

1 HEALTH COMMITTEE
2
3 OF THE
4
5 SUFFOLK COUNTY LEGISLATURE
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10 A meeting of the Health Committee of the Suffolk County Legislature
11 was held in the Rose Y. Caracappa Legislative Auditorium of the
12 William H. Rogers Legislature Building, 725 Veterans Memorial
13 Highway, Smithtown, New York, on Thursday, July 20, 2017, at
14 3:00 p.m.
15

16 MEMBERS PRESENT:

17 Legislator William R. Spencer, Chairperson
18 Legislator Bridget Fleming, Vice Chair
19 Legislator Robert Calarco
20 Legislator Thomas Cilmi
21 Legislator Leslie Kennedy
22 Legislator Monica R. Martinez
23 Legislator Robert Trotta
24

25 ALSO IN ATTENDANCE:

26 Presiding Officer DuWayne Gregory
27 George Nolan - Counsel to the Legislature
28 Craig Freas - Budget Review Office
29 Amy Ellis - Chief Deputy Clerk/Legislature
30 Elizabeth Alexander - Aide to Legislator Spencer
31 Elizabeth Sutton - Aide to Legislator Fleming
32 Ali Nazir - Aide to Legislator Kennedy
33 Alyssa Turano - Aide to Legislator Hahn
34 John Marafino - County Executive's Office
35 Dr. James Tomarken - Commissioner of Health Services
36 Pam Farino - Kings Park in the Know
37 Kimberly Revere - Kings Park in the Know
38 Jennifer Levinson
39 Gabriella Levinson
40 Sue Lingenfelter - New York Blood Center
41 And all other interested parties
42

43 TAKEN BY:

44 Lucia Braaten, Court Stenographer
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1 *(*The meeting was called to order at 3:00 p. m. *)*
2

3 CHAIRMAN SPENCER:

4 Good afternoon. We are now going to begin the Health Committee.
5 I'm going to ask if could we could stand for a salute to the flag,
6 to be led by our Presiding Officer, DuWayne Gregory.
7

8 *(*Salutation*)*
9

10 Could we please remain standing for a moment of silence. First of
11 all, you may have heard of the horrific tragedy that occurred at
12 the Centerport Yacht Club of a 12-year-old life that was lost
13 during a safety exercise.
14

15 Also, today we commemorated the life of Scott Martella, who was
16 part of our County government family. And also for the men and
17 women who are serving this country both at home and abroad.
18

19 *(*Moment of Silence*)*
20

21 So thank you. And welcome to our July 20th Health Committee
22 meeting. I have a couple of cards for the Public Portion. We'll
23 open the Public Portion. I don't have any correspondence at this
24 time. So the first card is for Pam Farino. And I'd like to have
25 you come to the podium. You were here earlier this morning, so you
26 understand the rules. And you have -- Pam has a very important
27 message, so, Pam, thank you.
28

29 MS. FARINO:

30 Thank you. Thank you again for telling me to come to this meeting.
31 I don't always check the Health Committee report, so I do agendize,
32 so I do thank you.
33

34 One thing I want to let the Legislature know is the past spring I
35 actually did a FOIA request to the Department of Health, because
36 I've just felt like the numbers on the overdoses has been a little
37 bit low every time I seem to hear different politicians, as well as
38 different government leaders, different civil servants, speaking.
39 So I wanted to -- I'm a public servant speaking. So I just want to
40 let you know that the numbers that I'm actually getting from the
41 AIDS Institute, because that's actually where the Naloxone report
42 is supposed to be handed in, the Quality Improvement Report, I'm
43 looking at 1785 overdose saves for 2016. So I just want to make
44 sure that we all keep that in mind, because I know I've heard that
45 number of just over 700, but we're looking at closer to 1800 for
46 2016. So I think we all need to keep that much closer in mind.
47

48 The other point that I really would like to bring up is Department
49 of Health, the public service, in fact, I didn't bring my phone up,
50 but the public -- Public Education, the public -- the Public Health
51 portion of the website of the Department of Health, their mission
52 is to educate the public, educate the public on substance abuse,
53 alcohol abuse, make sure the communities are educated.
54

55 So let me -- first and foremost, Dr. Tomarken's awesome. He's very
56 approachable, he's very open. Our organization, Kings Park in the

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1 Know, has really great conversations with him. That being said, he
2 is one of 64 County Department of Healths here in New York, which,
3 when you look at the whole state, then we're part of thousands.
4 What I really think that we need to do as a county, as one -- as
5 New York State, but as our Legislature, you need to push our State
6 Legislature to make sure that the Joint Commission on
7 Accreditation, or JCOA, starts calling this a disease, because you
8 can go on the Department of website -- the Department of Health
9 website and you see everything about the Zika virus, and
03:01PM 10 encephalitis, and West Nile Virus, and I don't know. I don't know
11 if we have, you know, as many -- I don't know if we've already lost
12 60 people this year to -- to that type of death. I do know on the
13 overdoses we have.

14
15 So I think, as a county, as a Department of Health, we need to push
16 the accreditation that this is a disease, so that the hospitals
17 have standards, so that these hospitals and clinics that are
18 getting accreditation through the United States Joint Commission,
19 that we finally call this a disease, and these people can actually
03:02PM 20 receive treatment the way they should. We wouldn't turn a diabetic
21 away, we wouldn't turn an obese person away, we wouldn't turn
22 someone with a heart attack or a stroke away, wouldn't turn someone
23 with leukemia away. So it's time for our county to step up, since
24 we're number one in overdoses. It's time for our county to do what
25 needs to be done.

26
27 Furthermore -- I know I have 12 seconds and I hope you give me a
28 few extra seconds. NYSUT: In 2008, our New York State Education
29 Department was about to release brand new standards, but then Race
03:02PM 30 to the Top came about and they dangled a carrot of all this money,
31 so they threw away those standards, okay? NYSUT, New York State
32 Union of Teachers stood up and said we want to see Common Core.
33 Then they didn't want to see Common Core because the performance
34 review was part of it. We need to use NYSUT. We need to use that
35 tremendous organization. We need to use the National Education
36 Association, and we need to make sure that they start forcing the
37 school districts for K through 12 evidence-based education programs
38 in all school districts. Thank you very much for your time.

39
03:03PM 40 CHAIRMAN SPENCER:

41 Pam, once again, thank you. Please stay at the podium for a
42 moment. And we did have this testimony earlier in our Public
43 Safety Committee, and it is a public safety issue, but it's also a
44 health issue.

45
46 And I do think that we mentioned earlier that we have a Health
47 Smart Program. And a few years ago that program was defunded, and
48 we managed to keep some partial funding in place to utilize the
49 existing infrastructure. As we go through our budget season,
03:04PM 50 that's -- we're definitely dealing with an extremely difficult
51 situation, but this is an extremely difficult situation. So I
52 think that there should be some discussion as far as how we could
53 expand our Health Smart Program to address this need for all ages,
54 even down to -- starting in kindergarten. Building a positive body
55 image and coping skills can be very important. Also, the idea of
56 that when your body has needs, that if you're thirsty, you drink

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1 water, if you're sleepy, you sleep, not that you take some caffeine
2 or something to kind of help you get by. And just also
3 understanding and helping people coping with sometimes not being
4 successful and being able to bounce back, and I think all of these
5 things play into the issue. So you bring up some very good points.

6
7 In any case, there were some numbers recently released with regards
8 to the number of deaths, and it seems that from your perspective,
9 my understanding is that it seemed that there was some
03:05PM 10 stabilization as far as the number in Nassau, but Suffolk continues
11 to climb. Are you familiar with those numbers?

12
13 MS. FARINO:

14 I have not requested anything. We try not to bother Dr. Caplan
15 that much on his numbers for the simple fact that he's got enough
16 on his plate. However, we do periodically ask him for some of the
17 numbers. And the most recent numbers I've asked him for was from
18 May, and I think at that point we already had 56 known overdose
19 deaths and a tremendous amount pending.

03:05PM 20
21 I believe that I heard at the testimony yesterday -- I do not get
22 Nassau's numbers. We're Suffolk, so I don't really concern myself
23 quite as much with getting the FOIA request from them. But they
24 supposedly, according to their testimony at the Heroin and Opioid
25 Epidemic -- at the Heroin and Opioid Task Force yesterday in
26 Mineola, they did say that their numbers are stabilizing.

27
28 CHAIRMAN SPENCER:

03:06PM 29 And with them being actually a little closer to the City, a little
30 more dense, any thoughts from your expertise as someone that is
31 dealing with this issue of why there could potentially be
32 differences the way -- if you think Nassau is doing a better job?
33 Are there more resources? What could account for a difference
34 between the two counties, why we continue to see progression? And,
35 again, if you could venture an opinion.

36
37 MS. FARINO:

38 I'm going to just give you a couple of quick opinions, and perhaps
39 my cohort, Kimberly, a little bit later on can give you some of her
03:06PM 40 own thoughts on that.

41
42 Number one, with geography, we're a lot bigger. We've got a lot
43 more mileage to cover. I think in many ways we're a lot more
44 diverse. Most of your -- other than your North Shore communities
45 and certain South Shore, you know, your communities are much more
46 smaller communities, walking distance type of communities, whereas
47 in Suffolk we don't necessarily have that. Our zip codes are
48 sometimes a lot larger.

03:07PM 49
50 We also have a tremendous gang problem here on Long Island. Now,
51 MS-13, according to everything that I learned in my Civilian
52 Academy, which, by the way, I have to tell all of you was awesome,
53 so I am very proud that we do offer that, but from what I
54 understand, MS-13 is not our drug issue gang. We have plenty of
55 other gangs on Long Island that are doing that. So I do think that
56 that plays a large part, because we do know that Suffolk County has

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1 a large gang issue. So, you know, not just an MS-13 issue, we have
2 a gang issue. So I do think those two things are.

3
4 We do know that the drugs are coming from five different states in
5 Mexico. The base is coming out of China, but it is being
6 manufactured, and we do know this according to DEA reports, that
7 out of five different states in Mexico is where we are receiving a
8 variety of the drugs from.

03:08PM

9
10 CHAIRMAN SPENCER:

11 Thank you. Are there any other questions or comments? Thank you,
12 Pam. We're going to probably have -- because I think the second
13 speaker is addressing this issue also, so we'll probably have a
14 couple more remarks.

15
16 MS. FARINO:
17 Thank you.

03:08PM

18
19 CHAIRMAN SPENCER:

20 But thank you so much for your testimony.

21
22 MS. FARINO:
23 Thank you.

24
25 CHAIRMAN SPENCER:

26 Our next speaker is Kimberly Revere from -- I guess with regards to
27 Resolution 1572, from Kings Park. Welcome, Kimberly.

03:08PM

28
29 MS. REVERE:

30 Hi. Welcome, Speaker. Thank you for giving me the chance to
31 speak.

32
33 Pam brought me the information about the app that you were
34 discussing this morning. Apparently, there's -- 1572 has to do
35 with a mobile application for access to treatment, as far as
36 Suffolk County is concerned.

03:09PM

37
38 So I read the resolution. I think this is a wonderful idea. At
39 the last Communities of Solutions meeting, it was brought up as a
40 suggestion. So I was just wondering if this particular resolution
41 has to do with something that's already in the works, or were we
42 just coming -- was somebody at our meeting just thinking, "Wow,
43 this would be a great idea"? And here it is, so this is wonderful.
44 I like this, this is great, because currently OASAS does have what
45 they call the Dashboard, and it's supposed to be a real time
46 dashboard as far as bed availability. I know that I've been on
47 that dashboard, and I don't know if it's just my computer, but it's
48 always refreshing itself, so I'm not really sure how user friendly
49 that is. But as wonderful, a great tool that is, the truth of the
50 matter is it's on the OASAS website. And not everybody knows what
51 OASAS is, and to have a mobile app would be phenomenal.

03:09PM

52
53 I would like clarification. Well, first of all, when putting that
54 app -- when developing that app, I will suggest that whoever is
55 developing it does work with the Communities of Solutions, because
56 that organization basically is comprised of every single player in

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1 this epidemic, so that all the professionals, all the -- all the
2 community coalitions, everybody. So that would definitely be --
3 you know, this is already the COS list, which I know that you're
4 all familiar with.

5
6 As far as the resolution is concerned, I just have a question where
7 at the bottom here it says, "Whereas, upon completion of its
8 development, the app will be made available to interested parties."
9 And I was just wondering if "interested parties" meant that this
03:10PM 10 app is going to be going out to the public, or if it's being
11 developed for certain entities, and I would -- I think it should be
12 a public application.

13
14 CHAIRMAN SPENCER:

15 Our Presiding Officer is actually someone that had the vision and
16 the foresight to reach out for resources to developing this. This
17 was something, when I just first heard it, that I thought would be
18 a revolutionary game-changer, and I really applaud his vision. And
19 so since he's here, and he pulled his microphone in front of him,
03:11PM 20 I'll acknowledge our Presiding Officer.

21
22 P. O. GREGORY:

23 Thank you, Mr. Chair. Yes, it's the intention behind development
24 of the app is to make it as widely available as possible. We want
25 to make it -- have the resources available, so when someone needs
26 them, that they have access to the resources. We have -- we
27 started discussions of this probably back in March, and we got to
28 the point where we were going to submit -- you know, we put forth a
29 resolution to do an RFP. Then soon after that, we learned that the
03:11PM 30 Health Department was starting to initiate conversations with the
31 I.T. Department.

32
33 So what we're going to do is we're going to amend this resolution.
34 There's going to be a CN on Tuesday, and we're -- instead of doing
35 an RFP, we're going to direct the Health Department to continue
36 what they just started doing with, do it. And we realize, going
37 into that process, the app will be done sooner. The RFP process
38 would take a little longer. But we're certainly open to any input
39 that the community has, of people like yourself, to make sure
03:12PM 40 that we have the most comprehensive app that's available to folks
41 that -- you know, user friendly, of course.

42
43 And you're right, like we don't want something like OASAS, not
44 that -- you know, you walk up to the average person on the
45 street --

46
47 MS. REVERE:
48 Right.

49
50 P. O. GREGORY:

51 -- and they don't know what -- what an OASAS is, let alone the, you
52 know, office of OASAS.

53
54 MS. REVERE:
55 Exactly.

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1 P. O. GREGORY:
2 So we need to make it available to people, and that's what the plan
3 is.

4
5 MS. REVERE:
6 Right. That's why I love the LICADD number, the 979-1700. That's
7 so easy, because you -- I can just give that to people and that's
8 just spot on. So this app would just be another wonderful tool, as
9 long as it's public and it's user friendly.

03:13PM 10

11 P. O. GREGORY:
12 Yup, absolutely, absolutely.

13
14 MS. REVERE:
15 So you would be -- Mr. Gregory, you would be the point person, if I
16 speak with Mary Silberstein, who is the Chair of the COS?

17
18 P. O. GREGORY:
19 Sure.

20
21 MS. REVERE:
22 And we could get together.

23
24 P. O. GREGORY:
25 And I'm working with Mary on some other fascinating stuff. We were
26 hoping to make our announcement yesterday, but there's -- there
27 should be an announcement coming soon.

03:13PM 28

29 MS. REVERE:
30 Wonderful.

31
32 P. O. GREGORY:
33 She's sworn to secrecy.

34
35 MS. REVERE:
36 Okay.

37
38 P. O. GREGORY:
39 But --

40
41 MS. REVERE:
42 She's really good at that.

43
44 P. O. GREGORY:
45 No, no. But we're really trying to come up with measures to fill
46 in the gaps as we fight this opioid crisis, and Mary is a part of
47 that. CN Guidance is a part of that.

48
49 MS. REVERE:
50 Absolutely.

51
52 P. O. GREGORY:
53 Steve Chassman is a part of that, the Health Department as well.
54 So, yeah, yeah.

55
56 MS. REVERE:

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1 Can I just also just say one more thing --

2

3 P. O. GREGORY:

4 Yeah.

5

6 MS. REVERE:

7 -- that would help with Suffolk County is public service
8 announcement. You know, I keep -- like it's -- I know within my
9 own little Hamlet of Kings Park, you know, people are really
10 starting to get to know, oh, Kings Park in the Know, that's that
11 group. And we're always having to go out to the people, which is
12 very taxing on us. I don't mind it. But if we could have access
13 to bus stops, and billboards, and sides of buses, things like that,
14 just to get like every little message out, you know, the "Don't
15 Run, Call 911", the 979-1700 number for 24/7 substance abuse
16 problem. That stuff needs to be to be News 12, you know,
17 commercials blasted all over the place, because people -- it's
18 exhausting. People don't listen, they don't go out, and they don't
19 always look at the school website.

03:14PM

03:14PM

20 LEG. KENNEDY:

21 That's right.

22

23 MS. REVERE:

24 So public service announcements, very important.

25

26 CHAIRMAN SPENCER:

27 Well, the app has -- which is nice. There's a potential with an
28 app, not only that it can allow people to access resources, it can
29 allow immediately access to emergency services. There's also the
30 potential to be able to push announcements specifically based with
31 Geo-fencing technology. There's a particular area where there's an
32 issue that the police need to get a message out, then those
33 messages could potentially come up on that app.

03:14PM

34 MS. REVERE:

35 Absolutely.

36

37 CHAIRMAN SPENCER:

38 The ability to be able to do a self-assessment of someone that --
39 you know, we have Narcan that's out there, but someone with the
40 Narcan now has the resources available to them with that app where
41 they can see where there might be beds available or resources that
42 are open to them. So this is really an exciting game-changer. And
43 I really, again, want to express my appreciation to our Presiding
44 Officer for his vision.

03:15PM

45 MS. REVERE:

46 Absolutely.

47

48 CHAIRMAN SPENCER:

49 Thank you for that.

50

51 MS. REVERE:

52 Thank you.

03:15PM

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1 CHAIRMAN SPENCER:

2 Thank you. Thank you very much. Our next speaker and -- is
3 Gabriella Levinson, and Gabriella Levinson is speaking on the topic
4 of food allergies, and she's here with Jennifer Levinson. So you
5 guys can come up together, if you would like. And if you --
6 Jennifer, if you want to go first, that's fine.

7
8 So, as per the rules of our body, you have three minutes to speak.
9 And at the end of when you're speaking, then the members of the
03:16PM 10 committee may ask you questions. So you have three minutes apiece,
11 so welcome.

12
13 MS. JENNIFER LEVINSON:

14 Thank you. I'll make this brief. I submitted a letter. I don't
15 know if anybody read it or if you have it, and I'll just briefly
16 state what was in it. It's the fact that my family and many
17 families have children, family members who suffer from food
18 allergies. And it's a big issue in our own home, we have be
19 allergy safe. We have to be careful with what we bring into the
03:17PM 20 house, with what we -- how we serve food, what we serve it on. And
21 when we go out to restaurants, this is always an issue. We
22 obviously come prepared to speak to anybody in a food establishment
23 about the allergies and the severity of them, what they are
24 exactly, but we really take a risk every time in assessing does
25 this server know what we're talking about, will they translate that
26 information to the chef or anybody handling food in the back of the
27 restaurant, so we take a lot of chances with this. And both my
28 children have suffered from anaphylactic food allergies since --
29 basically, since they were born. I have a 13-year-old and a
03:17PM 30 16-year-old daughter.

31
32 So this came to a head in Miami last year. My daughter and I were
33 eating at a restaurant, and the waiter completely knew about the
34 allergy and was very careful to not serve us anything that she was
35 allergic to. It turns out that along the way, someone in the back
36 had used a spoon that had been used with something with cashews in
37 it, and that person did not know what was being said between us and
38 the waiter. We found this out after the fact, because she went
39 into anaphylactic shock and got very sick, was sent to the
03:18PM 40 emergency room, had to have epinephrine. It was horrible.

41
42 A year later, she also had a friend who, with severe allergies, was
43 at a food establishment in Suffolk County and she had a similar
44 incident where the staff told her she could eat something that she
45 was allergic to. They said it did not have any dairy in it. It
46 had been cross-contaminated in the back, she didn't know. Her
47 16-year-old friend, in front of Gabriella, went into anaphylaxis.
48 Luckily, I don't know luckily, she knew what to do, because a year
49 before the same thing had happened to her. She administered the
03:18PM 50 EpiPen, 911 was called and they were off to the hospital.

51
52 I also have other friends with kids with celiacs, and that is not
53 life-threatening, but it's very life-altering. It makes them very,
54 very sick to the point where they could miss school, and it really
55 does a lot of damage to them permanently as they repeatedly get
56 exposed.

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03:19PM

So we're putting our full backing behind any kind of education program or food safety awareness for restaurants in Suffolk County. They do it in other states. It would -- it would be so -- it would be life-changing for us to walk into a restaurant and see some kind of designation, knowing that everybody there has been trained and we're all speaking the same language when we order food. Thank you.

CHAIRMAN SPENCER:
Thank you, Jennifer. Gabriella?

MS. JENNIFER LEVINSON:
Oh, anybody have any questions?

CHAIRMAN SPENCER:
Well, what I'll do is after Gabriella speaks, then maybe we'll ask some questions of both of you, since --

03:19PM

MS. GABRIELLA LEVINSON:
Hi. I'm Gabriella. I'm 16, and for as long as I can remember, my brother and I suffered from extreme allergies that has kind of affected our life in like a huge way.

CHAIRMAN SPENCER:
Gabriella, we actually broadcast this out, so can you pull the mic down, so -- because everyone would really want to hear the wonderful things you have to say. Thank you.

03:20PM

MS. GABRIELLA LEVINSON:
As my mom said, last year in Miami, it was a harrowing experience for me and her. And it was just horrifying to see that a little mistake can affect somebody and millions of kids so greatly. And because I'm 16 now, I'm not always with my mom and dad, and it can be scary being alone and not knowing what to do and having one of these experiences happen to me. It would just alleviate a lot of stress and fears to be able to feel a little bit more comfortable in knowing that I can trust the food without being sick or having to be rushed to the emergency room.

03:20PM

I think my mom basically covered everything. I mean, a lot of my friends are -- have this allergy, and they get scared about going to eat. A lot of people that I know can't even go out to eat without their parents, and they're 16, 17, 18, and it's scary for them. Giving my friend the EpiPen in front of all my other friends at a Sweet 16 really just opened everyone's eyes in showing that how serious this is. And when they went back the next day, the place didn't even know what was happening, and the cross-contamination, how it affects people. So it was really scary to see a place that most parents would have trusted to send their 16, 17-year-old kids to go to like a birthday party. So I think that's -- any --

03:21PM

CHAIRMAN SPENCER:
That's perfect. So, Gabriella and Jennifer, my first question to you, being here in Suffolk County, going out for dinners and meals

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1 in restaurants, I guess there are some restaurants that actually do
2 have notices. But what would you say, from your personal
3 experience, the percentage of restaurants that give some sort of
4 written notification in the menu, or says some sort of signage,
5 just really asking if you have food allergies, please notify your
6 server?

7
8 MS. JENNIFER LEVINSON:

9 I mean, in Suffolk County, very rarely. Sometimes at the bottom of
10 the menu, it will say, "Please advise your server of allergies."
11 But we have often advised servers of allergies, but for the -- it
12 has to be more than the server. It has to be everybody handling
13 the food, and I think that's sometimes where there's mistakes made.
14 Sometimes very big chains like national chains have food allergy
15 policies that's on the website, it's on their menu, but there's not
16 a lot of chains, you know, where we live in Huntington. It's
17 mostly individual restaurants, and they're good, they try.
18 Everyone's been very -- you know, no one's giving us push-back on
19 it, but there's definitely been a lot of miscommunication over the
20 years. So it's a risk that we take when we go out.

21
22 CHAIRMAN SPENCER:

23 Gabriella, when you saw your friend having this anaphylactic
24 reaction, did your friend, did she have an Epi pen?

25
26 MS. GABRIELLA LEVINSON:

27 She did not have an Epi pen on her and I had to give her one of my
28 own. And all the wait staff and everyone else at the Sweet 16
29 advised me not to actually give it to her, which could have ended a
30 lot more seriously than it did. We went to the hospital, and by
31 the end of the night she was back home. But if she didn't have her
32 Epi pen, or if I wasn't there to give it, it could be a different
33 story.

34
35 *(*Applause*)*

36
37 CHAIRMAN SPENCER:

38 So you were very brave, you know, really wonderful. And so you
39 found that even with adults and professionals that were there, they
40 really didn't have enough knowledge to know that the first thing
41 you do in an anaphylactic reaction, and the Epi pen itself, it's an
42 autoinjector, that you give Epi first. And so you were dealing
43 with a situation where you were dealing with adults that were
44 telling you something differently, maybe out of ignorance, but it
45 was very brave that -- and I'm sure a little bit scary, but you
46 knew that was the right thing to do.

47
48 MS. GABRIELLA LEVINSON:

49 Yeah. Their first reaction was to give Benadryl, which is for like
50 minor pollen allergies and things, so -- and I gave it to her, but
51 then they were like, "Don't give her the epinephrine after you gave
52 her Benadryl." But we just decided -- I just decided to do it, and
53 she was with me. She's like, "I really don't feel well and this is
54 not ending well."

55
56 CHAIRMAN SPENCER:

DATE

1 Certainly. And, again, I'm not advocating that someone just goes
2 out and administers Epi. You know, it is something that's a very
3 potent drug. But I know this was a situation, Gabriella, where I
4 think that you had experienced this, you lived this, you saw what
5 was going on, and I'm -- really brave. That's -- and the
6 legislation that we have that we're considering today is because of
7 meeting Jennifer and Gabriella, who are personal friends of mine
8 that came in to speak about what had happened to her. And the
9 legislation we're looking at today was she opened my eyes to just
10 many great restaurants that we have out there in Suffolk County,
11 that there is an awareness of allergies, but it is actually -- it's
12 interesting that we have calories on the menu, which is very
13 important, but anaphylaxes is actually potentially an instant
14 life-threatening issue, and that our menus, sometimes there's no
15 mention of any sort of -- or awareness of any sort of allergy
16 issues.

17
18 MS. JENNIFER LEVINSON:

19 I would say, too, that if I were a restaurant owner, I would --
20 this would be so helpful to me. I mean, it would empower me to
21 feel that I was serving my customers or -- I mean, we have been in
22 restaurants where there -- they actually said, "We're not sure we
23 can handle your allergy." "Great, we'll leave, we're happy to."
24 And there are certain restaurants we avoid just because we don't
25 trust what's going on in the kitchen. But for everyone to be
26 educated, I think the restaurant, nobody wants what happened to her
27 in Miami to happen in their restaurant. It was horrendous, to say
28 the least. And I can guarantee that none of those people in that
29 restaurant will forget what happened, because when you go into
30 anaphylactic shock, it's not pretty, and it's -- I don't need to
31 get into the details, but it was a spectacle and it was bad.

32
33 So I think it would be good for -- certainly, for the people going
34 into the food establishments, but how empowering to have that
35 knowledge as a restaurant owner and to know that your staff is
36 making sure that this doesn't happen in your restaurant.

37
38 CHAIRMAN SPENCER:

39 Well, thank you so much. Are there any questions from my
40 colleagues?

41
42 LEG. KENNEDY:

43 (Raised hand).

44
45 CHAIRMAN SPENCER:

46 Legislator Kennedy.

47
48 LEG. KENNEDY:

49 Hello. Thanks for coming down again. Thanks for speaking about
50 that. And I did hear of your story when I was at a restaurant in
51 East Northport, about how you gave the Epi pen and how no one wanted
52 to acknowledge that fact. So I know the story. God bless you for
53 doing that. The girl was somewhere around your age?

54
55 MS. GABRIELLA LEVINSON:

56 Yes, she was my age.

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03:29PM

LEG. KENNEDY:
Oh, she was your age, right. The only concern as a nurse that I would have, if it was a 95-year-old, then I might not. Any other time, give the Epi pen.

On this bill, what is the instruction? I still have to look up cashews, peanuts, tree nuts to find the families and how they are related, because peas you would not expect to be in the same family. I remember going through this year upon year upon year as a nurse in there. Do you go that far in depth to explain what's in the family of the allergans of our kids or no?

MS. JENNIFER LEVINSON:
Yeah. We just -- we -- for us, it's all nuts. So by that, we -- it's not peas, it's not chickpeas, it's not sesame seeds. For us, it's nuts. So we say to them all nuts, tree nuts and peanuts, like any kind of nut. But I think it's up to the person entering the food establishment to say, "Well, we can't have sesame seeds, or peanuts, or milk," or whatever it is. I mean, it's -- I think it's incumbent on us to be clear about that, and if it's -- you know, when we went into that restaurant in Miami, I knew the waiter was clear on what we could and couldn't have, but it definitely wasn't communicated to the -- to the rest of them. But, yeah, we do always communicate.

LEG. KENNEDY:
Okay. Excellent, very good.

MS. JENNIFER LEVINSON:
Thank you.

CHAIRMAN SPENCER:
My nickname for this bill is "Gabby's Law", so thank you, Gabriella, I appreciate it.

*(*Laughter*)*

And we're going to -- once we take up the agenda, we're going to be tabling this today for public hearing, and there'll be -- because we're tabling it, there won't be much debate occurring. I'm going to make a very brief statement, just in regards to what it is, but we're going to be tabling it. But I do need your help, and I'm hoping that, if there's any way that you can, on Tuesday come to the public hearing. We're going to have some testimony, close the public hearing, and we would then probably approve it at the next committee, and, hopefully, we can make this law. So thank you, Gabriella.

MS. GABRIELLA LEVINSON:
Thank you.

CHAIRMAN SPENCER:
Thank you, Jennifer. All right. So please hang out for a little while.

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1 All right. That's all the cards that I have. Is there anyone else
2 that wishes to be heard for our public portion? Is there anyone
3 else that wishes to be heard? Seeing none, we're going to close
4 the public portion at this time.

5
6 We are -- we have an extremely brief agenda. And we also have
7 today with us here, and we've had this before, but Susan
8 Lingenfelter with the New York Blood Center to discuss the current
9 blood emergency. So I was going to do the agenda for Legislator
03:30PM 10 Trotta, but he left, he left already, so we're going to then as we
11 would.

12
13 So everyone may be aware that this time of year we have a critical
14 shortage. So Susan Lingenfelter is with the New York Blood Center.
15 And so, Susan, would you please just kind of highlight what the
16 issue is and what you have for us.

17
18 MS. LINGENFELTER:

19 Thank you very much. We appreciate all your support. I think
03:31PM 20 almost everyone in the room sponsors a blood drive, supports other
21 blood drives, and, as a matter of fact, Legislator Spencer has a
22 blood drive as we speak today at the Centerport Fire Department. I
23 couldn't pass up the opportunity to promote that. So if you can
24 donate, please do.

25
26 We struggle every summer, because about 25% of our blood comes from
27 schools, and during the year, about 25,000 high school students
28 donate blood. So the need does not go away, it stays the same,
29 it's ongoing all year long. We need 800 people to donate every day
03:31PM 30 in order to meet the needs of our local hospital, and,
31 unfortunately, less than 2% of eligible donors in our area give.
32 So it's an ongoing struggle to make sure blood is there before the
33 need arises.

34
35 I was watching News 12 today and there was a horrific accident.
36 One person passed away, another person survived and is in hospital.
37 Those people did not expect that to happen to them. And no one
38 that gets diagnosed with cancer, has a child born with sickle cell,
39 or Cooley's anemia, or hemophilia expects that to happen, but
03:32PM 40 everyone expects blood to be there. The doctors cannot do their
41 job if blood is not there if someone needs surgery. However, I
42 think many people expect someone else to give to make sure it's
43 there. And if you are healthy and you are able, you are blessed.
44 And I would say to you, you have a gift inside of you that you can
45 give to someone that's far less fortunate than you are by giving
46 that precious pint of blood, and that pint of blood helps to save
47 the lives of up to three people because of the way we separate it
48 into components.

49
03:32PM 50 So we know that we have your support. Many people in the community
51 do donate, but not enough people. And so we're asking you, if you
52 are able, you have to weigh at least 110 pounds, for most of us,
53 that's not a problem, be in reasonably good health to donate blood.
54 You can donate blood once every 56 days. Most medications are not
55 a problem, so most people are eligible to donate. You can go to
56 our website to find a drive that's open to the public. There are

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1 several coming up. I can't remember everybody's date, so please
2 forgive me, but Legislator Kennedy does have one coming up
3 August 2nd. And there are a number of other blood drives that are
4 scheduled through the Legislators, and through local houses of
5 worship, and fire departments, and businesses, etcetera.

6
7 So this is about us helping each other, this is about us helping
8 the community, and this is about us making sure when the accident
9 happens, the blood is already on the shelf. It's too late to try
10 to do it after the fact, because it takes about 48 hours from the
11 time it comes in the door, tested, processed and out to the
12 hospital. So this is really about us as a blood center partnering
13 with you. Without you, we can't do what we do. And we never want
14 a situation where someone who needs blood does not have what they
15 need to save their life.

16
17 CHAIRMAN SPENCER:

18 Really, really important, and last year we were facing a similar
19 circumstance. We remember the situation that occurred in Orlando,
20 Florida with the nightclub shooting where there was a dramatic need
21 locally. And we know that during the summer months, traumas
22 increase and things of that sort.

23
24 So one of the things that I'm going to do, as Chair of this
25 committee, I know the County Executive did a blood drive, and I
26 thank my colleague, Legislator Kennedy and for her interest, but I
27 am going to issue a challenge to my colleagues, and it's the
28 easiest thing. You pick up the number and you call, they do all
29 the work. You know, you make a flier. They will come and -- with
30 you, work with your fire department to set up a blood drive. So I
31 would invite or challenge, just like the ice bucket challenge, all
32 of my members of the Health Committee to have a blood drive in
33 60 days and return. If you meet that challenge, then I will have
34 to do something of your choice.

35
36 *(*Laughter*)*

37
38 So, anyway, I'm dropping the gauntlet. Pretty open-ended,
39 something reasonable, something similar. So, anyway, I do thank
40 you so much for --

41
42 MS. LINGENFELTER:

43 Thank you.

44
45 CHAIRMAN SPENCER:

46 And you have folders. I do have folders, and I have some extra
47 folders that were brought in that have the --

48
49 MS. LINGENFELTER:

50 Just -- I just happened to put a flier in there for a Legislator's
51 blood drive, since it is today. I couldn't resist, since
52 Legislator Spencer's blood drive is today. But many of you do
53 already have blood drives scheduled and support existing drives.
54 And I would say I think we've worked with all of you in the room,
55 and we do thank you for your support, but, you know, it's all about
56 us taking care of each other. So I thank you.

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1
2 Does anybody have any questions? So get out there and give that
3 gift of life. Thank you so much.

4
5 CHAIRMAN SPENCER:
6 Thank you.

7
8 LEG. CILMI:
9 You know what, I do have a question, actually.

03:36PM 10
11 CHAIRMAN SPENCER:
12 All right. Legislator Cilmi.

13
14 LEG. CILMI:
15 I don't know if you know the -- I don't know if you know the answer
16 to this question, but --

17
18 MS. LINGENFELTER:
19 I'll try.

03:36PM 20
21 LEG. CILMI:
22 The requirement that you wait -- what did you say it was, 50 --

23
24 MS. LINGENFELTER:
25 Fifty-six days.

26
27 LEG. CILMI:
28 Fifty-sixth days. Is that a legal regulatory requirement, or is
29 that a policy thing that blood services does, or what exactly?

03:36PM 30
31 MS. LINGENFELTER:
32 Well, we're basically regulated by the Food and Drug
33 Administration, so most of our policy is regulated by them. And a
34 person probably could donate more often, but it's more -- we want
35 to make sure that the donor is fine, and all the red cell
36 replacement is back in their system and everything before we ask
37 them to donate again. So it's more -- we're very conservative in
38 what we do. We want to make sure the donor is fine. So it is a
39 policy and it is an FDA policy, and all blood centers have the same
40 regulation.

03:37PM 41
42 LEG. CILMI:
43 Okay.

44
45 MS. LINGENFELTER:
46 You want to donate more often, right?

47
48 LEG. CILMI:
49 Yeah, I do, I really do.

03:37PM 50
51 *(*Laughter*)*

52
53 MS. LINGENFELTER:
54 Any other questions?

55
56 LEG. MARTINEZ:

DATE

1 Actually, I'm sorry. So, for example, once the 56 days are up, do
2 we get notification that we're up?

3
4 MS. LINGENFELTER:

5 We don't let you alone, I'm sorry to tell you that. But, yes, when
6 you -- once you are eligible to donate again, we do notify you by
7 email, and sometimes we give you phone calls. So, yes, we
8 definitely get back to you and ask you to come back again.

9
03:37PM 10 LEG. MARTINEZ:
11 Thank you. Well, I was just telling Counsel, I never gave blood
12 until I started doing blood drives, so --

13
14 MS. LINGENFELTER:
15 Thank you.

16
17 LEG. MARTINEZ:
18 Yeah, because I'm not a big fan of needles, but I did it.

19
03:37PM 20 CHAIRMAN SPENCER:
21 The other thing that's --

22
23 MS. LINGENFELTER:
24 I'll be honest with you. I think if you said to me you were fan of
25 needles, I'd be a little nervous.

26
27 CHAIRMAN SPENCER:
28 The other thing that's really important is that blood is just not
29 transferable, and there's a very important sheet that it requires
03:38PM 30 blood types. You've got an A and a B blood type and it's antibody
31 positive and antibody negative. And so you have to remember that
32 if you have like O negative blood, then the only type of blood you
33 can get is O negative blood. You can't have blood with any
34 positive antibodies, you can't have any A or B or AB blood, but you
35 can give to everyone. And so that's really important, because when
36 we have these critical blood shortages, that if you have someone
37 that is of a particular blood type, they may be in a situation
38 where there's no blood available for them, depending on the time or
39 when the situation occurs. So that's another reason why it's so
03:38PM 40 important, you know.

41
42 MS. LINGENFELTER:
43 I might say that we call a blood emergency when we have less than a
44 two-day supply of O negative. Ideally, we like a 7 to 10-day
45 supply of every type. Rarely do we have that much of O negative,
46 because only 6% of the population is O negative. So the indicator
47 for us that determines if we call a blood emergency is a less than
48 a two-day supply of Type O negative, since it's always used in
49 traumas, it's always given to babies. So it is the most important
03:39PM 50 blood type in terms of making sure we meet the community need.

51
52 CHAIRMAN SPENCER:
53 Thank you.

54
55 MS. LINGENFELTER:
56 Thank you.

1 CHAIRMAN SPENCER:

2 Thank you very much. And I understand my blood drive is going very
3 well.
4

5 MS. LINGENFELTER:

6 Yes, they called me before I came, which --
7
8

9 CHAIRMAN SPENCER:

03:39PM 10 I'm heading over there right after this, so I appreciate it.
11 That's the presentations that I have for today. We are now going
12 to move on to our agenda.
13

14 TABLED RESOLUTIONS

15
16 First tabled resolution, *I. R. 1452 (A Local Law to improve food*
17 *allergy safety and awareness at food service establishments in*
18 *Suffolk County (Spencer)*. That's adopting a Local Law to improve
19 food and allergy safety awareness at local food service
03:40PM 20 establishments. I will make a motion to table, second by
21 Legislator Fleming. And we'll discuss this in further detail.
22 But, really, the impetus behind this law, we -- is Gabriella, as we
23 all have heard. So thank you, Gabriella, once again. But we also
24 did reach out to the Restaurant Alliance to get their input, so
25 this is something that we're doing.
26

27 And this bill is a combination really primarily of awareness. Most
28 people aren't aware already that in our Suffolk County food
29 handlers course, that food allergy awareness and contamination is
03:40PM 30 part of that. But a lot of times it's not necessarily enforced
31 that there's someone on the premises always who has this knowledge.
32 So this is going to kind of reinforce that. There is a -- really,
33 what we consider a voluntary component as far as any sort of
34 posting and requirements. And the only mandatory component, it
35 would be some sort of notification on the menu that alerts people
36 who are dining that they should notify their server if you have a
37 food allergy, and requiring the restaurants that there is some plan
38 that they stick to Suffolk County law. So that's it.
39

03:41PM 40 The rest of it we're designating allergy friendly really is a
41 voluntary component that they get this special designation, and
42 allergy superior, where they may have an EpiPen protocol in place,
43 because you can't just have a EpiPen on premises. The EpiPen
44 requires some expertise, it has to be up to date.
45

46 So I've gotten impact -- I've gotten feedback from the Health
47 Department and from the County Attorney. So we're making some
48 amendments on this bill that, hopefully, we'll have in place, and
49 we'll be able to move forward. So I thank my colleagues for your
03:41PM 50 consideration. I thank Gabriella and Jennifer.
51

52 So we have a motion and a second. All those in favor? Any in
53 opposition? Any opposed? Motion to table for public hearing
54 carries. (*Vote: Tabled for Public Hearing 7-0-0-1/Not Present:*
55 *Legislator Trotta*)
56

DATE

INTRODUCTORY RESOLUTIONS

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Moving on to Introductory Resolutions: *I. R. 1548, which is appropriating funds for the Purchase of Equipment for the Environmental Health Laboratory Equipment (CP 4079) (Co. Exec.)*.
Oh, a motion to approve by Legislator Fleming.

LEG. FLEMING:
Yes.

03:42PM

CHAIRMAN SPENCER:
Seconded by Legislator Calarco.

D. P. O. CALARCO:
(Nodded yes).

CHAIRMAN SPENCER:
All those in favor? Opposed? Abstention? Motion --

03:42PM

LEG. KENNEDY:
On the motion.

CHAIRMAN SPENCER:
On the motion. They're holding the vote.

LEG. KENNEDY:
Just quickly, is there anybody that can answer what pieces of equipment?

03:42PM

MR. FREAS:
According to the list of equipment that was provided during the capital budget cycle --

LEG. KENNEDY:
Yeah.

MR. FREAS:
-- it's one Gas Chromatograph Mass Spectrometry -- Mass Spectrometry System.

LEG. KENNEDY:
Okay.

MR. FREAS:
Eight solid phase extractors, a solid phase extraction system, a double-door refrigerator, and a quantity tray sealer.

LEG. KENNEDY:
Okay.

03:43PM

D. P. O. CALARCO:
I got it in my garage.

MR. FREAS:
Oh, yes.

DATE

(**Laughter**)

1
2
3 LEG. KENNEDY:
4 Okay. Thank you.

5
6 CHAIRMAN SPENCER:
7 All right. The mass spectrometer, wasn't that on the DeLorean in
8 Back to the Future?

9
03:43PM 10 MR. FREAS:
11 Yes.

12
13 (**Laughter**)

14
15 CHAIRMAN SPENCER:
16 So we have a motion and a second. We were calling the vote when it
17 was on the motion, so I'll call the vote again. All those in
18 favor? Any opposition? Any abstention? The vote carries
19 unanimously. (*Vote: Approved 7-0-0-1/Not Present: Legislator*
03:43PM 20 *Trotta*)

21
22 *I. R. 1572 - Developing a Mobile Support Programming for substance*
23 *abuse assistance (Pres. Off.).* I think there's going to be a
24 motion to table because there's a CN coming?

25
26 P. O. GREGORY:
27 Yup, yup.

28
29 CHAIRMAN SPENCER:
03:43PM 30 So motion to table by our Presiding Officer, seconded by Legislator
31 Fleming. All those in favor? Any in opposition? Any abstentions?
32 Motion is tabled. (*Vote: Tabled 7-0-0-1/Not Present: Legislator*
33 *Trotta*)

34
35 That is all the business that I have before this committee today.
36 Is there any other business from the Legislators? Seeing none, we
37 stand adjourned. Thank you.

38
39 (**The meeting was adjourned at 3:43 p. m. **)

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