

LABOR, WORKFORCE AND AFFORDABLE HOUSING COMMITTEE

OF THE

SUFFOLK COUNTY LEGISLATURE

Minutes

A regular meeting of the Labor, Workforce and Affordable Housing 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 November 9, 2007.

MEMBERS PRESENT:

Leg. Kate M. Browning, Chairperson
Leg. Ricardo Montano, Vice-Chairman
Leg. Vivian Vilorio-Fisher
Leg. John M. Kennedy, Jr.
Leg. Daniel Losquadro

ALSO IN ATTENDANCE:

George Nolan, Counsel to the Legislature
Ian Barry, Assistant Counsel to the Legislature
Renee Ortiz, Chief Deputy Clerk of the Legislature
Lance Reinheimer, Assistant Director of Budget Review Office
Jill Moss, Budget Review Office
Ben Zwirn, Assistant Deputy County Executive
Bob Martinez, Aide to Leg. Montano
Linda Bay, Aide to Minority Leader
Paul Perillie, Aide to Majority Leader
Debra Alloncius, Legislative Director
Jeff Tempera, Director of Labor Relations
Cheryl Felice, President of AME
Debra Alloncius, AME Legislative Director
Rose Herlihy, AME retiree
Donald T. Grauer, President SCPOA
Vito Dagnello, union rep of Correction Officers
Tom Breeden, union rep of Suffolk County Community College
Maria Nancy Rivera, union rep of Patient Care Services
Commissioner Robert W. Dow, Jr., Commissioner of Labor for Suffolk County
Elizabeth Pearsall, Director of Labor and Mediation Unit
Peter Crisano, Department of Labor
Kristine Chayes, SC Civil Service, Principal Personnel Analyst
All other interested parties

MINUTES TAKEN BY:

Diana Kraus, Court Stenographer

MINUTES TRANSCRIBED BY:

Denise Weaver, Legislative Aide

(THE MEETING COMMENCED AT 11:38 PM)

CHAIRPERSON BROWNING:

Good morning. We'll start the Labor, Workforce and Affordable Housing meeting. We'll start with the Pledge of Allegiance led by our Counsel, George Nolan.

SALUTATION

Okay. We have one card for public portion, Deborah Alloncius.

PUBLIC PORTION

MS. ALLONCIUS:

Good morning, Madam Chair and members of the Labor, Workforce and Affordable Housing Committee. My name Debbie Alloncius. I'm AME's Legislative Director. And I'm here speaking to you on behalf of Cheryl Felice, AME, Scope and the 47,000 members who are insured by the Employees Medical Health Plan. While we're -- would like is that we get this out of committee because we have such a deadline to get it voted on and so many lives depend on what you do here today. Thank you. Have a good morning.

CHAIRPERSON BROWNING:

Thank you. Okay. Any questions? No one has questions. Okay.

PRESENTATIONS

We will go to presentations, Bob Dow from the Department of Labor. Good morning. We'd just like you to give us an update on what's going on at the Department of Labor.

COMMISSIONER DOW:

All right. Good morning everyone, Madam Chair and honorable Legislators and congratulations also on your recent elections. My name is Robert W. Dow Jr., Commissioner of Labor for Suffolk County. And I am here to give you a brief overview on our department and also to at the request of our Chair to give a brief description and information about a recently formed committee or council called the Long Island Labor Advisory Council or the acronym LILAC.

Just briefly, and this would be a little redundant of the budget hearings that we were at two weeks ago, we have a -- Department of Labor has approximately 177 employees. We run employment and training programs, Welfare to Work Programs, which is our SWEP Program. We also have a displaced homemaker unit that does training for women that are displaced and looking to get back into the workforce. We run a labor mediation mini-PERB unit, which is the -- one of the few mini-PERB's in New York State; there's probably about three of them besides the New York State PERB. And also administer the living wage and the new law that came into effect in '07, Lawful Hiring of Employees Law.

Our budget currently for '08 -- looking for '08 was about \$15.6 million. Over the year a brief overview, we've seen several thousand people in our One-Stop Center across the street of which you have visited numerous occasions to get a feel for what we do with employment and training programs over there. We have received a supplemental for our dislocated worker of 700 -- approximately 750,000 this year. We've also because of program compliance and meeting all of our goals for the Workforce Investment Act have received a \$57,000 incentive also.

On our SWEP side, which is our Welfare to Work Program that we work hand in hand with DSS with, we've actually over this past year and the year actually ended in October, the Health and Human Services has actually increased or raised the bar to complying to participation rates. And we've done extremely well with that working hand in hand with DSS. And for about four months in a row we've had the highest participation rate in the state with large districts; large and medium sized districts.

Additionally, we ran our Summer Youth Program this year and had over 700 participants in that program. It ran for about six weeks where it gave opportunities for many underprivileged youth to have jobs at minimum wage throughout the County through work sites that we've developed over the year.

Additionally, I would like to give some -- give an opportunity to my assistant, Liz Pearsall, who is also Director of the Labor and Mediation Unit to speak on behalf of the Labor Unit -- Mediation Unit and the Suffolk County PERB that we administer. So Liz, she's going to take a few moments to give you a run down on that.

MS. PEARSALL:

Good morning. My name is Elizabeth Pearsall and I am Director of the Labor and Mediation Unit. I handle also the Suffolk County mini-PERB. Currently we are working to fill the position, the empty board seat that was left by Tom {Clear} for personal reasons, I believe he was running for office and this was a conflict of interest for him. We revised the rules and regulations which have not been changed officially since 1978. And we have -- we're presently handling the 12 public union grievance situations; any grievances would come through my office and we would appoint an arbitrator based on the collective bargaining agreement on how their arbitrations are handled.

Under the DOL side we are named in several collective bargaining agreements as the final arbitrator. And we have about two to three grievances a month that are handled out of my office. We deal with the public, their questions. We have maybe 20 questions daily that we get from the public. I either redirect them to the proper agency, which would be Unemployment, Labor Standards or, if I can, I will answer their questions and give them the information that they need. But we do handle a lot of public questions in my office.

CHAIRPERSON BROWNING:

Okay. You have questions. Okay. Go ahead, John.

LEG. KENNEDY:

Thank you, Madam Chair. The mini-PERB does the arbitration work for not only our County unions but for the various other local municipal unions, do you handle school districts or towns or villages or other collective bargaining units?

MS. PEARSALL:

Yes, we do. The Brentwood School District, Local 237, the Town of Islip, OTB. If we're named in the collective bargaining agreement as the final arbitrator, then we do handle those.

LEG. KENNEDY:

Is that permissive or is that something that's standard?

MS. PEARSALL:

Yes.

LEG. KENNEDY:

So in other words, like a school district or a village can elect to name you folks or they just default to state PERB?

MS. PEARSALL:

They can decide to use the Suffolk County DOL. Of course, you know, cost -- the cost is really a reason why they would because an arbitrator, they're getting around \$2,000 a day now. So they would use the Suffolk DOL because there was no cost attached to it.

LEG. KENNEDY:

When you come up with a determination as far as let's see if an IP is filed before you --

MS. PEARSALL:

No, we don't handle IP's. IP's go directly to the state PERB.

LEG. KENNEDY:

Oh, IP's go to Albany directly, you don't handle any improper practice?

MS. PEARSALL:

No. Grievance -- contract grievances only.

LEG. KENNEDY:

Okay. All right, fine. Thank you.

MS. PEARSALL:

You're welcome.

LEG. KENNEDY:

All right, Madam Chair, thank you.

CHAIRPERSON BROWNING:

Okay. And as far as the Living Wage Law's concerned and the Lawful Hiring of Employees, anything new on that?

COMMISSIONER DOW:

Well, Brenda Rosenberg is our Director of the Local Law Compliance Unit, now it's becoming, because the Fair Share Medical Health Care Act was also included in that, which was knocked down in court. But the Living Wage and the Lawful Hiring of Employees -- the Living Wage Law currently would bring up that there has been an increase of recently, but it is not connected to the child care providers, but there is also hardship assistance. And to date we have pending out of hardship assistance available of \$1.5 million. This year to date there has been hardship assistance for employers of 544,000. So I believe in the '08 budget that will be reduced, that hardship assistance availability from 1.5 million to one million. And I think that's on the expectation that the need for hardship assistance is less than what was originally thought. And that's where the reduction is because we're middle of November and another month so I don't see it going over 600,000 for those hardship assistance employers that are requesting that.

On the Lawful Hiring of Employees, that was the local law that County Exec was -- put forward and that we are administering. We are happy to announce that we've done several monitoring. And to step back a little bit, it took quite a while for the contracts to actually be in place because mainly the construction contracts that we're monitoring when they have their 2007 contracts, they're really just starting right now after the contract has been awarded and all the paperwork is done and everything is, you know, a contract is a contract. So it only pertained to any contracts that were executed in 2007. So currently we have done several construction sites. So all of the monitoring as to date has been successful and that we haven't found any people or employers that are out of compliance.

So that has worked very well and hopefully it has leveled the playing field and helped the legitimate contractor in securing work and kept the person that may not be a legitimate contractor from bidding on Suffolk County work. But that has -- to date I don't have exactly the amount of monitoring but we are doing it on a on-basis process, we're working hand in hand with DPW in getting information on when construction sites are starting. Some of these sites that we have

checked are large jobs but some are very small jobs where they may last two or three days. A typical monitoring would go on-site, request the information of each employee that they're -- through the law and also to request the sign-in sheet to verify who was on the job for that particular day so we can cross reference it with the information that the employer is providing for us. So to again say that it has gone well and the law seems to be doing what it's supposed to be doing.

CHAIRPERSON BROWNING:

Okay. Thank you. Any questions? No? Well, I appreciate you coming in.

COMMISSIONER DOW:

Okay. If I could just for a moment, you had requested, Madam Chair, to hear a little bit about --

CHAIRPERSON BROWNING:

About that LILAC.

COMMISSIONER DOW:

-- the Long Island Labor Advisory Council. I have a mission statement and I can just give you an overview who's on the council.

CHAIRPERSON BROWNING:

Sorry, I forgot about that.

COMMISSIONER DOW:

Through the Nassau/Suffolk Building Trades and through Jack Kennedy, there was always expressed the need to have a Long Island Labor Advisory Council that will be multi-County, both Suffolk and Nassau County. The people that sit on it are both Commissioners of Labor, myself and {Gene Coughlin}, labor attorney groups, representatives from both Suffolk and Nassau DA Offices, New York State Department of Labor Commissioner, along with her representatives for a Wage an Hour and Public Works, local union reps, U.S. Department of Labor reps, a representative from the Attorney General's Office, a representative from the IRS Task Force that's here locally in Nassau and Suffolk County, contractor groups are also part of this. And we also have a representative from the Comptroller's Office.

And the mission basically is a group of people that get together inclusive of union leaders, representatives of government and business to examine and develop progressive initiatives, proposals and solutions in areas affecting workers' rights, wages, health and safety and to help create fair competition for legitimate employers who abide by all federal, state and local laws pertaining to these areas in order to force the sustainable economic development in preserving -- preservation of area, standards wages, benefits and way of life for the middle and working class.

We've met four times over the course of the year, probably got it together about April was our first meeting. One of the bills that you're all familiar with was the bill pushed forward by District Attorney Spota that enhanced and mended the local law or -- not local law but state law Section 220, article eight, which is mainly prevailing wage; and to really amend it to have a positive effect and to help legitimate contractors. And that law is currently -- has been passed and has the Governor's signature. And I think there's just -- the Assembly has to pass it. And hopefully by the end of this year it should be into effect.

And just briefly the law is -- helps in securing certified payrolls, putting the onus on letting agencies that they have to -- they're responsible to collect the certified payrolls and not just if someone gives them to them. And there's also instead of misdemeanors, felonies for employers that don't follow this particular law. And along with that discussion and what the committee has helped, it was also the Workmen's Compensation Law that was just addressed.

So primarily the council is a advocate for working men and people in Nassau and Suffolk County and

to make sure that employers that are legitimate and pay their taxes and pay the prevailing rate and Workmen's Comp and everything else that goes with it, have an opportunity to secure work and in an equal playing field amongst the Public Works contracts that are out there currently.

Just recently on a note there was a meeting at the -- a seminar held by partial by LILAC and by the Laborers of Long Island at the Sheraton just last week and was highly attended. And again it's really a promotional type of advisory council. It's going to help put forward possible legislation, answer questions of problems that are happening, tasks force and those types of things. So it is definitely a proactive Labor Advisory Council. And I'm happy that I had an opportunity to be able to be part of the council.

CHAIRPERSON BROWNING:

Thank you again.

P.O. LINDSAY:

Could I just give information?

CHAIRPERSON BROWNING:

Yep, I guess you do.

P.O. LINDSAY:

I attended the -- parts of the seminar last Friday and it was very informative. The only observation that I made is especially the fellas from the Laborers and Teamsters, big burly guys, to go by an acronym like LILAC, it's just counterintuitive, you know.

CHAIRPERSON BROWNING:

We weren't saying it.

LEG. LOSQUADRO:

You stole it. That's what we were laughing about.

COMMISSIONER DOW:

Well, you know, maybe it's a new direction. It's a proactive approach and it's less volatile. I agree with you and -- Legislator Lindsay, you're not the first person that has brought that up and hopefully the letterhead will not have a big flower on it, but we're -- Marty {Glenen} is working on that right now with the artwork to hopefully not have that. But, you know, I know Bill was there. And it's definitely a good council with a proactive approach for, you know, people and labor organizations and municipalities and government on Long Island and it's worked well.

CHAIRPERSON BROWNING:

Well, thank you. I'm glad Bill said that. We were having a shared discussion on that but not on -- thank you, Bob. And thank you, Liz.

COMMISSIONER DOW:

All right. And thank you very much for having the opportunity to speak. Have a good day.

CHAIRPERSON BROWNING:

Okay. And we do have a lot of representatives here from AME, the Community College, Probation, Corrections, I hope I didn't miss anybody. And I know why you're here so I'd like us -- and I know that Jeff is here and you've taken some time off from a meeting so I'd like to take 2080 out of order. I'll make a motion.

LEG. LOSQUADRO:

Second.

CHAIRPERSON BROWNING:

Second by Legislator Montano. All in favor? Opposed? Abstentions?

INTRODUCTORY RESOLUTIONS

Okay, we're taking it out of order. Jeff, would you like to come up? Okay. And we'll go to, I guess, for the purpose of making a motion,

2080, approving an agreement to extend and modify health insurance benefits for active and retired County Employees. (Co. Exec. Levy)

I'll make a motion.

LEG. MONTANO:

Second.

CHAIRPERSON BROWNING:

Second Legislator Montano. And, Jeff, if you'd like to explain a little.

MR. TEMPERA:

Good morning. Really this is something that probably should have happened a long time ago for those Legislators who have been around, but what you have before you is the extension and modification of the memorandum of agreement on health insurance, the health insurance for a lack of employees and retirees. It's an agreement that goes back to 2001 and goes through December 31st, 2011. It protects the benefits of all the active employees and the retirees. It's an agreement that, as I'm sure you're aware from reading the papers and following what's been going on, has had its give and take from both sides to finally come to the document that you have before you. It's a document that the County and I believe the unions feel very strongly about; that it protects the benefits of all of the members, the retirees. And at the same time takes into account the huge increases that have been occurring with regards to health insurance costs. And it was that balancing act that the parties worked within, that framework that we worked within to try and reach the agreement that's before you this morning.

Really I'll turn it over to Cheryl if she wants to do a brief statement but it is a document that has the support of all 11 unions in the County and clearly has the support of the County Executive and we urge you to support it and approve it.

MS. FELICE:

Thank you, Jeff, and good morning, Legislators. Yes, Presiding Officer, Kate Browning. We do have --

CHAIRPERSON BROWNING:

Oh, I just got a promotion.

MS. FELICE:

-- well, for the committee member, Committee Chair, I'm sorry. The Committee Chair. Committee Chair, Kate Browning. There goes the resolution, right? All of Scope is here, I have my board here. Here we go. Cheryl just blew it for you. At any rate it was long week, I think we're all a little weary and congratulations once again.

But yes, as Jeff appropriately mentioned I'm here as the Co-chair of EMHP along with Jeff; I serve as the Labor Co-chair and represent all ten unions on EMHP. We did take our negotiations with the County very seriously in being able to provide for health insurance not only for our bargaining unit members but all of the management and exempt members that are in the County as well as the retirees.

We take pride in EMHP because it is a working committee. It is probably one of the hardest working committees that I know -- I'm taking the words from Jeff that he has mentioned before this body

before, one of the hardest working committees that is in the County today. Each month all ten union presidents and/or their representatives meet with ten equal members from management who are appointed by the County Executive's Office. And we review the day to day operations of the administration of our program. We review appeals of the program and also participate in the RFP process, one in which we participated in two years ago that also brought significant savings to the County.

We recognize our role in working with management to maintain and keep the cost of health care under control while providing benefits for the workers of this County. We also recognize that there's no one person's health insurance that is more or less important because of the bargaining unit that they are in. And that's why all ten unions have come together to negotiate in unison when it comes to health insurance. And the package before you today has the full support of all those ten unions as the result of the work that we have done with management and we appreciate your support.

CHAIRPERSON BROWNING:

Thank you. Can I ask BRO to give us a brief report on it?

MR. REINHEIMER:

Sure. We'll be coming out with a memo before the General Meeting on the 20th. Our memo pretty much repeats some of the things that Jeff said. This extends the current agreement through December 2011, institutes program modifications to the Prescription Drug Plan in 2008, which the \$265 million health insurance budget reflects those savings. It also includes implementation of other program changes in 2009 to generate an additional \$15 million in 2009 over and above the 12 million in 2008. Over the four year term of this program, the cost savings if they come as projected should be about \$93 million to the County. This is a way to shift costs from the County to the users without instituting premium costs or premium co-payments.

LEG. KENNEDY:

What does that mean?

CHAIRPERSON BROWNING:

Okay. I guess John wants to know what that means.

LEG. KENNEDY:

Lance, I, you know, I try to comprehend some of the terms we put around here. But I'm going to tell you I don't have a clue what that means. How do we shift costs --

MR. REINHEIMER:

Okay.

LEG. KENNEDY:

-- without it being something that's going to be borne by members, members of retirees?

MR. REINHEIMER:

Right. It's shifting part of the costs and part of the increases for health insurance to the users. The Drug Program institutes higher co-pays for named brand and preferred drugs. It does have a cost cut for generic drugs. But it should result -- that alone should result in about a \$8.6 million savings to the County.

LEG. KENNEDY:

Okay.

MR. REINHEIMER:

It encourages people to shift from name brand preferred drugs to generic and resulting costs savings would go to the County.

LEG. KENNEDY:

We walk a fine line here. And you know what, I respect the negotiation process quite well. But I can't help but be somewhat concerned, and I've shared this, I guess, with Cheryl and some other folks and hopefully who we're going to hear a little bit about the process. We are talking about the practice of medicine. This isn't the practice of budgeting, but it's budgeting secondary to the practice of medicine. So if one medicine is as effective as the other, that's great. But costs shouldn't necessarily drive an individual into a particular choice because somehow they can only afford A when B is more preferred.

But nevertheless, frame for me again, if you would please, what's our universe as far as number of members both active and retirees and their dependents that we're talking about? What's the universe of individuals?

MR. REINHEIMER:

Okay. We have about 22,000 enrollees, which represents about 46,000 lives. Approximately one-third of the enrollees are retirees. About 7,000 -- a little over 7,000 enrollees are retirees.

This also provides that provision for retirees to maintain health insurance at the same level as County or as active employees. It also provides that the dependant survivor benefit for retirees continues. So there are, you know, provisions for retirees with this also.

LEG. KENNEDY:

My colleagues have questions. I'm going to yield, Madam Chair, but I'd like to come back; although I am going to ask just one other item. I believe it was Jeff, or maybe it was Cheryl, either one, we spoke about the fact that by this writing we extend this program through December of 2011?

MS. FELICE:

Correct.

MR. TEMPERA:

That's correct with --

LEG. KENNEDY:

Is that concurrent with the regular collective bargaining agreement or how does that work into what we're looking at this point?

MR. TEMPERA:

What we've done is and this is -- Cheryl alluded to this -- health insurance has been viewed over the years as too important an item to keep in individual negotiations. And too important an item to have different benefits for the different employees depending on whether they have binding arbitration, they don't, if they're civilians, if their sworn officers.

So the unions came to the County some 15 years ago and asked if we would negotiate health insurance as one group. And that's how we do it. We have 11 unions outside of the collective bargaining process for their individual contracts, we negotiate health insurance.

And the agreement you have before you doesn't dovetail with any individual contract. AME's contract, for instance, is up the end of 2008. The faculty and guild's contract go through 2011. The police contracts go through the end of this year. It depends on the individual contracts as to their terms; the term with regard to this health insurance quite frankly was just a result of collective bargaining. There -- if the parties are unable to agree on an extension of this agreement, there is a proviso that a referee would come into play to extend it through December 31st, 2012.

MS. FELICE:

But I think the short answer is --

LEG. KENNEDY:

Yeah, give me --

MS. FELICE:

-- health insurance is negotiated with all ten unions outside of the individual collective bargaining agreements. And what you see before you, represents a health insurance extension for all ten unions outside of their current contracts; regardless of when they are expire, this document would prevail.

LEG. KENNEDY:

We have ten reps in the audience here from the various different unions. Let me see if I could try this one more time so I can understand it. Our Probation Officers, our Co's each have individual contracts, each will expire at different periods of time.

MS. FELICE:

Correct.

LEG. KENNEDY:

But by and through this writing we're saying that all ten out there will at the very least have what the agreement is here or will they individually negotiate in each case?

CHAIRPERSON BROWNING:

No.

MR. TEMPERA:

You were right the first time. And let me clarify. There are 11 bargaining units, the Park Police, our newest union, brings it up to 11. Their health insurance is tied to this agreement through 2011. No matter what happens in individual collective negotiations for their contract, this agreement governs health insurance through 2011.

MS. FELICE:

And just as it has for the last 15 years.

LEG. KENNEDY:

Okay. All right, so we can at least be comforted that we've got concurrence across the board with all our employees as far as through representing the interests of all of the unions.

MS. FELICE:

For those representatives that are here from those bargaining units, I as the labor Co-chair --

LEG. KENNEDY:

Right, okay.

MS. FELICE:

-- of EMHP speak on behalf of them today. And you see their signatures on the document before you.

LEG. KENNEDY:

Yes, right.

MR. TEMPERA:

And let me just address one other statement you made earlier, we will not and don't want to get in between the relationship between a doctor and a patient. We agree with you that that relationship governs the prescription drug process. And all we are looking to do is to make sure when a doctor is

prescribing a drug, he takes into account the lowest cost medically effective drug that's out there and not simply prescribe a brand name drug for whatever reason the doctor may be prescribing a brand name drug when this is a generic or therapeutic equivalent drug that would do exactly the same thing. If there is a medical reason why someone can't take a drug, there are processes set up to allow that to happen.

LEG. KENNEDY:

Okay. Now I'm going to ask you to go one more step with that because that's really in the essence where my query goes. As long as we have some way here if Dr. Smith says that his Parkinson's patient must have Sinemet and that the generic alternative does not suit or fulfill what his medical opinion is for that patient, this patient will be able to go ahead and fill it without having to go through this trial and error process, I'm fine, I'm there with you. If not, then I need to talk more.

MR. TEMPERA:

And again understand it's not just a doctor's opinion. It is medically necessary. And that's really decided by the doctors who are out there to make a decision as to whether or not a drug works for something else but a therapeutic equivalent as long as it is medically accepted will be the drug that is allowed to be prescribed. And there are waiver processes set up.

CHAIRPERSON BROWNING:

Okay. Can we hold on a minute? Legislator Losquadro, he wants --

LEG. KENNEDY:

Yeah, yeah go ahead. I've controlled it. Go ahead.

LEG. LOSQUADRO:

No, that's fine because I have a question on that same vein and then another one. But I'll just give you an example there's a particular medication that my wife takes that she has proven allergic to the generic equivalent. And there's -- the only reason I know this little box on a prescription pad is because of this is three little letters, DAW, dispense as written. She gets that on that prescription. The doctor writes in DAW. Is she going to have any sort of problem? Is she going to have to jump through an additional hoop if that doctor writes DAW?

MR. TEMPERA:

The pharmacist contacts the doctor as long as there is a --

LEG. LOSQUADRO:

Which doctor? Her doctor or a doctor within the plan?

MR. TEMPERA:

Correct. No, her doctor.

LEG. LOSQUADRO:

Okay.

MR. TEMPERA:

As long as there's a medical reason why; and the allergic reaction is a perfect example --

LEG. LOSQUADRO:

Yes.

MR. TEMPERA:

-- as to why someone can't take a specific drug. That is absolutely accepted. And let me also point out that you're only dealing with new prescriptions under the Step Therapy Program. This is where someone has never taken a drug before. If your wife has been taking this drug all along, it's not covered by this Step Therapy Program. These are only new prescriptions where someone hasn't

taken the drug before and they're being encouraged to, you know, try this cheapest, most effective medically effective drug first before you go onto something else.

MS. FELICE:

Let me clarify even further for you, Legislator Losquadro, and Legislator Kennedy. There are several components to being prescribed a drug and being issued waiver. And we're talking about a few different programs right now within the overall program. Jeff spoke about a Step Therapy Program that's new. And we'll talk about that a little bit later. And he's correct when he says it does involve just new drugs; however, Legislator Losquadro, where you referred to the prescription that your wife is on, you said two key words in there that -- several key words, that she has been proven to be allergic to the generic equivalent. And as long as there is evidence to prove that there was an allergy, then -- although the dispense as written -- and it would also depend on if it's a preferred drug or a non-preferred drug because there's several levels of payments for the prescription drugs.

But if in the event she were to need a drug that is on the non-preferred list, in other words has the highest co-pay to it, and already has established that she tried the generic drug, then she would qualify for a waiver. There is one more step that she would have to take. The doctor would have to sign the waiver and submit it to the third party provider, which is it currently Express Script to approve the waiver. And then she would be entitled to receive the preferred drug -- the non-preferred drug, the highest co-pay drug for the generic price.

And the waiver process that we have in our program is unique to any other program that's out there. The Suffolk County program has maintained the Waiver Program so that members who cannot take a generic equivalent and have been proven to be allergic or not effective for their treatment, can get the low cost with the brand drug. And that's where Labor and Management also came together to say we do not want to get in the middle of a doctor and their patient with treatment. But we do have to put some sort of controls on the cost. And the costs that have escalated over the last four years for drugs went up nearly over -- it was from 40 million four years ago to 70 million today. So it's escalating at a rapid rate. And we see that.

When I spoke about the committee before and the committee process and all the unions that meet together monthly with management, we go over these reports from our third party providers. And maybe it would help if I explained a little bit about how our self administered program works. Although the committee sees the overall operation, you know, oversees the day to day operations, we have third party providers to actually pay bills and approve claims. And that is for the doctors and hospitals for the prescription and then for mental health. Whenever these providers have a report that they want us to look at, and they always give us an annual report where we look at the numbers, we've looked -- and we also look at our financials each and every month and we have a very committed, dedicated group that is administered under Alan Schneider, who provides those numbers to us to the committee each month, we're constantly looking at those reports and those numbers in ways in which we can offer an optimum program for our employees to keep them healthy and working and providing services for the citizens of Suffolk County while managing the costs of the program and balancing those issues that management has with with regards to the taxpayer. It's a unique working group and one in which we leave no stone unturned in looking at options in which we can still offer optimum programs, offer the patient minimal disruption in the meantime keeping a lid on controls.

LEG. LOSQUADRO:

And we understand the work that goes into this. It's just that I think because of the complexity in some of the nuances of this agreement, you have people sitting on this board here who didn't understand everything about it. And what I just heard is the first that I've heard of this. I think that is a wonderful component of this. And you're right; it's something that I've never heard before. It is quite unique that if granted the waiver for those medical reasons that you can actually get the preferred drug at the generic cost. I think that's a wonderful component to this but one that I had not heard before.

MS. FELICE:

And that's actually -- if I also may, Legislator Losquadro, that component has been in place since the 2001 change when you went from a simple ten dollar co-pay for a prescription to a three tier system mandating generic first.

LEG. LOSQUADRO:

So you're telling me this whole time if my doctor had signed a waiver we could have gotten that prescription for less money?

MS. FELICE:

Correct, absolutely. Yes, it has nothing to do with the new agreement.

LEG. LOSQUADRO:

Jeff, you're not explaining this to me well enough.

MR. TEMPERA:

I'm sorry, we'll sit and talk.

LEG. LOSQUADRO:

Yeah.

MS. FELICE:

Perhaps management didn't explain the program to you.

LEG. LOSQUADRO:

The only other question I have be it Cheryl or Jeff or Budget Review, when Budget Review said before obviously we're talking about the component of these costs with the prescriptions. But then I just heard one other word that stuck in my head. And it's one of the those SAT words so your, you know, your mind lights up, it's like always and never and this is another one, other. Other changes in 2009 that added up to other savings. What are those other changes and if you could define them?

MR. TEMPERA:

I'll address it. They're not defined.

LEG. LOSQUADRO:

Oh.

MR. TEMPERA:

What has occurred, and again the give and take of negotiations, the County was seeking certain things as part of these negotiations and the unions didn't want to give us many of the items we were looking for.

LEG. LOSQUADRO:

Oh, those bad unions.

MR. TEMPERA:

The -- well, see I would never say that. But --

LEG. LOSQUADRO:

You were implying it.

MR. TEMPERA:

Well, and again the give and take in negotiations resulted in the agreement you have before you today, this \$15 million in savings. The unions came to us and said we will work with you to reel in

health insurance costs, but we want to have the final say on what those changes will be. From the County standpoint as long as we can verify the number and verify that whatever changes come into play will result in the \$15 million in savings, quite frankly the unions get the calls from their members. When a change like this happens, they're not calling my office unless Cheryl continues to redirect them there, but for the most part they're calling all the unions. What will occur is we have a health benefits consultant.

LEG. LOSQUADRO:

So before you go any further, I'm sorry, we're talking 15 million total so 12 of that will be made up of the generic, the Step Program?

MR. TEMPERA:

No. It's an additional 15 million.

LEG. LOSQUADRO:

Oh, an additional 15 million.

MR. TEMPERA:

Correct. It will be an additional --

LEG. LOSQUADRO:

So not an additional 3 million?

LEG. LOSQUADRO:

That's correct.

LEG. LOSQUADRO:

The other category has to generate an additional 15 million in savings.

MR. TEMPERA:

That's correct. And what will happen is --

LEG. LOSQUADRO:

That seems like a lot of money for "other".

MR. TEMPERA:

Well, we have a -- you're really talking about at that point probably a \$300 million health insurance plan.

LEG. LOSQUADRO:

Right.

MR. TEMPERA:

So you're talking about a sizeable amount of money in health insurance costs and to --

LEG. LOSQUADRO:

What, five percent?

MR. TEMPERA:

-- come up with, you know, \$15 million in savings, we're going to have our health benefits consultant give us a list of items. It'll go to the unions. The unions will be able to pick and choose from whatever items are out there, ask for additional items to come up with the \$15 million in savings.

MS. FELICE:

And just to that --

LEG. LOSQUADRO:

And will those changes have to come back before this body for ratification again?

MR. TEMPERA:

No, no.

LEG. LOSQUADRO:

No?

MR. TEMPERA:

This is -- the oversight of the health insurance plan has always been within the purview of the Labor Management Committee. What occurs on an ongoing basis, is this plan has been tweaked over the years.

LEG. LOSQUADRO:

Yes, but we're seeing a substantive change now and an extension that is coming back before us. This seems like a rather -- to generate an additional five percent savings, in my mind, requires some additional substantive changes to this. And to not have it come back before this body for ratification, I'm not sure I really --

MS. FELICE:

Legislator Losquadro.

LEG. LOSQUADRO:

-- I don't know how my colleagues feel about that.

MS. FELICE:

If I may, when Mr. Tempera spoke about the list -- the menu of items that the unions will look at and consider in which to generate these savings, these savings could come from a whole host of ideas. For example, Wellness Programs, Disease Management Programs, some of which we've started to look at already. So, there's no -- there will be no additional cost for the Legislative body to approve. We're working on trying to find ways in which to save the program more money while also helping our members become healthier.

So in the list of items that may be suggested, the unions would have to all agree to those changes. And keep in mind, we know that it's our membership that is going to be realizing whatever those changes would be.

LEG. LOSQUADRO:

Of course.

MS. FELICE:

So we're keeping in mind that nothing that is going -- we don't want to negatively impact them. But we also are in the process of educating of our members as we have done since we started this process of renegotiating the agreement in 2003 to help them be better consumers. And I think your case is a fine example of some of the benefits of this program that our members are missing. That you already have the opportunity to realize the savings for yourself, but yet you didn't take advantage of that. This process here now is being able to educate --

LEG. LOSQUADRO:

Well, salt in the wound. Thank you. It's all right.

MS. FELICE:

I know, rubbing salt in the wounds, right. But it's -- I think it's a fact of life that many people have

taken health insurance for granted in all regards. And we recognize now that because of the double digit cost of inflation to health insurance, we know it's something that without serious negotiations and without serious attention, being paid to it, it's not a benefit that's going to be there forever unless we decide to roll up our sleeves and sit down at the negotiations table and say what we can do together. And that's what you see before you; you see the results of what we think we can do together.

LEG. LOSQUADRO:

All right. I don't want to take -- I'll come back if I have any other questions, I'll turn it back over.

CHAIRPERSON BROWNING:

I do want to ask, I know you just mentioned you are working on making sure your members are educated as to what they need to do with this new plan; however, I never go to my doctor. I don't take my kids to the doctor. For those members who on a rare occasion have to go would probably forget that they need to be sure that they're asking for the right medication. One of the things I think's important is are you going to make sure that the participating doctors with this plan are going to be notified that you have an EMHP, you know, member coming in and that they're going to pay attention to, okay, this is what you're supposed to get. That we're going to make sure doctors are notified.

MR. TEMPERA:

And again, I think what you're referring to is the Step Therapy Program. And one of the things that we are looking at is to provide through our current administrator Blue Cross/ Blue Shield, Empire Blue Cross/Blue Shield, provide them with the step therapy drugs first, second step drugs and have them give it out to their participating providers and make them aware of it.

Again, we try not to get in the middle of the relationship between a doctor and a patient. And we're very cautious to make sure that while the doctors are informed, that the decision on what drugs to take is a decision that is made between what the doctor believes is best for the patient and what the patient takes from the advice from the doctor.

CHAIRPERSON BROWNING:

It's just that I, you know, I'm concerned that if the doctor doesn't realize or is not paying attention and the patient is coming in and doesn't have that list of -- I'm supposed to take this in place of this, you know, the doctors might want to give the more expensive one that he gets free.

MR. TEMPERA:

What will happen, and again, there -- this isn't for all drugs under the program. There's a list of drugs, high blood pressure drugs -- I don't have the list in front of me, but it was sent out as part of the All Employees Memorandum. But it doesn't apply to all drugs. But if a doctor prescribes a brand name drug and it's a new prescription, someone hasn't taken the drug --

CHAIRPERSON BROWNING:

Yeah.

MR. TEMPERA:

-- within the last 130 days and they go to the pharmacist, the pharmacist, if it's a brand name drug is supposed to say wait a minute, you have to take a step therapy drug, this should be a front line drug that's less expensive, they're going to contact the doctor and speak to the doctor about the drug. Listen, you're supposed to take this -- this step therapy drug. If the doctor comes back, as Legislator Losquadro mentioned and said well, "I'm sorry, I've got an allergy to this", the doctor is immediately able to call Express Scripts over the phone and get the waiver process approved so they can take that second line drug.

This is a program and you have to keep that we're not blazing a new trail here. Express Scripts, our

administrator has about 14 million lives that are already covered by this program. So it's not something that is untested in the world of pharmaceuticals. It's something that has been recommended by the experts. Our administrator come back to us, say this is a good way for you to ensure that your mandatory generic program that you have had for the past 15 years is adhered to and people are taking the most effective least costly drug.

And that's really -- you're trying to change habits here both of the doctors and of the employees to say you don't always have to take this brand name drug because you saw a commercial for it. And it's a great commercial on TV and you'll get, you know, wooed by this commercial; but yet there's a drug that is a fraction of the cost. And I think you've seen the information that has been distributed in the past when you deal with different drugs where a therapeutic equivalent, a generic drug will cost you \$14, but the brand name drug will cost you like \$150 and they both do exactly the same thing.

So if you can change habits and have people take a generic drug, overtime we are able to provide this great plan that we have. And you ask anyone out there, you compare this plan to any other plan out there, this is a very good health insurance plan and we're trying to keep it that way while trying to keep the costs from spiraling out of control. And the co-pays that have been mentioned, the co-pays that you have before you are the same co-pays under the New York State Empire Plan. So there's nothing that's so draconian that's out there that has been looked at here. We've tried to keep the members and the patient and the doctor in mind with everything we've done with regard to this program.

CHAIRPERSON BROWNING:

Okay. Legislator Montano, you have a question?

LEG. MONTANO:

Yes. Jeff, just very quickly you mention that this applies to new drugs?

MR. TEMPERA:

That's correct.

LEG. MONTANO:

Just explain that to me. Does that mean -- one more question -- just what do you mean by it applies only to new drugs?

MR. TEMPERA:

I shouldn't say drug, new prescriptions. If you haven't filled the prescription or you haven't had a prescription for this drug in the past 130 days, you've never -- you just go to your doctor, you get diagnosed with high blood pressure, and that happens to be one of the areas that's covered by the Step Therapy Program, the doctor must prescribe a medication from the first step drugs if there is no medical reason why you can't take that drug. If you're already on a brand name drug and you've been taken it already, it's exempt from this program.

LEG. MONTANO:

Are you sure because I --

MS. FELICE:

Except for your co-pay. What I think Legislator Montano's referring to --

LEG. MONTANO:

Okay, all right.

MS. FELICE:

The co-pay structure is changing. There's three components to this new program, to the overall document with reference -- with regards to drugs.

LEG. MONTANO:

Okay.

MS. FELICE:

There's three components. One, is the Step Therapy Program in that there will be a list of drugs for certain prescriptions that you must take the generic first. And if it doesn't work then you go to the next drug and the next drug. That is only for new prescriptions only.

LEG. MONTANO:

Okay.

MS. FELICE:

However, if you are currently on a drug, whatever you're taking right now, the fee structure has changed. And the fee structure has changed to mirror the Empire Program. The New York State Empire Program it has mirrored with the exception of, Legislator Losquadro, the waiver process. The waiver process is unique to the Suffolk County Plan only. The waiver process is not in the New York State Empire Program. So in the event as we exemplified with Legislator Losquadro, you could still get the brand name drug for the generic price. But if you choose not to, your co-pays will increase.

LEG. MONTANO:

Okay.

MS. FELICE:

The education process that Legislator Browning appropriately identified is necessary because our members have to be better consumers. They can still save money if they are able to take generics. And it will save our plan money. If they are not able to take the generic, then we have made sure what stayed in place is the waiver process so that they do not experience anymore out of pocket cost for that brand name drug.

There's a third component that we haven't spoken about, which is called the Zero Co-pay Plan for those people who are on brand name drugs that do -- that our plan does have a generic equivalent. And for six months the plan will offer you a zero co-pay for that prescription if you will try the generic drug. And if it works then you'll stay on it for the generic price after the six months. But in an effort to get more members to consider drugs, not mandate, again just to differentiate that we are not getting in between the decision of a doctor and their patient, but to consider generic drugs will save the plan a terrific amount of money while still maintaining optimal health care.

The drugs as Jeff had outlined and we know because you see the -- we know how much more they cost simply because of the ads you see on TV, cost between four and ten times the rate of a generic drug, which explains the sky rocketing cost of health care and providing it within this plan.

That's what we're trying to do. We're trying to educate our members to become better consumers, to look at the options of trying generics, which will cost -- will save our plan significant amount of money; and we in exchange can extend their health insurance coverage without premium co-pays of the overall plan.

LEG. MONTANO:

Okay.

MR. TEMPERA:

And, Legislator Montano, also keep in mind all of the benefit funds have in place a Reimbursement Program for up to, I believe it's \$300, 350 for the co-pays. So the member while they may have to lay it out up front has the ability to be reimbursed for the co-pays through the benefit funds. And there is also a program in the County, it's called a Flex Benefits Program that if employees have

health insurance costs, they can sign up for this Flex Benefits Program and pay for the health insurance out of pocket through pretax dollars basically saving 30 cents on the dollar when they sign up with this program. So the County has taken, you know, many steps with the unions to try and have an agreement that protects the members health care while taking into consideration the sky rocketing costs.

LEG. MONTANO:

Thank you.

CHAIRPERSON BROWNING:

John, you still --

LEG. KENNEDY:

We've been at it for a while so I'll try to go ahead and make it brief just so that I understand. And I guess I'll ask for something as well. Who is the benefit consultant that's going to proffer this additional list of contemplated changes, reductions or whatever? Who is that?

MR. TEMPERA:

Right now it's Price Waterhouse. It is the health benefit's consultant to the EMHP Labor and Management Committee.

LEG. KENNEDY:

When will this list of additional reductions be prepared and brought forward?

MR. TEMPERA:

I can't answer that at this point. It would be asked for typically --

MS. FELICE:

The middle of '08.

MR. TEMPERA:

-- yeah, typically the middle of '08 sometime. Because to implement any changes you want to have a period of time to be able to get your administrator, have them program the changes, notifications to the members so I don't have an answer for you, but I would guess sometime about July of '08 I'm sure the list would be generated and give the unions time to consider it and make decisions.

LEG. KENNEDY:

Okay. Now, I'm going to go to Cheryl because your members are our constituents and we each both have their best interest at heart.

MS. FELICE:

Correct.

MR. TEMPERA:

So you're comfortable that the \$12 million to be saved through this shift in the medications, at the end of the day there's a way that our members can get what they need.

MS. FELICE:

We look at it as an incentive program to try generic alternatives that will still maintain optimal health care while saving the program money, which in turn gives the unions the tools to provide health insurance with no cost to their premiums.

LEG. KENNEDY:

Okay. I'm almost there with you.

MR. TEMPERA:

Yes was the response.

LEG. KENNEDY:

Okay. One more piece here. The \$15 million of additional savings that's to be realized, because we don't get to look at this again, today we're going to basically say we're taking a leap of faith, are you comfortable that you'll be able to go ahead and get it while still having that same level of protection for your members and our constituents?

MS. FELICE:

The Scope presidents debated this issue for several months on end. And as you know we were in court over the matter. The Scope presidents signed onto this agreement because we believe we have the tools and the mechanisms necessary to generate the savings while taking care of the members and therefore your constituents. Yes. Yes, indeed, We support this program wholeheartedly.

LEG. KENNEDY:

Okay. And the administration is equally convinced that we can -- you can get what you need without necessarily compromising their position or the memberships well being?

MR. TEMPERA:

That's why we left it in their hands. Absolutely.

LEG. KENNEDY:

Okay. Fair enough, good enough.

CHAIRPERSON BROWNING:

Okay.

LEG. KENNEDY:

All right. Thank you.

CHAIRPERSON BROWNING:

Well, all I can say is I haven't been involved in contract negotiations and health care and one union against labor, yeah, against management, and I have to say I congratulate ten unions, 11 unions, in negotiating and actually coming to an agreement. I definitely -- I give you a lot of credit --

MS. FELICE:

Thank you.

CHAIRPERSON BROWNING:

-- that you were able to do that.

MR. TEMPERA:

Thank you.

CHAIRPERSON BROWNING:

At that, I know we had a motion and a second. All in favor? Opposed? Abstentions? Okay. Motion carries. **(VOTE: 4-0-0-1 Not Present: PO Lindsay)** Congratulations.

MS. FELICE:

Thank you very much.

(APPLAUSE)

MR. TEMPERA:

Thank you. Legislator Losquadro, we'll talk later about the waivers.

CHAIRPERSON BROWNING:

Okay. Back to the agenda. We had tabled resolutions.

TABLED RESOLUTIONS

1791, Amending the Suffolk County Classification and Salary Plan in connection with a new position title in the Department of Environment and Energy (Environmental Toxicologist). (Co. Exec. Levy) I'll make a motion to approve. Do I have a second?

LEG. MONTANO:

I'll second.

CHAIRPERSON BROWNING:

Second Legislator Montano.

LEG. MONTANO:

Purposes of discussion.

CHAIRPERSON BROWNING:

Anyone? Discussion?

LEG. LOSQUADRO:

This was one and maybe perhaps someone from the Executive Office, this was one of the ones that was being held in abeyance because of the one percent sales tax extension?

CHAIRPERSON BROWNING:

I believe it was. Ben, do you have --

MR. ZWIRN:

Yes.

LEG. MONTANO:

Is this in the budget for next year?

CHAIRPERSON BROWNING:

He's here.

MR. ZWIRN:

Good morning and congratulations everybody sitting up there today. It's nice; I look forward to working with you for the next couple of years. It should be fun.

Yes, Legislator Losquadro, the County Executive's now prepared to ask you to just move forward on these because we were holding off because we weren't sure about the sales tax extension and everything has worked out and we're ready to go.

LEG. MONTANO:

Is this in the budget for next year?

MR. ZWIRN:

I believe they are, yes. If you hadn't taken them out.

LEG. MONTANO:

Well, we don't know.

MR. ZWIRN:

Well, but they're in there for this year. So we can probably get it started then we'll work on it.

LEG. MONTANO:

Well if they're in there for this year and then -- yeah, let's ask BRO what the status is.

MR. REINHEIMER:

At this point I'm not sure if this is in the budget because it's amending the salary classification plan, which was not done during the budget operating process.

LEG. MONTANO:

Right.

MR. REINHEIMER:

So probably is not. However, if they have vacant positions or other positions, they can earmark a position and put the person in. So as long as the Executive feels comfortable that they have this position -- and I'm not even sure if this is a filled position -- at this point it is a filled position. So if the Executive is comfortable with being able to manage it, I know that there's no intent to lay anybody off.

MR. ZWIRN:

Right.

MR. REINHEIMER:

I'm sure the budget will make provisions for it.

MR. ZWIRN:

These were positions that we did need. And you know if the County Executive puts in a position, presumably we really need it because that's not something we do very often.

LEG. MONTANO:

But this is a reclassification.

MR. ZWIRN:

Right.

LEG. MONTANO:

This is a new position. This is --

MR. ZWIRN:

This is somebody -- right. Well, Kris Chayes should probably answer that.

LEG. LOSQUADRO:

I just want to say thank you for that acknowledgement.

CHAIRPERSON BROWNING:

Okay. Kris, do you want to respond to it?

MS. CHAYES:

Yes. This was the result of a desk audit on a filled position.

LEG. MONTANO:

So just if I may, is the incumbent that's sitting in the position the one that's going to be in this position?

MS. CHAYES:

Yes.

LEG. MONTANO:

Okay.

CHAIRPERSON BROWNING:

Are we good to go? So we had a first and second. And all approved? Sorry, say that again. All in favor? Opposed? Abstentions? Okay. Motion carries. **(VOTE: 4-0-0-1 Not Present: PO Lindsay)** And I guess may be the same question might come up with the second.

1818, Amending the Suffolk County Classification and Salary Plan in connection with a new position title in the County Clerks Office (Special Services Coordinator). (Co. Exec. Levy) I'll make a motion. Do I have a second?

LEG. MONTANO:

Second.

CHAIRPERSON BROWNING:

Second, Legislator Montano. Any questions?

LEG. KENNEDY:

On the motion.

LEG. MONTANO:

Same question.

CHAIRPERSON BROWNING:

Okay, same question.

MS. CHAYES:

The incumbent will be the one who is put into the new position, new title.

LEG. LOSQUADRO:

It was a desk audit also?

MS. CHAYES:

It was the result of a desk audit.

LEG. MONTANO:

Okay.

LEG. KENNEDY:

And it did -- Kris, let me ask specifically, in other words there is a desk audit that's taken this individual from --

MS. CHAYES:

From Security Supervisor. The duties were reviewed. And because the individual had been given so many other responsibilities in addition to the basic security, they're going to be overseeing security of data and files, things like that, a new title was deemed necessary and appropriate.

LEG. KENNEDY:

Is that a provisional or permanent position they're moving into?

MS. CHAYES:

Because it's a new title the individual will take that position on a provisional basis and will have to take the exam, pass it and be reachable in order to retain that new title. But they will have rights back to their --

LEG. KENNEDY:

They'll retain their bump and retreat?

MS. CHAYES:

They'll retain, yes.

LEG. KENNEDY:

And that person is aware of the fact that they're moving into a provision?

MS. CHAYES:

Yes, I would assume they are.

LEG. KENNEDY:

Okay.

MS. CHAYES:

I mean, everybody knows that.

LEG. KENNEDY:

All right, fair enough.

CHAIRPERSON BROWNING:

Okay. So we have a motion and a second. All in favor? Opposed? Abstentions? Okay. **1818 is approved. (VOTE: 4-0-0-1 Not Present: PO Lindsay)**

1845, To expand the Suffolk County Apprenticeship Training Program. (Kennedy)

LEG. KENNEDY:

Motion to table please, Madam Chair.

CHAIRPERSON BROWNING:

Motion to table Legislator Kennedy, second Legislator Montano. All in favor? Opposed? Abstentions? **Motion is tabled. (VOTE: 4-0-0-1 Not Present: PO Lindsay)**

INTRODUCTORY RESOLUTIONS

1965, Authorizing the sale of County-owned real property pursuant to Section 72-h of the General Municipal Law to the Town of Brookhaven for affordable housing purposes (SCTM No. 0200-357.00-01.00-007.000). (Co. Exec. Levy) I'll make a motion.

LEG. LOSQUADRO:

Second.

CHAIRPERSON BROWNING:

Second Legislator Losquadro. All in favor? Opposed? Abstentions? Motion carries. **(VOTE: 4-0-0-1 Not Present: PO Lindsay)**

1969, Authorizing the sale of County-owned real property pursuant to Section 72-h of the General Municipal Law to the Town of Southampton for affordable housing purposes. (Co.

Exec. Levy) I'll make a motion. Second?

LEG. MONTANO:
Second.

CHAIRPERSON BROWNING:

Second Legislator Montano. All in favor? Opposed? Abstentions? **Motion's approved. (VOTE: 4-0-0-1 Not Present: PO Lindsay)**

2032, Authorizing the sale of County-owned real property pursuant to Section 72-h of the General Municipal Law to the Town of Smithtown for affordable housing purposes (SCTM No. 0800-062.00-03.00-049.000). (Co. Exec. Levy)

LEG. KENNEDY:
I'll make the motion.

CHAIRPERSON BROWNING:
I'll second that.

LEG. KENNEDY:
There you go, look at that.

CHAIRPERSON BROWNING:
It's about time. Smithtown needs affordable housing.

LEG. KENNEDY:
Good point. We got a family in distress? What?

CHAIRPERSON BROWNING:
All in favor? Opposed? Abstentions? Okay. **It's approved. (VOTE: 4-0-0-1 Not Present: PO Lindsay)** And we have no more business and so I'll make a motion to adjourn.

LEG. MONTANO:
Second.

CHAIRPERSON BROWNING:
Second Legislator Montano, we're adjourned.

**(THE MEETING CONCLUDED AT 12:43 PM)
{ } DENOTES SPELLED PHONETICALLY**