HEALTH COMMITTEE

OF THE

SUFFOLK COUNTY LEGISLATURE

Minutes

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

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

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

MINUTES TAKEN BY:
Alison Mahoney - Court Stenographer

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

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

MS. ELLIS:
Yes.

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

Salutation

Thank you. Please remain standing for a moment of silence again
01:06PM for all of those men and women who are serving this country, both at home and abroad. And also for our friends in London and those families that were the victims of this most recent heinous terrorist attack and the lives that were lost.

Moment of Silence Observed

So, welcome. According to our agenda, the second item is correspondence; I have no correspondence today. And the next item is the public portion. Is there anyone from the public that wishes
01:07PM to be heard? I have no cards. Is there anyone that wishes to be heard? You have three minutes to address any item that you choose. Seeing none, I'll close the public portion.

So, today I think that we're all aware nationally that health care is front and center and it's of national interest. And today I did feel it was very important, in light of the events that are taking place and the complexity of health care and all the decisions that will be made that will impact us over maybe the next day or so, I felt it was important to convene a panel and I wanted to have a
01:08PM panel discussion on health care in America and the proposed impact in terms of changes, whether or not you look at the American Health Care Act or the Affordable Care Act.

And as Chair of the Health Committee, I've received calls from people who have expressed their concern over the future of health care in response to some of the recent proposals. And although nothing has been voted on yet and the proposal is changing hour by hour, I did feel compelled to at least begin a conversation, a dialogue with members in the health care community that are serving
01:09PM our residents in Suffolk County and about some of the proposals and what some of the potential impacts may be, positive or negative.

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

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

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

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

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

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

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

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

MS. NOLON:
Thank you. Thanks to the Health Committee, really appreciate being here.

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

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

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

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

Suffolk County.

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

CHAIRMAN SPENCER:
Thank you. That was fantastic. It really was. I understand that you will -- you're leaving us early, but you left us in good hands with Alison DuBois, so she'll be -- thank you so much for taking the time and the information you gave us was exactly the type of
01:19PM information that I was looking for. Please continue your mission.

LEG. FLEMING:
Can we get a written report?

CHAIRMAN SPENCER:
Can we get a written report?

MS. NOLON:
Oh, yes, absolutely. I have this all written down.

01:19PM **CHAIRMAN SPENCER:**
Wonderful. We'd like to --

LEG. FLEMING:
You can just file it with the Clerk.

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

01:19PM **MS. NOLON:**
Okay.

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

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

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

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

CHAIRMAN SPENCER:
Commissioner, when you say the proposed legislation, just -- well, there was a question, which proposed legislation?

01:20PM

COMMISSIONER TOMARKEN:
The new American --

MS. NOLON:
Health Care Act.

COMMISSIONER TOMARKEN:
-- Health Care Act.

01:20PM **CHAIRMAN SPENCER:**
Legislator Fleming just wanted clarification.

LEG. FLEMING:
Thank you, Commissioner. Now, would this include the Collins Amendment that has been offered that will -- my understanding is that it's going to mandate the State to impose carrying the cost of Medicaid on counties? Of course, we're in Suffolk County where any time you leave it to the State to take good care of us we tend to get the short end of the stick, so I'm a little concerned about
01:21PM that. But my question for you is when you say American Health Care Act, there are a couple of versions and I wonder if that very, very impactful aspect, the amendment from the Collins -- I can't remember the name, the DAFO -- What is it?

LEG. CILMI:
Faso.

LEG. FLEMING:
Faso; will that be included in your comments?

01:21PM **COMMISSIONER TOMARKEN:**
This is not a Medicaid issue that I'm speaking of right now, so.

LEG. FLEMING:
Okay, thank you.

COMMISSIONER TOMARKEN:
This is purely funding from the Affordable Care Act to the CDC.

01:21PM **LEG. FLEMING:**
Okay.

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

CHAIRMAN SPENCER:
Thank you, Commissioner.

LEG. FLEMING:
I'm sorry to interrupt.

CHAIRMAN SPENCER:
Please forgive our interruption.

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

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

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

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

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

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

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

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

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

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

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

01:28PM **COMMISSIONER TOMARKEN:**
These are all estimates.

CHAIRMAN SPENCER:
These are estimates.

COMMISSIONER TOMARKEN:
Because no one knows if somebody --

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

LEG. CILMI:
Doc? Mr. Chairman, I find this totally objectionable.

CHAIRMAN SPENCER:
Sure.

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

CHAIRMAN SPENCER:
01:28PM Sure, sure.

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

CHAIRMAN SPENCER:
Okay. So --

LEG. CILMI:
Because it's not partisan, but it's unfair.

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

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

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

LEG. CILMI:
But --

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

01:33PM **LEG. CILMI:**
Based on what they're saying. My point is that -- I don't necessarily deny that it's a good idea to discuss impending legislation while it's being discussed. But then you have to do it in a way that's fair. And so you'd want to have people here who could speak with knowledge about the legislation that's been proposed, you know, in terms of its benefits. Because clearly the objective is not to have the world come crashing down here.

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

LEG. CILMI:
Okay.

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

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

COMMISSIONER TOMARKEN:
Yes.

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

01:34PM

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

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

COMMISSIONER TOMARKEN:
In that particular instance, yes.

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

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

LEG. CILMI:
What I --

CHAIRMAN SPENCER:
So Tom, I think that everyone here --

LEG. CILMI:
01:35PM No, I'm done. I'm not listening.

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

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

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

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

CHAIRMAN SPENCER:
Legislator Kennedy, you could not have said more wiser words to guide us. Thank you for that.

LEG. KENNEDY:
Nobody want to fight on this.

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

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

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

CHAIRMAN SPENCER:
No, perfect. Legislator Fleming has a brief comment.

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

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

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

CHAIRMAN SPENCER:
Thank you, Legislator Fleming.

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

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

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

(*Laughter*)

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

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

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

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

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

MS. BISHOP-KELLY:
Okay.

CHAIRMAN SPENCER:
And I'll just get our last introduction out of the way and then I'm going to tell each of you your question and we'll do it that way. Is that okay?
01:44PM

MS. BISHOP-KELLY:
That's fine.

CHAIRMAN SPENCER:
Thank you very much. Kathy Giffuni, welcome. And if you could just introduce yourself.

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

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

01:45PM

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

CHAIRMAN SPENCER:

01:45PM Thank you. So the questions that I have, that are specifically designed for each of our panel members, we're going to take about five to seven minutes on each question. And the first within is to Colette and that is what are the key differences between the ACA, or the Affordable Care Act, and the American Health Care Act? And as a policy analyst, could you kind of give us an overview of the differences.

MS. KNUTH:

Thank you. I've prepared a relatively lengthy summary of my

01:46PM comments and given copies, I've prepared copies for the committee, but I'll try to do a seven minute quick one.

CHAIRMAN SPENCER:

Thank you.

MS. KNUTH:

One of the key differences between the Affordable Care Act and the American Health Care Act really have to start out with the process. The AC -- AHCA has a two-fold goal which is really repealing and

01:46PM replacing ACA, and this process is actually going to be over successive steps.

The first step that's being taken today, if that bill actually goes to vote, is a budget reconciliation bill that limits AHCA to issues related to spending and debt ceiling legislation. So as a consequence, it has some limitations in terms of what it can address, but there are a number of things that I can say that it does address. I'm going to be speaking about this through the filter of three categories. These are categories that you often

01:47PM find in any discussion of health policy. We look at quality, we look at access and we look at cost. However, in this case I will be focusing on quality access and cost as it applies to health insurance.

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

LEG. FLEMING:
Where are you watching it?

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

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

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

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

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

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

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

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

01:54PM

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

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

01:55PM **LEG. CILMI:**
I'm sorry, can I interrupt? Can you just repeat that part, please?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

02:05PM Finally, there's little comparison between ACHA and ACA in regards to putting downward pressure on the cost of medical care. ACA included a number of government incentives to provide -- to providers to rein in costs. Part of this may be because we are dealing with a budget reconciliation bill and some of these factors cannot be addressed currently by ACA -- AHCA, and they may come later. However, there are definitely different assumptions between AHCA and ACA. AHCA has the assumption about the -- has assumptions about the impact of market competition to drive down not only

02:06PM insurance premiums, but also the cost of health care services, and I've provided you some information with that. In any regards, as our population continues to age, this is a problem that needs to be addressed. And I'm out.

CHAIRMAN SPENCER:
That was incredible, it really was.

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

02:06PM

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

02:07PM

MS. KNUTH:
Thank you very much.

CHAIRMAN SPENCER:
Legislator Calarco has a pressing --

D.P.O. CALARCO:
No, no, I'm good.

CHAIRMAN SPENCER:
No, he's good, okay. So, thank you. Thank you for that. My second question, I'm going to skip around, goes to Kathy -- I'll get it, Giffuni, it's a J -- who has direct access with patients. How do you foresee these differences impacting the patients and population you work with? And understandably, I know that each of
02:07PM these questions are not going to be as long, but I thought that first question to kind of lay out the entire issue. So don't feel that you have to fill in that much time; in fact, it probably -- it's going to be less. But anyway, what do you think about that question?

MS. GIFFUNI:
I can tell you that my patients are frightened, my patients are concerned. They're not -- for the majority of the population that I deal with, they're not terribly educated in terms of being able
02:08PM to read law the way Colette can do. How this will effect them is very, very concerning to them, and the guidance that we could give them or you could give them is all emerging day by day.

So to address their fear is real. I think it's important for everybody to know that a great part of our population here in Suffolk County will be affected and they're frightened. And just as we are grappling with it, they are even more, you know. I think it's important to be able to understand the laws when they come forward, especially the ones -- oh, especially the ones that will
02:09PM effect certain populations and be able to guide patients accordingly. But their fears are real.

So how it will affect them we don't really know yet. Certainly the amount of patients that will lose insurance is -- you know, the numbers are in front of us. I can tell you that with the Affordable Care Act, similarly to what you've heard tonight, my self-pay rate, my patients who used to be self-pay were 28%, 29%, now they're 21%. So there has been an effect and my patients have been able to access care, not just primary care, but speciality
02:09PM care, community care, programs that they couldn't access before. So this will definitely be interesting and it will evolve and we need to be there for them.

You know, we as health care providers, you as Legislators, you know, the information needs to be forthcoming and the guidance needs to be forthcoming. To navigate the health care system under the best of circumstances is incredibly complicated, for all of us who are educated and have means. And all the things we have at our disposal, it's that complicated, so take it back to the patient
02:10PM that doesn't have everything, it's unbelievably complicated and frightening for them and their families.

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

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

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

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

02:12PM **MS. BISHOP-KELLY:**
Well, first of all, research now is addressed, the main thrust of the research is in the President's budget for 2018, and a minimum of it is addressed in the AHCA. However, what I can tell you is that the proposed budget would cut the investment in the National Institute of Health budget by 19% or 5.8 billion which would result in a one billion cut to cancer research at the National Cancer Institute. This would represent the largest loss to cancer research in history.

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

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

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

CHAIRMAN SPENCER:
It is, and I guess I understand those cuts. What I'll do, just a
02:15PM little bit of -- just on the other hand, though, with the impact on the local economy as far as maybe the proposed savings or the increased or decreased burden on small businesses, would there be any sort of counterbalance to that? And I know it's impossible to answer that, but I guess just trying to keep a fair and balanced discussion. I think that one of the big drivers of the AHCA would be a reduced burden on small businesses, reduced deficit. So there would be cuts to those particular programs. What is your thoughts, or any member of the panel, do you think that with the decreased deficit, would that counterbalance some of those cuts?
02:16PM

MS. BISHOP-KELLY:
Well, I'm thinking also that when you have a decrease in research --

CHAIRMAN SPENCER:
Uh-huh.

MS. BISHOP-KELLY:
Research is a main -- is an economic driver, you know, there's no
02:16PM question about that, but there's also the other piece of this. Now, we're not talking about the Health Care Act, we're talking about the President's proposed budgets which are two different things.

CHAIRMAN SPENCER:
Okay.

MS. BISHOP-KELLY:
Okay? So that's what I wanted to make sure, that we're not talking about the Health Care Act.

CHAIRMAN SPENCER:
Okay.

MS. BISHOP-KELLY:
We're talking about the Presidential proposed budget for 2018, and research is an economic driver. And as I said, with cuts to the research budget, there is a trickle down in terms of what happens at the laboratories and the surrounding communities that service
02:16PM those laboratories. However, there is an effect with the cancer patient insofar as cutting edge research is no longer going to be available, and therein lies the human cost. You know, we no longer will have those cutting -- instead of let's say the NCI -- and I know over the past few years, because I've been working on trying to get increased funding, where we used to be able to take one in three research proposals for the National Institute of Health or

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

02:18PM

CHAIRMAN SPENCER:
Okay. Pat, Thank you. Thank you very much.

Allison, you've been involved in the transition, you've appeared before this committee many times, and you've helped us as we looked at the Federally Qualified model that has been moving forward. According to your board and your understanding, these changes that would be coming with the American -- the Health Care Act, are there any plans as far as the transitions that we have currently in
02:18PM place, you know, will that be impacted? Is there a contingency for that? Do you see it as there being potential positive benefits? What are your thoughts, as you've discussed this internally. And what should we know, who we've got a lot of contracts and we've got a half of dozen health centers that were in various stages of transition; what does this do to our plan?

MS. DUBOIS:
I think it's important to --

02:19PM **LEG. TROTTA:**
The microphone.

MS. DUBOIS:
So I think it's important to understand how significant --

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

02:19PM **MS. DUBOIS:**
Thank you. A little technical assistance there. Thank you very much.

I think it's important to understand how -- what a significant portion of the patients served by Hudson River HealthCare, in particular the Suffolk County Health Centers that are covered by Medicaid. And so potential changes to the structure of Medicaid that are coming forward in the proposed legislation are things we're paying a lot of attention to. The expansion of Medicaid and
02:20PM the availability of the Affordable Care Act we believe increased the number of individuals who were covered by 8,000 over the period of time of 2013 to 2016. So that's a significant number of individuals and that represents about $9 million of resources that are available for revenue for services rendered. And restructuring Medicaid over the long-term puts those -- puts certainly that pool of revenue at risk. And as the State would look to implement those

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

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

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

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

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

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

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

02:25PM **CHAIRMAN SPENCER:**
Well, I'd like to extend my thanks to the panel for being here. And I know it's always, again, difficult to discuss something as complex as this. I really think it boils down to some of the values that we have in this country with regards to how we feel about we feel about life and death and what we consider rights. The issue of health care being both something that we consider a right, but it is also a commodity that's subject to market forces. And whether or not you are conservative or progressive, we know that it's something that impacts each and every one of our lives.

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

02:27PM ***Applause***

CHAIRMAN SPENCER:
Tom, I'm sorry, man.

LEG. CILMI:
Why are you apologizing?

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

CHAIRMAN SPENCER:
Thank you.

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

MR. FREAS:
One million, nine hundred seventy-three thousand, eight hundred seventy-two dollars.

02:28PM

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

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

02:28PM

D.P.O. CALARCO:
Motion to approve and place on the Consent Calendar.

CHAIRMAN SPENCER:
Motion to approve and place on the Consent Calendar by Legislator Calarco.

LEG. FLEMING:
(Raised hand).

02:28PM

LEG. KENNEDY:
Second.

CHAIRMAN SPENCER:
Seconded by Legislator Fleming and Kennedy.

LEG. FLEMING:
Oh, you can have it, Leslie.

CHAIRMAN SPENCER:
02:28PM Leslie Kennedy, all right. I saw both your hands go up simultaneously. All right, seconded by Legislator Kennedy. All those in favor? Any in opposition? Motion carries ***(Approved & placed on the Consent Calendar - VOTE: 8-0-0-0).***

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

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

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

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

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

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

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

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

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

02:32PM I have no Home Rule messages. I have no other business before this committee today. Anyone have anything? Seeing none, we stand adjourned. Thank you.

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

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