 **CHAIRMAN SPENCER:**

21 Legislator Fleming just wanted clarification.

22
23 **LEG. FLEMING:**

24 Thank you, Commissioner. Now, would this include the Collins
25 Amendment that has been offered that will -- my understanding is
26 that it's going to mandate the State to impose carrying the cost of
27 Medicaid on counties? Of course, we're in Suffolk County where any
28 time you leave it to the State to take good care of us we tend to
29 get the short end of the stick, so I'm a little concerned about
30 that. But my question for you is when you say American Health Care
31 Act, there are a couple of versions and I wonder if that very, very
32 impactful aspect, the amendment from the Collins -- I can't
33 remember the name, the DAFO -- What is it?

01:21PM 34

35 **LEG. CILMI:**

36 Faso.

37
38 **LEG. FLEMING:**

39 Faso; will that be included in your comments?

01:21PM 40

41 **COMMISSIONER TOMARKEN:**

42 This is not a Medicaid issue that I'm speaking of right now, so.

43
44 **LEG. FLEMING:**

45 Okay, thank you.

46
47 **COMMISSIONER TOMARKEN:**

48 This is purely funding from the Affordable Care Act to the CDC.

01:21PM 49

50 **LEG. FLEMING:**

51 Okay.

52
53 **COMMISSIONER TOMARKEN:**

54 It's money that goes to the CDC, it represents 12% of their budget.

1 **CHAIRMAN SPENCER:**
2 Thank you, Commissioner.

3
4 **LEG. FLEMING:**
5 I'm sorry to interrupt.

6
7 **CHAIRMAN SPENCER:**
8 Please forgive our interruption.

9
01:21PM 10 **COMMISSIONER TOMARKEN:**
11 So it does disease tracking which is infectious disease, things
12 like West Nile Virus, Zika, Ebola, things like that, and it's also
13 food-borne illnesses.

14
15 The second core program that would be defunded would be access to
16 immunizations, and it's been shown that for every dollar spent on
17 immunizations, millions of dollars in illnesses and health care
18 costs are saved.

19
01:22PM 20 The third program that would be cut is lead poisoning, and we all
21 know about the recent Flint, Michigan situation. And it's been
22 shown that for every dollar spent on lead poisoning prevention,
23 that between 17 and \$221 is saved. And that translates into
24 somewhere between 180 and 269 billion dollars overtime. So those
25 are the programs that would be cut by the removal of the Prevention
26 and Public Health Fund.

27
28 Other programs that will be now affected by the Medicaid cuts,
29 proposed Medicaid cuts, are developmental disabilities, and let me
01:23PM 30 give you some numbers. Two hundred and fifty thousand people with
31 Autism and other development disabilities are covered by Medicaid;
32 those people would be at risk and they would not -- there is a part
33 of the law called the I-D-E-A which would -- which requires that
34 students be offered educational opportunities, those with
35 disabilities, and the proposed -- the new Secretary of Education
36 has proposed to make that non-mandatory and that states would
37 choose whether or not to enforce that. So that population is at
38 risk.

39
01:24PM 40 The next population that's at risk is the substance abuse and
41 Opiate substance abuse people. Right now the Affordable Care Act
42 makes treatment mandatory for states to provide services for
43 substance abuse and Opiate addiction; that mandatory requirement
44 will be removed. Then it will be up to states whether or not to
45 choose to treat those individuals.

46
47 The third issue to bring to your attention is that the definition
48 of which immigrants would qualify for health care has been changed
49 from those that are considered, quote/unquote, "*lawfully present*"
01:24PM 50 to those now considered *qualified immigrants*, and no definition has
51 been provided as to what that would actually mean.

52
53 And the last point I would make -- well, there's two more points I
54 would make. There has been several estimates about the number of
55 deaths that will result from this new proposed legislation and it
56 runs as high as 45,000 people per year as a result of lack of

1 health care coverage. And I would make this point as well; when
2 you hear the word *access to care*, that does not indicate people
3 obtaining services for health care. We all -- we all have access
4 to coverage and to care, but only some of us can afford it. So
5 when you hear that term *access to care*, *access to coverage*, it
6 doesn't necessarily mean the people are going to get the care that
7 we -- some think they need.

8
9 At the end of the day, the tax subsidies that will be removed will
01:26PM 10 eliminate a lot of people from health care coverage, and as well
11 their premiums, those who can afford it, their premiums will rise
12 based on the Congressional Budget Office estimates.

13
14 **CHAIRMAN SPENCER:**

15 I -- thank you, Commissioner. What I have to do, though, in
16 fairness, and I wish I was in a better position to be able to push
17 back, because the numbers you gave are very compelling. But I know
18 that there would be -- under the current Affordable Care Act right
01:26PM 19 now, there are situations where there were supposed to be options
20 for care, and there are small business owners and people that have
21 seen just their premiums rise to where it's so untenable and then
22 the care that they're paying for is a catastrophic plan where they
23 have a deductible with 15 or \$20,000, and so there's the appearance
24 of access to care when there's really not specific -- there really
25 isn't access to care. Is there -- I was thinking this through from
26 the standpoint of being well-intentioned of trying to get
27 information out there, and it could appear that those last remarks
28 although I understand the position where the numbers are coming
29 from could -- if there was someone that was well versed on the
01:27PM 30 current proposals. And I don't know, maybe our next speaker
31 because I think, Colette, you're pretty well versed in looking at
32 the features of the American Health Care Act, that you might be
33 able to address some of those issues. Because I do want -- I know
34 it's impossible to have a balanced discussion and everyone has
35 their opinion, but I am trying to be as objective as possible and
36 not appear to be partisan.

37
38 *(*Legislator Browning entered the meeting at 2:27 p.m.*)*

39
01:28PM 40 **COMMISSIONER TOMARKEN:**

41 These are all estimates.

42
43 **CHAIRMAN SPENCER:**

44 These are estimates.

45
46 **COMMISSIONER TOMARKEN:**

47 Because no one knows if somebody --

48
49 **CHAIRMAN SPENCER:**

01:28PM 50 But it's still -- the estimates are based on assumptions and
51 whether or not those assumptions are proven to be true. But again,
52 I take them. I know that --

53
54 **LEG. CILMI:**

55 Doc? Mr. Chairman, I find this totally objectionable.

1 **CHAIRMAN SPENCER:**

2 Sure.

3

4 **LEG. CILMI:**

5 This whole discussion. We're talking about legislation that hasn't
6 even been -- it's still being worked on, it hasn't been formalized,
7 it will change.

8

9 **CHAIRMAN SPENCER:**

01:28PM 10 Sure, sure.

11

12 **LEG. CILMI:**

13 It will change. And whether or not they're going to vote on it
14 today doesn't matter. They haven't voted on it yet, and it's only
15 one house that's voting on it today. And we all know that
16 legislation changes between when one house votes and then the other
17 house votes and whether or not it passes. Is it still -- it
18 remains a question. But we're talking about that and we're talking
19 about it here. And for the good doctor -- and I underline the word
01:29PM 20 good doctor, I have the utmost respect for you, Dr. Tomarken -- but
21 for the good Doctor to sit here and make a statement based on what
22 somebody else said, that we're expecting 45,000 deaths, or it's
23 been approximated that we'll have 45,000 deaths as a result of this
24 legislation if it passes is totally inflammatory and totally
25 premature. And to have a discussion without somebody to sit here
26 and controvert some of the -- some of the things that are being
27 said is unfair. It's just -- and I won't say partisan.

28

29 **CHAIRMAN SPENCER:**

30 Okay. So --

31

32 **LEG. CILMI:**

33 Because it's not partisan, but it's unfair.

34

35 **CHAIRMAN SPENCER:**

36 Your points are well taken. As the Chair, in weighing those
37 considerations, I do feel that the 400 or 500 individuals that's
38 weighing health care for the 200 or 300 million people in this
39 country at least my role as far as having a dialogue for whatever
01:30PM 40 it's worth to impact that I think is reasonable. And I think for
41 wherever is possible, as imperfect as this discussion may be, I
42 will do my best, and I hope that you will help me, that when we see
43 points that are perhaps a matter of opinion, that we point that out
44 and that we try to get -- if there is some helpful information that
45 we can get out, then let's make the best of that. And I -- you
46 know, and maybe what I can do is try, in future discussions, to try
47 to see what I can do to make it more balanced. But I did try to
48 lay those ground rules up front, and you've put your objections on
49 the record. And so what I'd like to do is to try to continue in
01:31PM 50 such a way. And Dr. Tomarken, thank you. Thank you for, you know,
51 again, that's your assessment. And Legislator Cilmi, thank you for
52 explaining what the concerns are with that and that it's not one
53 sided. Legislator Browning, Legislator Kennedy, Legislator
54 Fleming, and then I want to continue with my panel. Legislator
55 Browning.

56

1 **LEG. BROWNING:**

2 Thank you. This was something that I -- I'm the one that made that
3 request to have this looked at. I don't think it's good for us to
4 wait until something's voted on, to then come back and say, you
5 know, *Well, this is the impact on Suffolk County.* When I look at
6 the changes, and actually the most recent changes on the Medicaid.
7 I looked at, okay, how many Medicaid employees do we have here in
8 Suffolk County? And if we were to no longer have Medicaid, is
9 there an impact on Suffolk County and Suffolk County workers that
01:32PM 10 could potentially lose their jobs? So I think it's a bigger
11 picture. And I understand that everything is changing, but as it
12 stands right now, supposedly there's going to be a vote today.

13
14 We just talked about the Opiate addictions and we're -- you know,
15 when we look at immunizations and we look at people with
16 developmental disabilities. You know, there's nothing set in stone
17 right now, but I think based on the information we have right now,
18 I think it's a good idea for us to be able to assess, and we have
19 some people in front of us right now who can help us to assess what
01:32PM 20 the impact might be.

21
22 **LEG. CILMI:**

23 But --

24
25 **LEG. BROWNING:**

26 To give us an opportunity to be able to go to our Legislators and
27 say, *Hold on a minute.* If this is the way it is -- if we were to
28 accept this the way it's laid out today, this is the impact.

29
01:33PM 30 **LEG. CILMI:**

31 Based on what they're saying. My point is that -- I don't
32 necessarily deny that it's a good idea to discuss impending
33 legislation while it's being discussed. But then you have to do it
34 in a way that's fair. And so you'd want to have people here who
35 could speak with knowledge about the legislation that's been
36 proposed, you know, in terms of its benefits. Because clearly the
37 objective is not to have the world come crashing down here.

38
39 **LEG. BROWNING:**

01:33PM 40 And I asked for the positives and the negatives.

41
42 **LEG. CILMI:**

43 Okay.

44
45 **LEG. BROWNING:**

46 And if there's anything that's good in there, I want to hear it,
47 and that's important. You know what? I can look at this and say
48 some of it doesn't make any sense to me, and I think it's important
49 that we have Dr. Tomarken, he runs, you know, departments within
01:34PM 50 the department. You know, you're talking about mental health,
51 you're talking about drug addiction, that if there's going to be
52 cuts in funding or is it eliminations? I don't know. And if
53 there's cuts, everything rolls down hill, and if he gets cut in
54 certain areas, what is the impact to Suffolk County?

1 **LEG. CILMI:**
2 Has the doctor read -- have you read the proposed legislation?

3
4 **COMMISSIONER TOMARKEN:**
5 Yes.

6
7 **LEG. CILMI:**
8 The cuts that you talked about in Medicaid, are they cuts in actual
9 funding or are they cuts in the growth of funding?

01:34PM 10
11 **COMMISSIONER TOMARKEN:**
12 Well, there's two things; there's cuts in funding and then there's
13 requirements that are being removed. So what I was referring to,
14 for instance, in Suffolk, substance abuse is that the states will
15 no longer be required to provide those services. What any
16 individual state does their decision, so there could be cuts or
17 things could stay the same or they could go up. So it's --

18
19 **LEG. CILMI:**
01:35PM 20 So, in effect, what you're saying is that the Federal government is
21 removing some unfunded mandates from the states.

22
23 **COMMISSIONER TOMARKEN:**
24 In that particular instance, yes.

25
26 **LEG. CILMI:**
27 Right, which is something that we all screamed for the State to do
28 for us, is to remove those unfounded mandates.

29
01:35PM 30 **LEG. BROWNING:**
31 We've never said that all unfunded mandates are bad.

32
33 **LEG. CILMI:**
34 What I --

35
36 **CHAIRMAN SPENCER:**
37 So Tom, I think that everyone here --

38
01:35PM 39 **LEG. CILMI:**
40 No, I'm done. I'm not listening.

41
42 **CHAIRMAN SPENCER:**
43 No, but I think you've made it very clear and I think you've done a
44 service by what you placed on the record and I'm going to move
45 forward. Legislator Kennedy, did you want to -- or you have a
46 comment?

47
48 **LEG. KENNEDY:**
01:35PM 49 Thank you, Dr. Spencer, for bringing up this board to speak with us
50 today. Ladies and Gentlemen of the board, I have been on the phone
51 about this bill to the Congressman's office, I don't know, 50 times
52 with the multiple changes that have been going on. I appreciate
53 you being here and give us your best. But note that things are
54 changing minute by minute and the decisions will not be in our
55 hands; the decisions that right now are at the Federal level, they
56 will be at the State level, not at the County level. I don't

1 foresee anything that we will be able to change at this point.
2 But I understand what Tom is saying, we have been taking a lot of
3 battle in each question that is being battled about this bill.
4 I do what my job is and call the Congressmen and say, *Hey, what is*
5 *the cut, what are the numbers, what are they talking about,* and I
6 get answers that change according to the hour. At this point, I'm
7 at A 3% cut in Medicaid across the board with no specifics in
8 there. There are some cuts that have to be made because the
9 Federal government is in as much trouble as we in the County are in
10 financially. We have been giving and giving and giving and we have
11 minimal left.

01:37PM

12
13 But that aside, I appreciate you being here. Give us your best and
14 then come back once both houses have gone through this bill and
15 it's been analyzed, please, and let us know where we stand in your
16 opinion. Thank you.

17
18 **CHAIRMAN SPENCER:**

19 Legislator Kennedy, you could not have said more wiser words to
20 guide us. Thank you for that.

01:37PM

21
22 **LEG. KENNEDY:**

23 Nobody want to fight on this.

24
25 **CHAIRMAN SPENCER:**

26 And Legislator Browning, thank you so much. I meant to state that
27 up front, I neglected to do that, but this was at the request of
28 Legislator Browning and I appreciate you asking us to do this.

29
30 **LEG. BROWNING:**

31 Yeah. I mean, I'm just concerned that it's after the fact when
32 everything's approved that we find out the negative impacts and we
33 can learn some positives, you know. I heard Paul Ryan talk about
34 the money that he was going to take from Planned Parenthood and he
35 was going to give it to the Federal health centers; I would assume
36 that money is going to you. If the money is going to you or going
37 to Planned Parenthood, I'm okay with that, you know, as long as
38 somebody's getting it to provide -- to continue the service, that's
39 my main concern. It doesn't matter to me who's got the money, it's
40 who's going to provide the service.

01:38PM

41
42 So again, I know everything is changing. And I look at, you know,
43 this press release about the Medicaid and how it's shifting. I
44 think, honestly, my opinion is that, you know, the Medicaid shift
45 is going to create more cuts on us somewhere else. They're going
46 to go, *Okay. Well, you don't have to pay that \$240 million, but*
47 *we're going to cut you somewhere else,* and we need to be sure that
48 that's not going to happy to us because then it doesn't make us any
49 better. So, sorry for --

50
51 **CHAIRMAN SPENCER:**

52 No, perfect. Legislator Fleming has a brief comment.

53
54 **LEG. FLEMING:**

55 Thank you. Just briefly in response to Mr. Cilmi's concerns.
56 We're the Health Committee, we have our Health Commissioner in

01:39PM

1 front of us, you know. He is a sworn Health Commissioner, the
2 Chair of the Health Committee. We understand that a monumental
3 piece of legislation is being considered at the Federal level and
4 we have a responsibility to know what it's going to cost, both in
5 dollars and the human impacts, as well as what services, both
6 non-critical and critical, we are going to see fall by the way side
7 with regard to Medicaid cuts.

8
9 So, you know, when I served on the Town Board, if there was a very
01:39PM 10 important piece of legislation that was being considered by the
11 County Legislature, I would let my Legislator know what my concerns
12 were and would, from time to time, come to committee and express
13 that. I would hope that our Federal representatives are paying
14 attention to what we as a committee are doing under the procedures
15 by which our government operates in order to determine what the
16 impacts are going to be and let our voices be known if we feel, as
17 I do, that it's going to have a devastating impact on the dollars
18 that we see committed to health care in our community and to the
19 human beings who are part of our community. So I applaud
01:40PM 20 Legislator Browning's calling for this and I applaud you, Dr.
21 Spencer, Mr. Chairman, for putting this on. I don't want to get on
22 a soap box, but I think it's extremely important and thank you for
23 it.

24
25 **CHAIRMAN SPENCER:**

26 Thank you, Legislator Fleming.

27
28 So with that, our next speaker is Colette Knuth who is a Doctorate
29 of Policy Analyst and President of the Huntington League of Women
01:41PM 30 Voters. Thank you very much. And please give us your
31 introduction.

32
33 **MS. KNUTH:**

34 Well, thank you very much for the opportunity to speak. I wear two
35 hats. I am the President of the League of Women Voters of
36 Huntington and we have been conducting a series of sessions to
37 provide the community with information about health care policy.
38 We are looking at it at the national level because so much of it
39 does effect everyone at the State, local and every government
01:41PM 40 level.

41
42 The other hat that I wear, as I said, I am a health care policy
43 analyst. I have a PhD in Political Science and I have been
44 studying health care policy as well as health care services, I
45 don't even want to tell you how long.

46
47 *(*Laughter*)*

48
49 I don't have any real opening statement because I understand the
01:42PM 50 that Dr. Spencer would like me to do a comparison of ACA to the
51 American health care affordable act -- excuse me, American Health
52 Care Act and I can get into some specifics when I do that
53 presentation.

1 **CHAIRMAN SPENCER:**

2 Perfect. You're actually going to be the first one to kind of kick
3 it off once I get through our introductions, so thank you. And so
4 our next panelist, Pat Bishop-Kelly who's a Board of Health member,
5 but also a member of the Board of Advisors for American Cancer
6 Society. Welcome, Pat.

7
8 **MS. BISHOP-KELLY:**

9 Thank you, Dr. Spencer, and thank you to the Health Committee. On
01:42PM 10 behalf of the American Cancer Society, we are very grateful to have
11 this opportunity to discuss this very important issue, especially
12 through the lens of the cancer patients. A little bit of
13 background. I'm the former Director of Advocacy for the American
14 Cancer Society and currently a member of their Board of Advisors.

15
16 The American Cancer Society -- and just I wanted to make sure that
17 everybody is aware of this, we're a nationwide community-based
18 voluntary health organization dedicated to eliminating cancer as a
19 major health problem. We are a not-for-profit and a nonpartisan
01:43PM 20 organization. So today I'm going to attempt to briefly detail some
21 of the potential impact of the proposed legislation, as much of it
22 as we know, to replace the current Affordable Care Act. But I
23 really want to go on to discuss what really is on the table and
24 present for the cancer patient.

25
26 **CHAIRMAN SPENCER:**

27 Pat, what I'm going to do, that is your specific question and
28 that's going to get into the meat of the topic. So I think.
29 Dr. Tomarken actually answered his question already, so I'm going
01:43PM 30 to actually come back to you for the detail on that, if you
31 wouldn't mind.

32
33 **MS. BISHOP-KELLY:**

34 Okay.

35
36 **CHAIRMAN SPENCER:**

37 And I'll just get our last introduction out of the way and then I'm
38 going to tell each of you your question and we'll do it that way.
39 Is that okay?

01:44PM 40
41 **MS. BISHOP-KELLY:**

42 That's fine.

43
44 **CHAIRMAN SPENCER:**

45 Thank you very much. Kathy Giffuni, welcome. And if you could
46 just introduce yourself.

47
48 **MS. GIFFUNI:**

49 Thank you for having me. Again, I'm Kathy Giffuni, I'm the Nurse
01:44PM 50 Manager at the Dolan Family Health Center. We are a primary care
51 center that deals with the medically underserved. We've been in
52 Huntington for 21 years. We have morphed over 21 years,
53 continually, as legislation has changed, as the population has
54 changed, as the insured, the uninsured, everybody, we just are
55 there for the patients.

1 We do believe we are a safety net for the community giving
2 excellent quality care. We've been -- we've been designated with
3 many quality designations for the excellent care that we give,
4 which we're very proud of. We are on the cutting edge of
5 population management, transitions of care, as well as preventive
6 care the way the country needs to be moving rather than reacting to
7 care -- rather than reacting to illness, but preventing it as well.
8 Part of Huntington Hospital and Northwell Health, we're very proud
9 to be the Safety Net for our community.

01:45PM 10

11 As has been made very clear here, we really don't know what's
12 coming forth. What I do know is that my health center will be
13 there, that we will be strong and we will be there for the
14 community members, the people, the over close to 10,000 lives that
15 we take care of, women, infant, children. We will be there and we
16 will continue to morph how we need to morph, and we look to the
17 Legislator -- Legislature to help us do that.

18

19 **CHAIRMAN SPENCER:**

01:45PM 20

21 Thank you. So the questions that I have, that are specifically
22 designed for each of our panel members, we're going to take about
23 five to seven minutes on each question. And the first within is to
24 Colette and that is what are the key differences between the ACA,
25 or the Affordable Care Act, and the American Health Care Act? And
26 as a policy analyst, could you kind of give us an overview of the
27 differences.

27

28 **MS. KNUTH:**

01:46PM 29

30 Thank you. I've prepared a relatively lengthy summary of my
31 comments and given copies, I've prepared copies for the committee,
32 but I'll try to do a seven minute quick one.

32

33 **CHAIRMAN SPENCER:**

34 Thank you.

35

36 **MS. KNUTH:**

01:46PM 37

38 One of the key differences between the Affordable Care Act and the
39 American Health Care Act really have to start out with the process.
40 The AC -- AHCA has a two-fold goal which is really repealing and
41 replacing ACA, and this process is actually going to be over
42 successive steps.

42

43 The first step that's being taken today, if that bill actually goes
44 to vote, is a budget reconciliation bill that limits AHCA to issues
45 related to spending and debt ceiling legislation. So as a
46 consequence, it has some limitations in terms of what it can
47 address, but there are a number of things that I can say that it
48 does address. I'm going to be speaking about this through the
49 filter of three categories. These are categories that you often
50 find in any discussion of health policy. We look at quality, we
51 look at access and we look at cost. However, in this case I will
52 be focusing on quality access and cost as it applies to health
53 insurance.

01:47PM 50

54

55

56

1 So let's turn to quality. For insurance policies that are
2 purchased through health insurance marketplaces, ACHA retains
3 nearly all of the quality factors under ACA, including the
4 requirements that policy provide essential health benefits.
5 However, as you know, within the last couple of hours there is
6 conversation about breaking up those essential health benefits to
7 allow the consumer to choose what coverage they wish. It also
8 continues to allow parents to keep children up to age 26 under
9 coverage, and it provides preventive health care services at this
01:48PM 10 moment. I literally have been on the Internet watching this bill
11 as it proceeds.
12

13 **LEG. FLEMING:**

14 Where are you watching it?
15

16 **MS. KNUTH:**

17 Now, while defined as spending restrictions, ACHA prohibition on
18 paying for abortions for some may actually be a quality issue.
19 When we look at quality, that's one of the chief areas that ACHA
01:49PM 20 actually focuses on, but there are some other things that they
21 focus on in regards to quality. And I should say that one of the
22 things that I do find that may need more definition is how much
23 impact ACHA will have on non-marketplace insurances. Implicit in
24 the repeal of the employer mandate, however, makes me believe that
25 there may be actual changes in that as well.
26

27 The Cadillac Plan, for example, the excess tax for employer
28 sponsored plans has been eliminated. And if we look at past
29 proposals to revise or to reform the ACA, particularly the ones
01:49PM 30 that have been brought forward by Paul Ryan and Tom Price, we start
31 to see where we may see the evolution of ACHA over time. For
32 example, tangent to quality, which I think is tangent to quality,
33 is the retention of the minimal medical loss ratio standard; that
34 is still being retained as of this time.
35

36 There are measures in this bill that also revise health reform
37 liability, there has been a lot of conversation about that in
38 regards to reducing costs. And in Paul Ryan's bill, there was
39 additional information about how the food stamp program would be
01:50PM 40 reformed, so it gives you an idea, the universe of ideas that are
41 going around in making this reform.
42

43 Now, if I turn to access, you see that ACHA has some far reaching
44 effects on access to care, and this is particularly true in terms
45 of the Medicaid program as we've been discussing. ACA's effect in
46 giving states the option to receive Federal funding to open
47 Medicaid benefits to higher income citizens, or those who have
48 incomes above 133% of the Federal poverty level, is a significant
49 part of ACA's performance. With the Medicaid and CHIP Payment and
01:51PM 50 Access Commission reports that as of September 2016, 73.1 million
51 individuals are enrolled in Medicaid or CHIP and the enrollment has
52 increased by 15.7 million among 49 states reporting both baseline,
53 that is July through September, 2013 and September 2016 data.
54 Overall this represents an increase, a 27.9% increase over the
55 baseline.
56

1 Now, beginning in 2014, ACA fully funded newly eligible adults and
2 phased down its funding over the years down to 90% in 2020. ACH --
3 HAC -- we have to come up with some words so there's not too many
4 As. AHCA repeals the raised eligibility threshold and reduces
5 Federal funding to 80% by 2020. It also reduces the eligibility
6 threshold for children from 138% to 100% of the Federal poverty
7 level for children age six through 19. Now, I did see that some
8 analysis show that in expansion states could face up to a 40%
9 difference between the Federal funding enhancements that they
01:52PM 10 expected to receive in 2020 for the expansion population than what
11 they would have actually received -- than what they would actually
12 receive under AHCA.

13
14 The other thing that AHCA would do if it is passed is that it would
15 convert Medicare financing to a per capita cap beginning Fiscal
16 Year 2020. So that would mean that for successive years, states
17 will have Federal funding reduced by the amount of access payments.
18 So states that overspend after that period will have to return what
19 they spend or they will not receive that same amount of funding,
01:53PM 20 they would be deducted from that same amount of funding that they
21 receive in the successive year.

22
23 There will be a change in how often Medicaid eligibility is
24 determined. Currently it is annual redetermination, that would be
25 changed to six months; and the three-month retroactive Medicaid
26 eligibility ruled by -- set by ACA would be eliminated. Additional
27 measures that will be put in place to confirm citizenship in
28 regards to being eligible for Medicaid, and that states that have
29 opted not to expand Medicaid enrollment will be provided
01:54PM 30 approximately \$10 billion in Federal support through Fiscal Year
31 2022.

32
33 Now, of particular importance to providers in regards to ACHA is
34 that ACHA disallows providers from exceeding their cost of services
35 to Medicaid in uninsured patients. That's a point that I would
36 like to research more to see exactly how ACA actually handled that
37 group, but that is something that you're reading in the news a lot
38 of a concern for providers. ACHA also rescinds upcoming ACA
39 reductions to Medicare and Medicaid Advantage plans.

01:54PM 40
41 **(*Presiding Officer Gregory entered the meeting at 2:54 p.m.*)**

42
43 These reductions are based on the assumption that Medicaid
44 expansion as they exist now, they are based on the assumption that
45 Medicaid expansion would still be in effect. So ACA assumed that
46 the Medicare expansion would still be in effect; but again, that
47 particular reduction would stay in place regardless of whether ACA
48 is still in effect.

01:55PM 49
50 **LEG. CILMI:**

51 I'm sorry, can I interrupt? Can you just repeat that part, please?

52
53 **MS. KNUTH:**

54 So the reductions that ACA had mandated for Medicare and Medicare
55 Advantage plans will stay in place. And the logic behind ACA is
56 that there was an assumption that the Medicaid expansion would

1 still be in effect with having more patients available to those
2 providers. With a contracting of the number of patients to those
3 providers, that's why you're seeing a lot of concern on the part of
4 providers about that particular mandate staying in place as of this
5 moment. I didn't see a change in that as of now.

6
7 ACH -- AHCA would also repeal ACA's Hospital Presumptive
8 Eligibility Program in which hospitals can temporarily enroll
9 patients who appear to be eligible and begin to get paid for their
01:56PM 10 care while their applications are pending.

11
12 One AHCA measure that may be of special concern to patients seeking
13 Medicare enrollment is in regards to covering the cost of long-term
14 care services. Currently there is -- states have the ability to
15 basically set a certain cap for home equity deductions so that home
16 equity would not be included in the calculation towards whether a
17 person is eligible for Medicaid. Currently New York State has that
18 cap of \$840,000; AHCA would set the cap, a Federal cap of \$500,000.
19 AC -- AHCA also appears -- appeals additional ACA funding to states
01:57PM 20 to increase home and community-based personal attendant services
21 for children and adults with severe disabilities.

22
23 As noted earlier, as a budget reconciliation bill, AHCA can only go
24 so far in addressing issues related to availability of health care
25 services. It does provide -- ACA currently provides additional
26 funding for community enrolled health services as well as
27 educational funding to increase the number of non-physician medical
28 providers. These measures, however, were based on increases in
29 insured patients and Medicaid enrollments. It repeals the 21st
01:58PM 30 Century Cures bill which was a bill that not only provided cancer
31 research dollars and research dollars for other diseases, but it
32 also has been identified by providers as an important loss in
33 Federal funding for medical training in areas of high disease
34 prevalence.

35
36 Now, I think that when we look at AHCA, we also need to look at the
37 recently released White House budget just to see where these
38 measures may be going, because I do think that they work, in a
39 sense, hand-in-hand. And we also need to look at some of the
01:58PM 40 measures that are being proposed to provides states with greater
41 freedom in terms of using Block Grant funding to address certain
42 issues that are related to the care of their residents.

43
44 Currently the budget proposes eliminating \$403 million on health
45 professions in nursing training programs. However, it provides
46 \$144 million to the Office of Rural Health Policy to support rural
47 hospitals and rural health care providers in their provision of
48 care. This includes a \$10 million budget for Rural Opioid Overdose
49 Reversal Programs which aims to reverse the incidence of morbidity
01:59PM 50 and mortality as related to Opioid overdoses, particularly among
51 rural communities.

52
53 Now, let me turn to the final piece which is cost. There are many
54 estimates about the effect of the implementation of AHCA, but I am
55 going to refer to some of the estimates that we see that came out
56 of the recent Congressional Budget Office Report. It indicates --

1 it estimates that HCA -- AHCA would reduce Federal deficits by \$337
2 billion over the years 2017 and 2026; these savings would come
3 primarily from cuts in Medicaid spending. On the County level,
4 AHCA would also disallow states from sharing the costs of Medicaid
5 program spending with counties that have smaller populations. This
6 provision would not apply to New York City which would continue to
7 pay its share of Medicaid costs.

8
9 Now, I have a list of all of the taxes that are repealed by AC --
02:00PM 10 by the AHCA, but I'll just touch on some of them. There would be
11 an increase in Medicare payroll tax rate on wages for high wage
12 individuals; also a 3.8 tax on unearned incomes for high income
13 payers, that would be repealed; there would be a repeal on the tax
14 on health insurers that is in place with ACA; the tax on
15 pharmaceutical manufacturers; the excise tax on the sale of medical
16 devices; and the excised -- and provisions including costs for
17 over-the-counter drugs from being reimbursed through tax preferred
18 health savings accounts.

19
02:01PM 20 And to close, I do want to talk a little bit about citizens who --
21 apparently it looks as though ACHA (*sic*) points very much towards
22 people who are going to purchase their health insurance through
23 exchanges. It also focuses -- but it also provides them with
24 assistance in covering the cost of their insurance. Currently AC
25 -- there is a different, though, between the kinds of tax credits
26 that are allowed by ACA and how AHCA addresses that.

27
28 Currently ACA provides advanced tax credits based on income and
29 insurance premium rates. AHCA would provide subsidies -- excuse
02:02PM 30 me, they would provide tax credits that would be based on age and
31 income. It proposes that families would be able to claim credits
32 for up to its five oldest members with a limit of up to \$14,000 per
33 year. Taxpayers who are also enrolled in qualified, small employer
34 health reimbursement arrangements would also have a tax credit
35 reduction, but not below zero. Premium tax credits could be
36 applied to any eligible individual health insurance policy, but not
37 those that are grandfathered or grandmothers or are sold by the
38 ACA Health Exchange. In addition, credit can be applied to
39 unsubsidized COBRA premiums, and I do provide you with the details
02:02PM 40 about what credits would be available per age in my material.

41
42 It repeals the ACA mandate limiting the age rating ratios which
43 currently are at 3 to 1, returning it to its original ratio of 5 to
44 1. ACA also makes reforms to preexisting condition coverage
45 allowing insurers to charge an additional 30% more in premiums to
46 individuals who do not maintain continuous coverage.

47
48 The AHCA also encourages citizens to contribute to Health Savings
49 Accounts by increasing the annual tax-free contribution limit to
02:03PM 50 equally -- to be equal to the limit on out-of-pocket cost sharing
51 under their current insurance policies. Annual contributions of up
52 to \$6,550 for individual coverage and \$13,100 for family coverage
53 are allowed. Excess premium tax credits can be contributed to
54 Health Savings Accounts.

1 Now, the upshot of these costs savings and advanced tax credits
2 are -- have a possible impact on State budgets. The New York State
3 Governor's Office reports that over 27 million New Yorkers would
4 lose coverage with the passage of AHCA; Counties across New York
5 would lose 595,000 -- million dollars in direct spending; New York
6 residents would lose \$250 million in health care savings credits.
7 It estimates that one thousand -- 152,631 Suffolk County residents
8 would be at risk of losing their coverage.

02:04PM 9
10 States attempting to continue to assist citizens who are uninsured
11 before ACA will have to make careful study of how they succeed.
12 ACHA's Innovation and Stability Program provides states the
13 opportunity to receive \$15 billion for the first two years and \$10
14 billion a year through 2026 for initiatives that, one, establish
15 high-risk insurance pools, stabilize health insurance premiums,
16 promote participation in individual and small group insurance
17 markets, promote access to preventive care including dental visits
18 and vision care; providing health care services and/or providing
19 patient assistance for out-of-pocket medical costs.

02:05PM 20
21 Finally, there's little comparison between ACHA and ACA in regards
22 to putting downward pressure on the cost of medical care. ACA
23 included a number of government incentives to provide -- to
24 providers to rein in costs. Part of this may be because we are
25 dealing with a budget reconciliation bill and some of these factors
26 cannot be addressed currently by ACA -- AHCA, and they may come
27 later. However, there are definitely different assumptions between
28 AHCA and ACA. AHCA has the assumption about the -- has assumptions
29 about the impact of market competition to drive down not only
02:06PM 30 insurance premiums, but also the cost of health care services, and
31 I've provided you some information with that. In any regards, as
32 our population continues to age, this is a problem that needs to be
33 addressed. And I'm out.

34
35 **CHAIRMAN SPENCER:**
36 That was incredible, it really was.

37
38 **MS. KNUTH:**
39 Thank you. I don't think I did it in seven minutes

02:06PM 40
41 **CHAIRMAN SPENCER:**
42 And I used the discretion. I apologize to my other panelists, but
43 you can see that that really was getting to the crux of what we
44 needed, because I did say, you know, seven minutes, but that needed
45 to be out and on the record. I thought it was fair, I thought it
46 was up-to-date, I thought it was objective, and I think that I was
47 just getting kind of whispers from my colleagues who seemed to be
48 absorbing the information, so I did use a little discretion to
49 allow that to continue and I thank you for that. That was great.

02:07PM 50
51 **MS. KNUTH:**
52 Thank you very much.

53
54 **CHAIRMAN SPENCER:**
55 Legislator Calarco has a pressing --

1 **D.P.O. CALARCO:**

2 No, no, I'm good.

3
4 **CHAIRMAN SPENCER:**

5 No, he's good, okay. So, thank you. Thank you for that. My
6 second question, I'm going to skip around, goes to Kathy -- I'll
7 get it, Giffuni, it's a J -- who has direct access with patients.
8 How do you foresee these differences impacting the patients and
9 population you work with? And understandably, I know that each of
10 these questions are not going to be as long, but I thought that
11 first question to kind of lay out the entire issue. So don't feel
12 that you have to fill in that much time; in fact, it probably --
13 it's going to be less. But anyway, what do you think about that
14 question?

15
16 **MS. GIFFUNI:**

17 I can tell you that my patients are frightened, my patients are
18 concerned. They're not -- for the majority of the population that
19 I deal with, they're not terribly educated in terms of being able
20 to read law the way Colette can do. How this will effect them is
21 very, very concerning to them, and the guidance that we could give
22 them or you could give them is all emerging day by day.

23
24 So to address their fear is real. I think it's important for
25 everybody to know that a great part of our population here in
26 Suffolk County will be affected and they're frightened. And just
27 as we are grappling with it, they are even more, you know. I think
28 it's important to be able to understand the laws when they come
29 forward, especially the ones -- oh, especially the ones that will
30 effect certain populations and be able to guide patients
31 accordingly. But their fears are real.

32
33 So how it will affect them we don't really know yet. Certainly the
34 amount of patients that will lose insurance is -- you know, the
35 numbers are in front of us. I can tell you that with the
36 Affordable Care Act, similarly to what you've heard tonight, my
37 self-pay rate, my patients who used to be self-pay were 28%, 29%,
38 now they're 21%. So there has been an effect and my patients have
39 been able to access care, not just primary care, but speciality
40 care, community care, programs that they couldn't access before.
41 So this will definitely be interesting and it will evolve and we
42 need to be there for them.

43
44 You know, we as health care providers, you as Legislators, you
45 know, the information needs to be forthcoming and the guidance
46 needs to be forthcoming. To navigate the health care system under
47 the best of circumstances is incredibly complicated, for all of us
48 who are educated and have means. And all the things we have at our
49 disposal, it's that complicated, so take it back to the patient
50 that doesn't have everything, it's unbelievably complicated and
51 frightening for them and their families.

52
53 So I stand with my health center to wait and to see and to, you
54 know, believe that the best things, you know, will comfort forth
55 for our patients. But, you know, the effect will be there, whether
56 they receive the care that they need to receive or not, that

1 will -- you know, that will come in the future.

2
3 **CHAIRMAN SPENCER:**

4 Thank you. And that's one of the reasons that, you know, we want
5 to be aware, because the health centers were under the County
6 control and were involved in the transition and having you here
7 managing the Dolan and Hudson River partners who are here to just
8 make sure that we are getting feedback and hearing what you're
9 hearing every day and so that we can do everything we can to
02:11PM 10 prepare for the changes and be able to make a smooth transition to
11 minimize anyone from being displaced or having unnecessary pain and
12 suffering.

13
14 My next question goes to Pat Bishop-Kelly, and a key area of
15 interest in the ACA was cancer research. As former Director of
16 Advocacy for the American Cancer Society and an active member of
17 the Board of Advisors for American Cancer Society, how do you
18 understand the proposed bill impacting these organizations?
19

02:12PM 20 **MS. BISHOP-KELLY:**

21 Well, first of all, research now is addressed, the main thrust of
22 the research is in the President's budget for 2018, and a minimum
23 of it is addressed in the AHCA. However, what I can tell you is
24 that the proposed budget would cut the investment in the National
25 Institute of Health budget by 19% or 5.8 billion which would result
26 in a one billion cut to cancer research at the National Cancer
27 Institute. This would represent the largest loss to cancer
28 research in history.
29

02:12PM 30 Local facilities also who work under the National Cancer Institute
31 or NIH grants would also lose significant funding for their
32 ground-breaking research such as Cold Spring Harbor, Stony Brook,
33 Brookhaven National Labs. One of the things that I think people
34 don't realize is when there are budget cuts to research, it doesn't
35 just stop at the work bench in the laboratory; it has, if you
36 would, a trickle-down effect throughout the entire organization.
37 For instance, administrative staff would lose their jobs, IT people
38 would be -- either lose their jobs or downsize; air-conditioning
39 refrigeration heating people who are no longer needed to keep those
02:13PM 40 labs running would no longer have an opportunity to work. Vendors
41 who work and do business with the laboratories would also see a
42 decrease in the downsizing in their business. So that also, in
43 terms of the diminished research money, has an effect on the local
44 economies as well.
45

46 We also would see a definite downturn in the Cancer Moonshot. I
47 think many of us have become aware of this, that six months ago
48 Vice-President Biden was put in charge of the Cancer Moonshot and
49 we had just passed a bipartisan bill that was very vigorously
02:14PM 50 supported bipartisan -- in a bipartisan manner for the Century 21
51 Cures Act which would have essentially provided on an ongoing basis
52 billions of dollars, in a discretionary manner, on a yearly basis
53 for cancer research.
54
55
56

1 If these budget cuts take place, we have anticipated, because of
2 the cost of inflation, we would be back to our standing in 2000 --
3 in the year 2000; in other words, we would have a downturn in
4 research capabilities that would take us back about two decades.
5 So we're very concerned about, you know, the potential for the cuts
6 in the budget. If that was, you know, your question --

7
8 **CHAIRMAN SPENCER:**

9 It is, and I guess I understand those cuts. What I'll do, just a
10 little bit of -- just on the other hand, though, with the impact on
11 the local economy as far as maybe the proposed savings or the
12 increased or decreased burden on small businesses, would there be
13 any sort of counterbalance to that? And I know it's impossible to
14 answer that, but I guess just trying to keep a fair and balanced
15 discussion. I think that one of the big drivers of the AHCA would
16 be a reduced burden on small businesses, reduced deficit. So there
17 would be cuts to those particular programs. What is your thoughts,
18 or any member of the panel, do you think that with the decreased
19 deficit, would that counterbalance some of those cuts?

20
21 **MS. BISHOP-KELLY:**

22 Well, I'm thinking also that when you have a decrease in
23 research --

24
25 **CHAIRMAN SPENCER:**

26 Uh-huh.

27
28 **MS. BISHOP-KELLY:**

29 Research is a main -- is an economic driver, you know, there's no
30 question about that, but there's also the other piece of this.
31 Now, we're not talking about the Health Care Act, we're talking
32 about the President's proposed budgets which are two different
33 things.

34
35 **CHAIRMAN SPENCER:**

36 Okay.

37
38 **MS. BISHOP-KELLY:**

39 Okay? So that's what I wanted to make sure, that we're not talking
40 about the Health Care Act.

41
42 **CHAIRMAN SPENCER:**

43 Okay.

44
45 **MS. BISHOP-KELLY:**

46 We're talking about the Presidential proposed budget for 2018, and
47 research is an economic driver. And as I said, with cuts to the
48 research budget, there is a trickle down in terms of what happens
49 at the laboratories and the surrounding communities that service
50 those laboratories. However, there is an effect with the cancer
51 patient insofar as cutting edge research is no longer going to be
52 available, and therein lies the human cost. You know, we no longer
53 will have those cutting -- instead of let's say the NCI -- and I
54 know over the past few years, because I've been working on trying
55 to get increased funding, where we used to be able to take one in
56 three research proposals for the National Institute of Health or

1 the National Cancer Institute, the past few years we would only be
2 able to take one in six which is, you know, quite a downturn in
3 terms of some really cutting edge research, but they've had to make
4 those cuts. So I have no idea what those budget cuts would mean in
5 terms of which researchers would be allowed to proceed, how we
6 would -- how they would select the appropriate research to move
7 forward. It certainly would be a definite hit to the Century 21
8 Cures Act which provide -- which proposed very robust funding over
9 the next 5 to 10 years.

02:18PM 10

11 **CHAIRMAN SPENCER:**

12 Okay. Pat, Thank you. Thank you very much.

13

14 Allison, you've been involved in the transition, you've appeared
15 before this committee many times, and you've helped us as we looked
16 at the Federally Qualified model that has been moving forward.
17 According to your board and your understanding, these changes that
18 would be coming with the American -- the Health Care Act, are there
19 any plans as far as the transitions that we have currently in
20 place, you know, will that be impacted? Is there a contingency for
21 that? Do you see it as there being potential positive benefits?
22 What are your thoughts, as you've discussed this internally. And
23 what should we know, who we've got a lot of contracts and we've got
24 a half of dozen health centers that were in various stages of
25 transition; what does this do to our plan?

02:18PM 20

26

27 **MS. DUBOIS:**

28 I think it's important to --

29

02:19PM 30

31 **LEG. TROTТА:**

32 The microphone.

33

34 **MS. DUBOIS:**

35 So I think it's important to understand how significant --

36

37 **LEG. CILMI:**

38 You went off again. It might be that you just have to press it
39 once. As long as the green light's lit, you're good.

02:19PM 40

41 **MS. DUBOIS:**

42 Thank you. A little technical assistance there. Thank you very
43 much.

44

45 I think it's important to understand how -- what a significant
46 portion of the patients served by Hudson River HealthCare, in
47 particular the Suffolk County Health Centers that are covered by
48 Medicaid. And so potential changes to the structure of Medicaid
49 that are coming forward in the proposed legislation are things
50 we're paying a lot of attention to. The expansion of Medicaid and
51 the availability of the Affordable Care Act we believe increased
52 the number of individuals who were covered by 8,000 over the period
53 of time of 2013 to 2016. So that's a significant number of
54 individuals and that represents about \$9 million of resources that
55 are available for revenue for services rendered. And restructuring
56 Medicaid over the long-term puts those -- puts certainly that pool
of revenue at risk. And as the State would look to implement those

02:20PM 50

1 potential Medicaid changes, they can do that, you know, in very few
2 ways; eligibility, services and rates. And so those are certainly
3 strategies that are going to impact the resources available to
4 support the care that we provide.

5
6 Hudson River HealthCare is absolutely committed to care to the
7 communities that we have -- that we are currently serving through
8 the transition that was made possible here in Suffolk County. But
9 I think it's impossible to say that those services would be --
02:21PM 10 would not be impacted by this change. This is a significant amount
11 of resources and that kind of restructuring would absolutely have
12 an impact on the service delivery model, the scope of services, the
13 number of hours that are available, the number of things that can
14 be provided and the services that we can offer.

15
16 **CHAIRMAN SPENCER:**

17 Thank you. I think the original design of the Federally Qualified
18 model was to stop money from going from the Federal government to
19 the states, to the counties, and to try to almost where we're
02:21PM 20 talking about a Block Grant sort of model was ultimately having you
21 deliver care in a more efficient manner and cutting out a lot of
22 the middle processing. And so there could potentially be, do you
23 think, perhaps benefits that could come out of this?

24
25 **MS. DUBOIS:**

26 So Legislator Browning mentioned, there are some aspects to the new
27 legislation that may put new resources into the 330 Federally
28 Qualified Health Center arena, it is not clear what the process or
29 the mechanism for that would be. So there certainly seems to be an
02:22PM 30 understanding of the value of Federally Qualified Health Centers.
31 I think it's important to understand that the 330 resources, those
32 grant resources represent about 13% of our overall organizational
33 budget. And so the fee-for-service revenue provided by billing and
34 collecting for services is the vast majority of the resources
35 available for our organizational budget. And so the impact of
36 restructuring Medicaid and the exchange program certainly has a
37 disproportionate impact on our organization.

38
39 **CHAIRMAN SPENCER:**

02:23PM 40 Thank you. Last but certainly not least, and we started with Dr.
41 Tomarken, we're going to end with him. He actually answered the
42 question as far as what he saw as some of the impacts on public
43 health, but I want to just go back to the Executive Order. And I
44 know that it'll be asking departmental Commissioners, which that
45 would be you, to lay out impacts of the proposed bills in 30-days.
46 And as far as within your departments, as far as things such as
47 water quality or the Public Health Nurses, what do you -- are you
48 putting into place any contingency plans or preparations for
49 changes that may come about? And do you think that we are in a
02:24PM 50 good position as far as our resources and staffing that there will
51 be minimal disruption to the population we serve? What's your
52 personal opinion?

53
54 **COMMISSIONER TOMARKEN:**

55 Well, it's pretty difficult, if not impossible, to say at the
56 moment. Our job right now is to make an evaluation of how we think

1 this law, if it were to come to pass, will effect different
2 divisions in our department. So we have an early intervention with
3 all the preschool children, we have Public Health Nursing, we have
4 other services, communicable disease, STD. We're trying to analyze
5 that right now, and it's very difficult, obviously, because
6 everything is an estimate. And what we don't know and no one knows
7 is if someone's premium goes up or if their tax credit goes down,
8 what they will do; will they choose to spend more money on health
9 care or will they avoid health care and spend their money on
02:25PM 10 something else? So that's unknown which you can never predict.
11 All you can do is look at the past and say at a certain cost, this
12 percentage of people tend not to get insurance. We know that
13 young, healthy people tend not to get insurance, they're not
14 required to, so they won't be paying into the pool for those that
15 are needing health care and have insurance. So right now our job
16 is to try to assess the impact of the Medicaid cuts on -- potential
17 Medicaid cuts on our services and that's an ongoing process right
18 now.

02:25PM 19
20 **CHAIRMAN SPENCER:**

21 Well, I'd like to extend my thanks to the panel for being here.
22 And I know it's always, again, difficult to discuss something as
23 complex as this. I really think it boils down to some of the
24 values that we have in this country with regards to how we feel
25 about we feel about life and death and what we consider rights.
26 The issue of health care being both something that we consider a
27 right, but it is also a commodity that's subject to market forces.
28 And whether or not you are conservative or progressive, we know
29 that it's something that impacts each and every one of our lives.

02:26PM 30
31 So I do think that we managed to get through a very difficult
32 discussion and you've enlightened me personally today. I
33 appreciate the time that you've spent, and I'm hoping I can impose
34 on each of you to consider coming back again at a later date,
35 either after legislation has been passed or whatever form of change
36 that we see to get your thoughts. And if there's information that
37 you can kind of pass on to me as you see it or other thoughts or
38 opinions of things that we can do, I greatly appreciate it. Thank
39 you very much. Let's give our panel a big round of applause.

02:27PM 40
41 *Applause*

42
43 **CHAIRMAN SPENCER:**
44 Tom, I'm sorry, man.

45
46 **LEG. CILMI:**
47 Why are you apologizing?

48
49 **LEG. FLEMING:**
02:27PM 50 If I may, Mr. Chairman? I would just like to thank you for pulling
51 this together. I think it's absolutely our responsibility to look
52 at these issues and I think was a very, very enlightening
53 discussion. Thank you.

54
55 **CHAIRMAN SPENCER:**
56 Thank you.

1 So with that, we have the Clerk, we have our Counsel, I'm sure he's
2 very happy that now we're going to move on to our agenda. And
3 you'll be happy to know that the agenda today is take the money,
4 everything is all take the money. So in any case, Craig, I'm going
5 to ask if you wouldn't mind by the end of this --

6
7 **MR. FREAS:**

8 One million, nine hundred seventy-three thousand, eight hundred
9 seventy-two dollars.

02:28PM 10
11 **CHAIRMAN SPENCER:**

12 *(Laughter)* You know me well. Thank you, sir. All right. So I'm
13 all for making some resolutions to accept \$1,900,000.

14
15 So ***Introductory Resolution 1153-17 - Amending the 2017 Adopted***
16 ***Operating Budget to accept and appropriate 100% additional federal***
17 ***pass-through aid from the New York State Office of Mental Health***
18 ***(NYS OMH) to various contract agencies for Community Mental Health***
19 ***Services (County Executive).***

02:28PM 20
21 **D.P.O. CALARCO:**

22 Motion to approve and place on the Consent Calendar.

23
24 **CHAIRMAN SPENCER:**

25 Motion to approve and place on the Consent Calendar by Legislator
26 Calarco.

27
28 **LEG. FLEMING:**

29 *(Raised hand).*

02:28PM 30
31 **LEG. KENNEDY:**

32 Second.

33
34 **CHAIRMAN SPENCER:**

35 Seconded by Legislator Fleming and Kennedy.

36
37 **LEG. FLEMING:**

38 Oh, you can have it, Leslie.

02:28PM 39
40 **CHAIRMAN SPENCER:**

41 Leslie Kennedy, all right. I saw both your hands go up
42 simultaneously. All right, seconded by Legislator Kennedy.
43 All those in favor? Any in opposition? Motion carries
44 ***(Approved & placed on the Consent Calendar - VOTE: 8-0-0-0).***

45
46 **CHAIRMAN SPENCER:**

47 ***IR 1154-17 - Amending the 2017 Adopted Operating Budget to accept***
48 ***and appropriate 100% additional State Aid from the New York State***
49 ***Office of Mental Health (NYS OMH) to various contract agencies for***
02:29PM 50 ***a Cost-Of-Living-Adjustment (COLA) (County Executive).*** Same motion,
51 same second, same vote ***(Approved & placed on the Consent Calendar -***
52 ***VOTE: 8-0-0-0).***

53
54 ***IR 1155-17 - Amending the 2017 Adopted Operating Budget to accept***
55 ***and appropriate additional Federal and State Aid from the New York***
56 ***State Office of Alcoholism and Substance Abuse Services (NYS OASAS)***

1 to HUGS, Inc., and the Town of Smithtown (County Executive). Same
2 motion, same second, same vote to place on the Consent Calendar.
3 (Approved & placed on the Consent Calendar - VOTE: 8-0-0-0).

4
5 IR 1158-17 - Accepting and appropriating 100% grant funds from New
6 York State Department of Health in the amount of \$523,600 for the
7 public health Tuberculosis Prevention and Control Program ("TBPC")
8 administered by the Suffolk County Department of Health Services,
9 Division of Patient Care and to execute grant related agreements.
02:29PM 10 Same motion, same second, same vote to place on the Consent
11 Calendar. (Approved & placed on the Consent Calendar - VOTE:
12 8-0-0-0).

13
14 IR 1159-17 - Accepting and appropriating 100% Federal pass-through
15 grant funds from the New York State Department of Environmental
16 Conservation in the amount of \$149,225 for the State Pollutant
17 Discharge Elimination System (SPDES) Water Quality Management
18 Planning Program administered by the Suffolk County Department
19 of Health, Division of Environmental Quality and to execute grant
02:30PM 20 related agreements (County Executive). Same motion, same second,
21 same vote. Approved & placed on the Consent Calendar -
22 VOTE: 8-0-0-0).

23
24 IR 1160-17 - Accepting and appropriating 100% federal pass-through
25 grant funds from the New York State Department of Health in the
26 amount of \$300,000 for the Immunization Action Plan ("IAP")
27 administered by the Suffolk County Department of Health Services,
28 Division of Patient Care Services and to execute grant related
29 agreements (County Executive). I have a motion by Legislator
02:30PM 30 Martinez and a second by Legislator Fleming. All those in favor?
31 Any in opposition? The motion is approved and placed on the
32 Consent Calendar (VOTE: 8-0-0-0). I just wanted to change it up a
33 little bit; I didn't want you and Leslie taking all the money
34 (laughter).

35
36 IR 1161-17 - Accepting and appropriating 100% grant funds from the
37 New York State Department of Health in the amount of \$187,597 for
38 the Drinking Water Enhancement Program administered by the Suffolk
39 County Department of Health Services, Division of Environmental
02:31PM 40 Quality and to execute grant related agreements (County Executive).
41 Same motion, same second, same vote to place on the Consent
42 Calendar (Approved & placed on the Consent Calendar - VOTE:
43 8-0-0-0).

44
45 IR 1162-17 - Accepting and appropriating 100% federal pass-through
46 grant funds from the Research Foundation for Mental Hygiene, Inc.
47 In the amount of \$380,380 for First Episode Psychosis ("FEP")
48 administered by the Suffolk County Department of Health Services,
49 Division of Community Mental Hygiene and to execute grant related
02:32PM 50 agreements (County Executive). I have a motion by Legislator
51 Cilmi, second by Legislator Trotta. All those in favor? Any in
52 opposition to place on the Consent Calendar? Motion is approved
53 (& placed on the Consent Calendar - VOTE: 8-0-0-0).

1 **IR 1163-17 - Accepting and appropriating 100% New York State Grant**
2 **Funds from the New York State Department of Health in the amount of**
3 **\$190,000 for the Disease Intervention Service ("DIS") administered**
4 **by the Suffolk County Department of Health Services, Division of**
5 **Patient Care Services and to execute grant related agreements**
6 **(County Executive). Same motion, same second, same vote to place**
7 **on the Consent Calendar (Approved & placed on the Consent Calendar**
8 **- VOTE: 8-0-0-0).**

9
10 I have no Home Rule messages. I have no other business before this
11 committee today. Anyone have anything? Seeing none, we stand
12 adjourned. Thank you.

13
14 **(*The meeting was adjourned at 3:32 p.m. *)**
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