HEALTH COMMITTEE
of the
Suffolk County Legislature

Minutes

A regular meeting of the Health Committee was held at the William H. Rogers Building, Veterans Memorial Highway, Hauppauge, New York on Thursday, **March 29, 2001** at 10:00 a.m.

MEMBERS PRESENT:
Legislator Ginny Fields, Chairperson
Legislator Brian Foley, Vice Chairman
Legislator Marty Haley
Legislator Maxine Postal

ALSO IN ATTENDANCE:
Legislator Angie Carpenter, Legislative District No. 11
Paul Sabatino, Counsel to the Legislature
Mary Skiber, Aide to Legislator Fields
Mary Howe, Senior Budget Analyst/Budget Review Office
Bonnie L. Godsman, Intergovernmental Relations/County Executives Office
Clare Bradley, Commissioner, Suffolk County Department of Health
Bob Maimoni, Suffolk County Department of Health
Eli Schick, Schick Technologies
Reva Goldberg, Mental Health Association
Bernie Kirschbaum, MHA/Concern

Minutes Taken By:
Kimberly Castiglione, Legislative Secretary

(The meeting was called to order at 10:10 a.m.)

CHAIRPERSON FIELDS:
Will everyone please rise for the salute to the flag to be led by Legislator Foley.

(Salutation)

Dr. Bradley, come on up. Good morning. This is Eli Schick, and he has a machine that he is going to demonstrate and maybe say a few words for, but I want you to be our first test victim.

DR. BRADLEY:
It doesn't ask age, does it?

CHAIRPERSON FIELDS:
Yes, it does. Well, then I'll be the first test victim. Eli, do you want to just explain the machine?

MR. SCHICK:
This device measures the finger, the middle finger of the non-dominant hand. In other words, if you are a righty, we test the left hand. The reason we do that is because there is a lot of data, clinical data, behind the finger showing that it predicts hip and spine fracture risk throughout your life. So, if you have got low bone density in your finger, the odds are that you are at high risk for hip and spine fracture down the road.

(Machine Demonstration)

CHAIRPERSON FIELDS:
This is the size of machine you are entering.

MR. SCHICK:
Then patient ID, and then we do patient age.

CHAIRPERSON FIELDS:
Okay, so 55. Female, Caucasian.

MR. SCHICK:
Are you a lefty or a righty?

CHAIRPERSON FIELDS:
I am a righty.

MR. SCHICK:
Okay. So then we are going to use your left hand. Slide your finger all the way in. You came

up with a pretty healthy score. Are we going to print your report? We will print the report. This is a very slow printer. I brought a portable slow printer, so it is going to take a little bit of time.
Oh, I didn't check the printer code. The printer is not set up properly.
CHAIRPERSON FIELDS:
Okay. We have to do it again. While we are fixing the technical situation we will start the meeting and go back to this. Legislator Postal.
LEGISLATOR POSTAL:
Thank you, Madam Chair. I just wanted to tell the committee that within the past couple of months I saw a Health Department, very brief, report on the accomplishments of the Neighborhood Aide Program, and I was very impressed by it. I was very impressed by the concrete results in terms of the number of new patients, especially children enrolled in Child Health Plus, and I was very impressed by the resourcefulness of the Neighborhood Aides. They go everyplace. I just said to Bob Maimoni, barber shops. You know, really atypical kinds of places that you find people for outreach.
I am going to provide a copy of that report for the other members of the committee because I really think that sometimes we need to toot our own horn when we are doing something good.
CHAIRPERSON FIELDS:
It is funny that you are saying that, and Dr. Bradley held a Board of Health meeting the other day and we were talking about all of the accomplishments that have occurred through the work of the County. We were saying that we should produce that and maybe, Angie, in the Health Fair, some kind of a bulleted accomplishment sheet I think would be wonderful.
LEGISLATOR FOLEY:
A presentation to the committee.
CHAIRPERSON FIELDS:
And, right, a presentation of the committee. Okay. First I would like to introduce Legislator Carpenter's shadow for the day, Bill Pyszczymuka, who is a senior at West Islip High School and will be attending SUNY Albany next year. Welcome.
MR. PYSZCZYMUKA:
Thank you. It is nice to meet you.

CHAIRPERSON FIELDS:
It is nice to meet you, too. And we'll go back to the osteoporosis testing machine a little bit later. Are there any other people that would like to address the committee? Then we will go right to tabled resolutions.

TABLED RESOLUTIONS

I.R. 1749 (P) Establishing Safe Haven Policy for the Blind. (D'Andre)
I have not heard anything from the sponsor on this, so I am going to make a motion to table subject to call.
LEGISLATOR FOLEY:
Second.
CHAIRPERSON FIELDS:
All in favor? Opposed? Tabled subject to call. **(Vote: 4/0/0/0)**
I.R. 1135 Amending the 2001 Operating Budget and appropriating funds to implement Osteoporosis Testing Program in Suffolk County. (Postal) Budget Committee Prime.
I am going to skip over 1135 until – I am going to make a motion to table.
LEGISLATOR POSTAL:
Unless you want to defer to prime.
CHAIRPERSON FIELDS:
Let's just make a motion to table one more time. Who is going to second me?
LEGISLATOR POSTAL:
I will.
CHAIRPERSON FIELDS:
All in favor? Opposed? Tabled. **(Vote: 4/0/0/0)**
I.R. 1195 Amending the 2001 Operating Budget and appropriating funds in portable building at Tri-Community Health Center. (Postal) Budget Committee Prime.
LEGISLATOR POSTAL:

I will make a motion to defer that to prime since Budget is prime on that.
LEGISLATOR FOLEY:
Second.
CHAIRPERSON FIELDS:
Legislator Foley seconds. All in favor? Opposed? And that is deferred to prime. **(Vote: 4/0/0/0)**
I.R. 1197 Adopting Local Law No. –2001, a Local Law to ban sale of mercury thermometers in Suffolk County. (Cooper). Environment, Land Acquisition & Planning Prime Committee.
This is prime in Environment?
LEGISLATOR POSTAL:
I guess. Is the public hearing closed on this? I don't remember. I know that there is a corrected copy that we received, which was specific about referring to fever thermometers.
MR. SABATINO:
The public hearing was recessed until the next –
LEGISLATOR POSTAL:
Motion to table.
LEGISLATOR FOLEY:
Second.
CHAIRPERSON FIELDS:
All in favor? Opposed? Tabled. **(Vote: 4/0/0/0)**

INTRODUCTORY RESOLUTIONS

I.R. 1218 (P) Making a technical correction to Discretionary Omnibus Budget adopting Resolution 920-2000. (Fields)
Motion to approve.
LEGISLATOR POSTAL:
Second.
CHAIRPERSON FIELDS:
All in favor? Opposed? Approved. **(Vote: 4/0/0/0)**
I.R. 1224 (P) Accepting and appropriating additional 100% grant funds from the New York State Office of Mental Health to the Department of Health Services, Division of Mental Hygiene Services, for several mental health contract agencies. (County Executive)

LEGISLATOR POSTAL:
Madam Chair, can I? I would make a motion to approve and pending an explanation place on the consent calendar.
MR. SABATINO:
This is $280,000 from the State Office of Mental Health which is being appropriated to several contract agencies and it is 100% State funding.
CHAIRPERSON FIELDS:
Motion to approve by –
LEGISLATOR POSTAL:
And put on the consent calendar.
CHAIRPERSON FIELDS:
And put on the consent calendar by Legislator Postal. Seconded by Legislator Foley. All in favor? Opposed? Approved. **(Vote: 4/0/0/0)**
I.R. 1225 (P) Accepting and appropriating additional 100% grant funds from the New York State Office of Mental Health to the Department of Health Services, Division of Mental Hygiene Services, for the renovation of space for mental hygiene administration. (County Executive)
LEGISLATOR POSTAL:
I would like to make a motion to approve this and place on the consent calendar.
LEGISLATOR FOLEY:
Second the motion.
CHAIRPERSON FIELDS:
All in favor? Opposed? Approved. **(Vote: 4/0/0/0).** And can we place I.R. 1218 on the consent calendar also?
MR. SABATINO:
Yes, you could. That one is just changing the name of the organization. Yes, you can.

CHAIRPERSON FIELDS:
Motion to place that on the consent calendar.
LEGISLATOR POSTAL:
Second.
CHAIRPERSON FIELDS:
All in favor? Opposed? That will be on the consent calendar.
Commissioner Bradley, can you come up? Legislator Foley has something that he would like to ask.
LEGISLATOR FOLEY:
Thank you, Commissioner. Just to make you aware, there is going to be a special meeting of the Space Management Committee next Tuesday at 3:00 here in the Presiding Officer's Conference Room. The primary discussion will be the Coram Health Center and Social Services Center with the intention of moving forward with looking at several sites. But prior to us being able to do that, we need to have this particular meeting to move forward in that direction. I just wanted to make you aware of that.
What is interesting to note, and I mentioned it to the Commissioner of Social Services, whereas last year, in May of last year, not from your department but from the Social Services Department, when we had asked the question of whether or not there were other sites that were looked at, we were told at that time that there were no other interested parties in that general area who wanted to relocate both a health center and a social services center.
What is interesting this time around, and it should be reflected in this committee's minutes, is that within two weeks of our action the other week to move forward in this direction, there have been come forward seven possible locations. So, you know, one was close to Passover. You could ask the question what is different this year than in all other years, and there was something of an answer given at the Social Services Committee meeting, but at the same time I just wanted to make you aware of that and that there is some -- it is not only a quantity of sites, but it is also what I call a quality of sites because there is some locations that have better mass transit connections than the present site. We are very excited that we are going to find a place that is going to be better suited for those clients who utilize those services as well as for the employees of your department, as well as Social Services. So, I just want to make you aware of that.
LEGISLATOR CARPENTER:
Madam Chair. If I could, while you're on the subject of siting health centers. I would just like to ask that when the Space Committee does meet that you raise the issue of the siting of the Bay Shore Family Health Center, because even though they are very comfortable and everything is working very nicely now in the Touro School of Health Sciences, the original agreement was for the health center to be located there for seven years and it has been over three. And there is every indication that Touro will want the rest of the space that is there or may want it. So I think we need to start looking at that because it does take a number of years to site a new health center.
DR. BRADLEY:
We actually have started looking.
CHAIRPERSON FIELDS:
That is going to be on the agenda in the next couple of months because it is on our radar screen with also the fact that they haven't been the best of landlords, either.
Eli, are we ready? So now we will start all over again.
MR. SCHICK:
We need a volunteer. Maybe somebody from the audience?

(Legislator Haley entered the meeting at 10:35 a.m.)

The device is called the {Acudex}. Is that the non-dominant hand? Are you a righty or a lefty?
MR. MAIMONI:
I am a righty.
MR. SCHICK:
Okay, so we are going to test your left hand. Patient ID number. Physicians usually use Social Security or something like that. Patient age?
MR. MAIMONI:
Fifty-two.
MR. SCHICK:
Okay. It goes by gender and by ethnicity. That's just the way the industry has taken to

coming up with a normative database for each group. So we put that in. Now you slide your hand right through and your middle finger goes into the post. This is going to come down, there is going to be a clamp on your finger. Now this is the actual test being performed. It is called a DXA-unit, which stands for duel x-ray absorptiometry, which is considered the gold standard in bone density testing.

The reason for that is the two x-rays allows you to filter out the soft tissue. You have hard tissue and soft tissue. We are really only concerned with your bone, which is hard. It gives us an outline of the bone which is designed just to make sure that the finger is positioned correctly; it is. Then it does a nine step analysis.

DR. BRADLEY:

Are the results age and sex specific?

MR. SCHICK:

Yes. All of these devices, or most of them, put out what is called a T score and a Z score. The score that really is relevant is the T score which is the patient matched against a young, healthy normal population, meaning that population, so a male Caucasian population in their 20's. The T score for you is just about zero, which means you are exactly in line with the young, healthy normal population, meaning you are healthy, you are not at risk. Your Z score is a drop low, but that is not relevant. It also puts out a DMD score, which is your absolute bone density in the area that was tested, which is a .599. We might look at that if we were monitoring you on therapy. But in just making an original diagnosis, we are going to look at your T score which is how you match up, and you match up just fine. So, according to this, you would not be at risk – or at least a high risk.

This is a slow printer. It is going to take a little bit of time.

(Printer set-up 10:40 – 10:55)

LEGISLATOR HALEY:

Madam Chair. I apologize for being late. Could the record reflect my vote with the majority on all the resolutions on the agenda?

CHAIRPERSON FIELDS:

Okay. Motion.

LEGISLATOR POSTAL:

You want to vote the way we did?

CHAIRPERSON FIELDS:

Oh yeah, you may not want to do that, Marty.

LEGISLATOR HALEY:

Why not?

CHAIRPERSON FIELDS:

We are only kidding.

LEGISLATOR HALEY:

Don't scare me like that.

CHAIRPERSON FIELDS:

We only want to see your blood pressure go up. You are in the Health Committee so we are checking your blood pressure.

LEGISLATOR HALEY:

Well, I did check it very closely.

CHAIRPERSON FIELDS:

Okay. All in favor? Opposed? You will be recorded with the rest of the committee.

LEGISLATOR HALEY:

Thank you, Madam Chair.

CHAIRPERSON FIELDS:

Eli, would you just like to just say a few words about the general way that the machine works and what it does when the correct printer is with it?

MR. SCHICK:

Okay. Bone density testing has been around for years. Most of the tests that have been done so far on the general population have been done on what are called larger tabletop DXA scanners. These cost in the neighborhood of 40, $50,000, require a trained technician, and produce a very good assessment of the candidate's bone density because they measure the actual spine or the hip, typically the hip.

In the past five years or so, there has been a recognition that –

CHAIRPERSON FIELDS:

Can I stop you a second? Dr. Bradley, could we, and Legislator Foley, because he is talking

about the operation of the machine and I really wanted you to direct it more to Dr. Bradley than anyone.

MR. SCHICK:

I am sure that Dr. Bradley is probably pretty much aware of almost everything I am going to say.

In the last five years there has been a recognition that we are not testing enough people. The National Osteoporosis foundation has come up with a nice saying that the average physician sees 11 osteoporotic women a week, and only diagnoses one of them. And so, there has been a push towards primary care assessment for bone density and osteoporosis. In order to do this, you need an in office device and so a number of devices have come onto the market. Those use principally one of two technologies, either ultrasound or x-ray. Within x-ray you have two devices on the market. There is one that measures the forearm or the wrist, and one that measures the finger, which is ours. In ultrasound you have primarily devices that measure the heel.

Without going into the advantages or disadvantages of each, it is generally recognized that ultrasound is for absolute measurement, a less precise method. And in terms of ease of use, the finger presents probably the most accessible site. So, leaving that aside in terms of competitive issues.

The methodology of this machine is to use DXA, dual x-ray absorptiometry, which is the gold standard. What that means is it takes two x-rays, two very, very quick x-rays designed to enable the device to filter out soft tissue so that it only measures hard tissue. For ultrasound, one of the methods of doing this is to soak the foot in a water bath. Some of the devices -- that way they kind of neutralize all of the soft tissue in the body or in the heel. But we use DXA which is acknowledged to be the best methodology.

The device produces a patient report that looks like something like this. It has a graph which is pretty easy for the patient to understand where they fit relative to a young, healthy, normal population. The middle line is a normal population, a normal reading, and this is one standard deviation above and one standard deviation below. And so everybody can see that we decline with age and that is probably a little bit difficult to see from there and they can track their progress against a young, healthy, normal population.

The World Health Organization has determined that this is the way we diagnose osteoporosis based on a T score which is the patient or how the candidate measured against the young, healthy, normal population. The World Health Organization has also recommended separate databases for male and female and for every pretty much major ethnicity. And so we have developed for females a Caucasian database, Hispanic, African-American, Asian. What the studies have really shown is that for the most part this is unnecessary, kind of after the fact, this is unnecessary other than in the case of the African-American population which typically has a bone density of about 10% higher than the other ethnicity's. On the male side, we did not develop all of the different databases, and that is pretty much consistent with what the industry has done, or I should say not done.

That's really, you know, the nuts and bolts of it. The actual test, leaving aside any printer difficulties, takes about two minutes. It is very simple and very intuitive in terms of actually using the machine. In the State of New York it does need to be operated by a radiation technician in a clinical setting.

CHAIRPERSON FIELDS:

I am just going to ask one question and then I am going to go to Legislator Postal and Legislator Haley. What is the reimbursement usually for this, one test?

MR. SCHICK:

I think it reimburses at a national average of about $42. Here in New York it is a little bit higher.

CHAIRPERSON FIELDS:

Is there difficulty getting reimbursement from insurance companies?

MR. SCHICK:

Medicare has to reimburse. That's the law. The Healthcare Finance Administration in Washington passed a law that all Medicare carriers have to reimburse for this test. They will find ways to not reimburse, that's typical –

CHAIRPERSON FIELDS:

They do that with all services.

MR. SCHICK:

Right, exactly. But as a general rule they do reimburse. On a national basis, about 2/3 of the private payers reimburse. Usually they also pay out a little bit higher than Medicare. The

national average that we've seen is about $75 a test.

CHAIRPERSON FIELDS:

Okay. And just for everyone's information, we did not, when we put this bill in to approve this, we did not put it in as the end all for all women, this is the final test. This we wanted to have as a screening test for women with certain criteria. So, I will open it up to questions from Legislator Postal.

LEGISLATOR POSTAL:

Actually, you answered a couple of my questions at the very end of your statement.

With regard to the correlation between the scanning of a finger and the correlation with the bone density of the hip, are there any objective measures or evaluations or reports on the accuracy and degree of correlation of the two?

MR. SCHICK:

Accuracy is a separate issue. In terms of accuracy that goes device by device. In other words, how well can a device actually measure the bone density. In other words, if we were to find some objective way, which really you can only do in a cadaver study, but of determining somebody's density how accurate would the device be in terms of predicting it. The hip devices are pretty good. The {Acudex} is a little bit better in terms of correlation. So, yes, the answer yes. You have accuracy in the devices.

In terms of correlation, pretty much every study has shown that no one site in the body correlates that well to another. In other words, the hip doesn't correlate to the spine which doesn't correlate to the heel which doesn't correlate to the finger.

But what the studies have shown is that bone density does decline in each part of the body at a very similar rate. So, in other words, if you have got a low bone density in your finger, it doesn't mean that you are going to have the same low bone density in the hip or the spine. But it does mean that as your bone density declines in the finger, it is going to decline in the other areas of the body as well. So while your T score on the finger – well, actually no. Your T score would be relatively similar, but while your absolute BMD in the finger let's say might be .6, in another site in the body it may be a .5.

So the main question is what use is measuring the finger, and so what they have done is they have done prospective studies where you measure everybody and then you chart their progress through life. The largest one is called the NORA study, National Osteoporosis Risk Assessment Study, which tested about 150,000 women above the age of 50. What it has shown is that pretty much all the devices are able to predict a fracture risk for the populations that were tested.

LEGISLATOR POSTAL:

Thank you.

LEGISLATOR HALEY:

I will pass. That was my question.

CHAIRPERSON FIELDS:

Dr. Bradley, Legislator Postal would like to ask you something.

LEGISLATOR POSTAL:

Sorry to keep you coming back and forth. I had a couple of questions based on the letter that you sent us with regard to this resolution. First of all, my question – I am delighted that there are plans to purchase osteoporosis screening devices in 2002 for some of our health centers. Will that be the big bone density scanning machines?

DR. BRADLEY:

We haven't definitely decided.

LEGISLATOR POSTAL:

You said that in your letter the National Institute of Health, the U.S. Preventative Service Task Force, the American Colleges of Obstetrics and Gynecology and other organizations do not recommend osteoporosis screening with bone densitometry for all peri-menopausal or post-menopausal women. Is that in terms of cost, you know, it is like mammography. They are looking at sort of the ethicacy in relation to the cost?

DR. BRADLEY:

If you look at a group of women that are post-menopausal and you screen and then you look at a group of women that don't get screened, the screened group who go through diagnosis and treatment don't do any better on a large scale. So they don't recommend, as they do for mammography, going out and screening large masses of women. In mammography, women over 40 who go for screening have a 30% decrease in mortality from breast cancer. They don't see that in osteoporosis. So they recommend, as was said, in a primary care setting

that between a doctor and a patient that patients be referred and then followed.

LEGISLATOR POSTAL:

That is what I was going to ask. Because if you just do the screening and there is no referral and follow-up, then it has very limited value. Is that –

DR. BRADLEY:

Well, it is just that for some reason in large scales they don't see the benefit as they do for some others, such as pap smear and mammography. They see the benefit in those, and those people go for follow-up, they just don't go for the mammography or the pap smear. If it is abnormal, then they go for treatment. So it is really recommended under a primary care setting, not in terms of mass screening. So the idea behind placing them in the health centers is that it would be a referral type test. It wouldn't be a test that any woman could come in and get it. It would really have to be based on a referral from her primary care provider.

The mammography van, on the other hand, will do a woman who is of the appropriate age without a referral from a primary care provider because every woman over 40 should have ongoing mammography.

LEGISLATOR POSTAL:

Again, I guess the difference is if you go for a mammogram and first of all, when you go for a mammogram, the technician doesn't read the mammogram. I mean, isn't that true? The result is then provided to a radiologist.

DR. BRADLEY:

They look to see if it was a good test, but they don't read it in terms of abnormal –

LEGISLATOR POSTAL:

They don't read it.

DR. BRADLEY:

Correct.

LEGISLATOR POSTAL:

The radiologist reads it and you then will get the result from your primary care physician. So you are really in communication with a physician to actually find out what happened.

DR. BRADLEY:

Correct.

LEGISLATOR POSTAL:

So you are in a situation where you are more likely to do something as a result of a positive mammography. On the other hand, with something like this where you are getting a reading immediately, I would imagine that you are not placing a person in a situation of exposure to a physician necessarily. So you are really relying on the person to then follow-up on the recommendation. I guess that's where you get the disconnect.

DR. BRADLEY:

The issue with osteoporosis and women is that if you had any woman who is actually almost from any age put -- particularly peri-menopausal and menopausal, you would recommend to them appropriate diet in terms of calcium, in terms of caffeine, try to stop smoking, and exercise because you are at risk of osteoporosis and it is much easier to prevent osteoporosis then to try to deal with it once you have it. So every woman should be educated about that. Now, once you have someone who may be at risk on an osteoporosis screening device, you would have the same recommendation, and it may also be that you would recommend estrogen or some other medication for them. But again, that is between a primary care provider and a patient.

MR. SCHICK:

If I could just make two points that reinforce what the Doctor is saying. First of all, there is no device cleared by the FDA for diagnosing osteoporosis. The FDA takes the view that that is something that should be done, this gives you a quantitative output and a consultation with a physician. The physician makes the diagnosis, not the device. So, no matter what it spits out, that is not a diagnosis; that's an objective score.

Second of all, what, you know, one of the benefits, and fortunately, of screening a lot of people is that you do increase compliance, whether it is just with diet or estrogen replacement therapy. You know, if somebody sees a quantitative score that indicates that they might be a little bit low, they are more likely to comply with whatever is recommended.

LEGISLATOR POSTAL:

I think that that was what we had in mind in sponsoring this. Both Legislator Fields and I just off the top of our head knew of two individuals who might not have been aware that they were at risk for osteoporosis who just because there was an x-ray device available were

screened and discovered that they should follow-up, they should be referred to a physician, and in both cases they were and they are now I guess pursuing treatment or certainly changing their lifestyle.

I think that is what our intent was, to – just the same way we have all heard over the years from women who went to the mammography van who could just as easily have gone to a radiological facility who had coverage or whatever, but just didn't do it and the mammography van was convenient, it was there, and so they did it. That's kind of what we have in mind, that there may be a number of women who for one reason or another will not be referred.

I mean, one of the people – the person I was referring to is African-American, who was here the day that we had the densitometer for our demonstration. As an African-American she was never referred and she happened to be a Girl Scout convention where there are a lot of women and there was some x-ray scanner and she just did it kind of for the heck of it and she found out she has osteopenia. And she did go to her doctor and her doctor said I never would have thought of it because she is African-American and she is not the standard body type, all of those reasons. Thank you.

DR. BRADLEY:

What I would like to see is that the mammography van begin educating women about osteoporosis and they have actually started branching out a little bit in other than mammography since they have such a captive audience. But the people that are on the mammography, on the staff, are not primary care providers so they really aren't in a position to say which women should have it and which women shouldn't have it, which is why we are going to plan to place them in the health centers. But the radiology techs would do it based on a referral. They would have to have a referral from a primary care provider before they would do it.

CHAIRPERSON FIELDS:

Okay. Are there any other questions? Thank you. Thanks very much, Eli.

MR. SCHICK:

There is just a National Osteoporosis guidelines as to who gets tested. We do give that. And also most of the manufacturers and pharmaceutical companies also have developed a questionnaire which qualifies people for the test which is somewhat objective, and a lot of people fall in the category of needing a test, but I will give these to you as well.

CHAIRPERSON FIELDS:

Thank you very much. Motion to adjourn.

LEGISLATOR FOLEY:

Motion.

CHAIRPERSON FIELDS:

Second. All in favor? We are adjourned.

(The meeting was adjourned at 11:20 a.m.)

{ } denotes spelled phonetically