

**WAYS AND MEANS**  
**COMMITTEE**  
**of the**  
**SUFFOLK COUNTY LEGISLATURE**  
**Minutes**

A regular meeting of the Ways and Means Committee of the Suffolk County Legislature was held in the Rose Y. Caracappa Legislative Auditorium of the William H. Rogers Legislature Building, Veterans Memorial Highway, Smithtown, New York, on July 24, 2013.

**MEMBERS PRESENT:**

Legislator Lou D'Amaro - Chairman  
Legislator Steve Stern - Vice-Chairman  
Legislator Robert Calarco  
Legislator John Kennedy  
Legislator Lynne Nowick

**ALSO IN ATTENDANCE:**

Legislator Horsley - Deputy Presiding Officer  
George Nolan - Counsel to the Legislature  
Renee Ortiz - Chief Deputy Clerk of the Legislature  
Justin Littell - Aide to Legislator D'Amaro  
Debbie Tinnirello - Aide to Legislator Hahn  
Paul Perillie - Aide to Legislator Gregory  
Debbie Harris - Aide to Legislator Stern  
Greg Moran - Aide to Legislator Nowick  
Robert Lipp - Director, Budget Review Office  
Sharen Wagner - Budget Review Office  
Tom Vaughn - County Executive's Office  
Sarah Lansdale - Suffolk County Director of Planning  
Wayne Thompson - Department of Environment and Energy  
Rick Brand - Newsday  
All other interested parties

**MINUTES TAKEN BY:**

Gabrielle Severs - Court Stenographer

WM 7/24/2013

*(\*The meeting was called to order at 10:06 a.m. \*)*

**CHAIRMAN D'AMARO:**

Good morning, ladies and gentlemen. Welcome to the Ways and Means Committee of the Suffolk County Legislature. Please rise and join the committee in the Pledge of Allegiance led this morning by Legislator Steve Stern.

*(\*Salutation\*)*

Okay. Once again, good morning to all. Looking at the agenda, the committee has not received any correspondence. We'll go to the third item on the agenda, Public Comments. To the clerk, are there any cards that have been presented?

**MS. ORTIZ:**

No, sir.

**CHAIRMAN D'AMARO:**

Okay. Is there anyone here this morning who would like to address the committee? Okay. For the record, there's no response.

Then we'll turn next to presentations. This morning, we're joined by the Law Department and County Attorney Mr. Brown, who is going to do a brief presentation on the Division of Risk Management and its transition from the Department of Civil Service to the Department of Law. Mr. Brown, welcome and good morning.

**MR. BROWN:**

Good morning and thank you. Mr. Chair, we received a request from your office. It was about May 30, asking us to do this presentation. As you know, Resolution 1087 of 2012 was adopted on December 4, 2012, and its purpose was to transfer the Division of Risk Management to -- to the Law Department from Civil Service, and your office had asked for an update on how things were transitioning over the past six or seven months.

So we prepared a short slide presentation to highlight the areas that the Division covers as well as the Law Department and how we work together. Before I start, the first thing that I have to do is acknowledge and give special thanks to Gail Lolis, Leslie Baffa, Jenny Wullert, and Michele Johanssen, because without which, none of this would have been possible, so their service and their knowledge, it was very helpful in bringing this information to you.

So the first slide, it just introduced to you the resolution as well as the purpose of the resolution. Slide three, this slide gives you a history of where the Division has called "home" over the past several decades. Starting in 2001, however, the Insurance and Risk Management Division and the Employee Benefits Division, they were transferred from the Department of Audit and Control to the Department of Civil Service. The 2007 recommended budget transferred the Division of Insurance and Risk Management from Civil Service to the Law Department to streamline the processing of settlements. At that time, the Legislature believed that due to the fiscal nature of Risk Management's operations, the Division most appropriately belonged back in the Department of Audit and Control. The transfer was adopted in the 2000 operating budget, but it was never fully effectuated, and Resolution Number 440-2007, it transferred the Division back to Civil Service. The transfer of the Division to Law is a natural fit. The defense of a tort case and a workers' compensation case are similar in that both deal with the resolution of damaged claims. Tort resolution, of course, also includes evaluation of liability, but in a workers' compensation claim, as I'm sure you know, a person is entitled to loss wages and medicals irrespective of his or her fault.

And from a budgeting perspective, my understanding is that Fund 38 has long been contained in the appropriations that are used in the tort defense claims. And as we get into more detail, we'll show you how the departments work together and we'll revisit some of these topics and, of course, answer any questions that you may have along the way.

Slide four, that deals generally with the scope of responsibilities of the Department. The slide is fairly self-explanatory. We're self-insured, as you know. As far as liability is concerned, our self-insured retention is \$3 million, and we'll have excess coverage over the \$3 million. We're self-insured under Workers' Compensation and auto liability and general liability between the Division and the Law Department. We work closely together. The Division also deals with subrogation and recovery, safety and risk management, and insurance management; we're going to cover each one of these topics.

As far as workers' compensation is concerned, the Division generally processes about a thousand new claims annually. There are currently approximately a thousand lifetime awards, and these are people that have permanent on-the-job related injuries, and at any one time, the County is trending about 2,000 active claims. The claims are processed with a dedicated staff of 13 claims examiners. Their role is to process and investigate comp-related claims. The average caseload is about 300 cases per employee. Their duties will include medical evaluation, setting up independent medical evaluations, and medical record review. The staff is trained to recognize the potential for third-party claims, and by "third-party claims," what we mean is where an action can be brought against a possible responsible party who is responsible for the injuries to the County employee. For example, if an employee is injured on the property of a third party or perhaps an employee was injured while using equipment, there might be a products-liability case that could be pursued; or if there was an auto accident involving responsible third party, the staff will look to protect the County's rights of recovery against the responsible party.

How the claims examiners learn this can manifest itself by several ways. It's hardly possible to even think that a prosecution of a third-party lawsuit would involve some type of mentioning of loss wages as well as medical issues. So once those allegations are made, either the lawyer representing the employee plaintiff or the lawyer representing the defendants they are going to make requests for those records, so that's one way the Department is put on notice. But also what we've done is we've recently developed protocol working with the Division whereby we're a bit more proactive; instead of waiting for somebody to ask us for information and putting us on notice of a claim, that if the staff recognizes some of the triggers for a third-party claim, such as a premises liability or a products liability, then a letter will be sent to the employee advising them that if they do bring a claim, that they should put us on notice that we can protect the County's lien rights with respect to recovery of money it has paid out for liability as well as lost-wage payments.

The next slide just goes into a little bit more detail about best practices in the industry. The utilization for cost containment, that's fairly self-explanatory. We use a pharmacy network discount where we're able to get some discounts on drugs, and we also use diagnostic radiology network to gain better pricing than what's in the workers' compensation fee schedule. And we're going to come back to this a little bit later also because we did an RFP with respect to a preferred provider in another way to help us get better return on the dollar for medical expenses, but the staff will also look at triggers that might indicate if there is any type of fraud involved in the particular claim. And this is also, you know, it was done by the Division beforehand, but we've been working closely with the Division as well in identifying some of these quote unquote fraud triggers because it's the same type of stuff that we would be looking for if we were defending a tort liability claim, namely if there were unwitnessed accidents, if there were claims of injuries on either side of a holiday, a day before a holiday or a day after a holiday or a weekend; that might trigger a suspicion that a person might be looking to extend time; injuries with subjective complaints that aren't easily verifiable and or injuries claimed if there's no verifiable competent producing clause.

And what I mean by no "verifiable competent producing clause" is the mechanism which caused for

injury, the type of accident that's involved, its de minimus, and it shouldn't have produced the type of injury that's being claimed. For example, you might have a claim where a person indicates that he's getting out of a car or she's getting out of the car, and they, all of a sudden, they heard a pop. You know, well, would that pop come from the door, or did that pop really come from the person's shoulder? So it's when the incident itself which caused the accident doesn't really seem to be -- to rise to the level of having caused an injury.

And another thing that we'd look at, and there are specific cases indeed that we have worked with the Division is when claims come up where they're end-of-career injuries, and in those type of cases, if we just have a little bit aggressive management, might be able to get the person to retire instead of actually pursuing a claim for disability at the end of his or her career.

As far as actively managing the cases, the claims examiners -- the cases would be looked at incrementally. First, you know, we would take a reasonable approach to see if there are reasonable expenses and reasonable time off associated with any particular claim. The employee is given the benefit of the doubt. Of course, nobody thinks that any particular claimant is a malingerer or trying to perpetrate a fraud, so we first examine the reasonableness of the claim related to the injuries and the medical expenses, and, depending on when the person comes back to work and how the claim progresses, then the claims process, it'll ratchet up a bit to ordering independent medical evaluations, ordering independent evaluations of either examinations or medical records. If we ratchet up, it could include surveillance as well and ultimately denial of claims, which, of course, would result in hearings before the Workers' Compensation Board. This type of aggressive claims handling works best with the Law Department and the Division because that's generally what we do with respect to the defense of tort claims.

There's also a medical review procedure. Bills and claims, they're submitted to an outside vending service to help identify either mis-billing or inappropriate billing, and those are reviewed by outside nurses before any bills are paid. So essentially, the bills are pre-audited before they're paid by a medical service.

And another thing that we'll do is we'll try and get people to return to work so what the claims examiner and the Division will do, they will work with the departments to identify light duty assignments or other suitable work that a person can get back to in order to transition them back to their full-time positions.

I just want to ask if anybody here, Leslie or Gail or Jenny, if you want to add anything to anything that's been said so far. No. I guess we're good.

**CHAIRMAN D'AMARO:**

Dennis, let me just ask you before you go on, with the workers' comp claims, you said each person has about 300 claims per employee.

**MR. BROWN:**

That's correct.

**CHAIRMAN D'AMARO:**

How many employees is that?

**MR. BROWN:**

Right now, there are 22 people on staff. I think we have two vacant slots, and 13 claims examiners.

**CHAIRMAN D'AMARO:**

So there are 13 full-time staff.

**MR. BROWN:**

Yes.

**CHAIRMAN D'AMARO:**

Which they are all handling claims?

**MR. BROWN:**

Workers' comp claims, yes.

**CHAIRMAN D'AMARO:**

So that's -- the day-to-day work is done by 13 --

**MR. BROWN:**

Yes, that's correct.

**CHAIRMAN D'AMARO:**

Okay. I just want to make that clear.

**MR. BROWN:**

And if my recollection is correct, I think we have one more that might be starting after Labor Day; is that correct, Leslie?

**MS. BAFFA:**

Yes.

**MR. BROWN:**

Yeah, after Labor Day.

**CHAIRMAN D'AMARO:**

Okay. Go ahead.

**MR. BROWN:**

Then we get into really -- the next slide really deals more with what the Department does as well as what the Division do and how they interact. And so we either have bodily injury claims, auto property damage claims and bus liability claims, those are all divisions or subsets of auto-liability claims in general. So the Law Department, it'll handle its tort division; it'll handle defense of auto-related bodily injury claims. Those are tied to the defense of no-fault claims, Law and Risk work closely with the third-party administrator for the handling of no-fault claims. Most of the no-fault claims arise due to claims by passengers and busses, and the one thing that's interesting to note is that a no-fault claim doesn't necessarily have to arise out of an accident. It just has to arise out of a motor vehicle -- the use and operation of a motor vehicle. So, for example, a person could be getting on a bus or alighting from the bus and he or she claims an injury, that could result in a no-fault payment.

But the bus claims, they do involve liability and no-fault claims processing. The no-fault administrator assists with the adjustment of the liability claims as well as the no-fault claims. The third-party administrator works closely with Law and Risk Management to also help identify fraud and to identify legal defenses. The third-party administrator, they might obtain -- as far as the division of duties is concerned, they might obtain medical records, they would set up medical evaluations. They'd also issue denials. If there are any suspicions about a claim, the Law Department will do an examination under oath. If a case is denied and it proceeds to arbitration, that's handled by the Law Department attorneys. The investigatory services are provided by the third-party administrator. The investigatory services that are provided in conjunction with no-fault claims, those are compatible with the defense of the tort claim as well, and they'll be utilized in both no-fault as well as tort defense theories.

The third-party administrator was secured via an RFP. We have a new contract that begins this year with the administrator. The Division, the Department, and the administrator, we all work together at the different levels using strategies I described. The contract administration is done by the Division.

Property damage claims, also a subset of auto liability, they're handled in the same way, whether they're handled by pro se claimant or by an insurance company. And before payment is made, the claims will go through an independent appraisal process by the County. Claimant will be required to submit two estimates. If the claim is for under \$1,000, and that would be 10 to 15 percent of all claims -- am I correct about that, Leslie?

**MS. BAFFA:**

10 percent.

**MR. BROWN:**

Yeah, about 10 percent of all claims, then we wouldn't do an independent appraisal. We would rely on the claimant's estimates. We would either accept a paid bill or two estimates from the claimant. We try to evaluate all property claims fairly. We recognize that most of these claims involve the residents of Suffolk County and all of your constituents, so we will not -- if a claim is timely submitted and we owe on it, we'll pay it. If the claim is -- has defenses, legal defenses on comparative fault, we'll assert those defenses and reduce a claims accordingly. If a claim hasn't been, particularly if it's been submitted by an individual, we'll try and treat that person fairly. We won't pay on a claim that's legally barred, but if the case was litigated -- let's say it was a personal injury case; just by analogy, we know from handling personal injury cases that in those, the claim has to be served within 90 days, but there are exceptions to those. We've litigated those cases where notice of claims have been late. We've lost on some of those cases. We won some of those cases. So we'll use that same type of analysis, particularly where a pro se claimant submits a property damage claim, so that the person is treated fairly under the law.

I tried to get you what our property damage payments, what our payouts were -- in total were in 2012 and trending -- here, I do have it -- and trending. All right. So in 2013, our property damage, we were trending at about \$184,000, and that was for 52 claims.

**CHAIRMAN D'AMARO:**

\$184,000 in total payout.

**MR. BROWN:**

That was just on property damage.

**CHAIRMAN D'AMARO:**

Property damage, 52 claims?

**MR. BROWN:**

52 claims, yes. You know, on the auto liability, I do have some information for you, and I was going to address it at the end, but as long as we raised that issue right now, and I'll ask either Leslie or Jenny to jump in at any time. But in 2013, for settlements on auto liability, we had an adopted line of \$375,000, and as of approximately mid-July on all BI as well as property damage, we had a -- we're running a balance of approximately \$163,000, and we were projecting that total claims on bodily injury and property damage on settlements would hit at approximately \$550,000. And we have a different -- that would bring us a deficit with respect to that line, but notwithstanding that, I am happy to report that overall our projected would be a surplus in the fund once we get to the end of all the lines.

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And in bus, we had an adopted line for settlements of \$350,000, and we, as of 2013 -- as of about mid-July, we had a balance of approximately \$128,000 for bus settlements. And these are -- and correct me if I'm wrong, either Leslie or Jenny -- but these are non-bonded cases. This is what would be in our reserve accounts.

**CHAIRMAN D'AMARO:**

Right. I was going to say, the settlements you're speaking to here are not including settlements that we've bonded.

**MR. BROWN:**

That's correct, cash, yes.

**CHAIRMAN D'AMARO:**

So cash settlements, those are the lines that are available, and that's how much we've depleted the lines.

**MR. BROWN:**

Yes. And, you know, just as long as we're having a little conversation, one of the things that we're looking at was to an early settlement program with the court, and we were looking at the bus cases in particularly over the next couple of weeks because what we want to try and do is work with the -- work with us, work with our outside counsel, work with the Division on the appropriations that we have as well as work with the court, if I didn't mention that, because we want to try and manage the cases for the rest of the year so that we don't overrun the budget on any particular lines. So next week, we start an early settlement conference with the court, going to try and settle some of the cases that are either pending before a note of issue has been filed or after a note of issue is filed and help to mitigate our outside counsel costs, and that would help reduce some of the pressures on one line, but we're also mindful of the amount of money that we have to spend and we don't want to blow our budget with respect to the amount of money that's been appropriated to the reserve accounts or to come to you with too many cases that we have to bond.

So it's sort of a balance, but we're working with the courts, and we're hoping that we'll be able to actively manage the litigation going forward for the next five months of the year and working with the courts that we will not exceed our budgets. So we've made the administrative judge aware of that. We've made the judge available in calendar control part as well. So so far we've been lucky in all working together.

So another aspect of the Division's work deals with general liability and the -- and that's basically handled in our tort Division. That's funded through Fund 38, and that's generally divided into two types of areas of litigation: state torts and federal torts. State torts, it's fairly self-explanatory. It's auto-premises, general-liability types of cases; and the federal torts are the cases that, you know, you frequently see when we do bonding with -- because they deal with civil rights violations, and those are the cases that can generally trigger attorneys' fees.

And I -- as far as the Division is concerned with respect to these types of cases, as I noted before, it generally deals with budget management. We work very closely. Leslie and I work very closely together in reporting to us what we have available to spend on a -- for the balance of the year, and we do this on a regular basis. We have regular bureau chiefs' meetings in the department, and Leslie has attended those meetings so that the bureau chiefs and the lawyers know how much money that they have to spend on litigation as it unfolds for the balance of the year.

Next, we get into some of the work that the Division does -- has done historically and still does: Subrogation loss recovery, the Division will do inter-company arbitration; they'll do second-injury fund reimbursement, and we'll work closely with them on third-party recoveries, and as far as the inter-company arbitration, that's handled in-house. Those are particularly property damage claims where an insurance company will submit a claim for payment. If it's not resolved, it'll go to arbitration. As far as any legal defense to the claim, for example, if a police officer was involved in

a motor vehicle accident, he was involved in an emergency pursuit, we would give the Division legal memorandum in support of our defenses when the arbitration is held.

The second-injury fund reimbursement, I'm not sure if you are aware of exactly what that is, but if any detail is necessary, I would turn that over to Jenny or to Leslie, but generally what the second-injury fund deals with is people that had prior injuries, and they are considered bad risks, but the State wants people to work, so the second-injury fund will compensate people if they are injured, if people had prior injuries and they are injured on the job again. And that's -- and the State will pay money back to the Division and back to the County with respect to second injury matters. I don't know if you have any particular questions on it or if Leslie or Jenny want to address in more detail. I gave a sufficient explanation? Okay. So good.

Also under, as far as third-party recoveries, of course we would look at traditional subrogation if there's a responsible party, but a lot of claims are paid out through General Municipal Law section 207-C. They deal with injuries to peace officers, law enforcement officers. And there is a right of action in that statute that the County has against a responsible party, and we have undertaken review of cases that are 207-C cases to identify, and have in fact, identified at least one case where there is a responsible third party with respect to the recovery of money that the County has previously paid out, and, you know, we intend to proceed in litigation on that very shortly.

One of the questions that was particularly posed to us when we received a request from you was dealing with risk mitigation and what the County does with respect to risk mitigation. So you do have a lot of claims involving law enforcement, whether they're excessive. Force or false arrest, and when those types of claims do arise, there usually is an internal investigation by the Department. If those claims are substantiated at all, there's in-service training that's provided either by the sheriff's office or the police department.

In terms of other types of County claims, we have a County Safety Officer, and the County Safety Officer, he will notify administrators and department heads of unsafe conditions or practices. The County Safety Officer develops recommendations for employee safety training programs. The County Safety Officer performs inspection of worksites, which have been the subject of complaints. He supports management employees in implementing safety programs. He'll research health and safety grievances, and he'll recommend alternative solutions to health and safety grievances and the complaints. A lot of that might be OSHA related, but it could spill over into tort liability as well.

As far as bus companies are concerned and their accidents, a lot of bus claims I should say but overall their accidents must be reported to Risk Management on a monthly basis. And we've also made a change to that reporting process over the past year or so that would relate to having the names of drivers disclosed also on accidents, and we will examine with Risk Management and with a third party bus administrator the driving history of claims, and we would have the right to remove a driver if we felt the driver was involved in too many accidents or was utilizing unsafe practices. We're happy to report that hasn't happened yet, and we also have a right to do drug testing on any drivers following an accident.

**LEG. KENNEDY:**

Mr. Chair, can I ask just one very specific question with that?

**CHAIRMAN D'AMARO:**

Sure.

**LEG. KENNEDY:**

The drug testing in particular, so we get that ability to go ahead and test them contractually, and if that is the case, have you considered trying to put in a random drug testing clause? I mean, it's important to determine whether we had the operator who was under the influence or at fault, I would assume, for our liability purpose, but I'm wondering if we may not get even better compliance

if we had the ability to implement random drug testing so that it was, you know, across the Board.

**MR. BROWN:**

I don't know the answer to that question. We think -- I could verify that for you exactly, but random, I'm told, is part of the contract.

**LEG. KENNEDY:**

Okay. So just in that item in particular, if you could get back to me and let me know, then, how, in fact, are the carriers actually -- are they implementing it across the Board, or is it limited only to after a collision?

**MR. BROWN:**

Yes, absolutely.

**LEG. KENNEDY:**

Thank you.

**MR. BROWN:**

The next slide deals with generally insurance management. As you know, we're self-insured, as I mentioned before, but we still procure insurance. We have excess policies. When claims come in -- when a notice of claim comes in, it'll go under evaluation. When the complaint comes in, it'll go under evaluation. As the case unfolds, it'll be evaluated as well. It'll be evaluated between Tort and between Risk Management, because if it looks like a case is going to breach our self-insured threshold of \$3 million, that is -- the Division will notify and manage that along with the Torts Division with the excess carrier and our claims broker -- insurance broker, I should say.

The last point in that slide, it deals with resource for the county for all insurance matters, and one of the things -- questions that come up frequently are how much insurance a particular contractor might need, and we deal with all sorts of contractors. A contractor could be a mom-and-pop organization that's providing some type of social services; it could be a public works projects; and it could be significant projects for the county but where services are rendered and really no substantial risk of personal injury being called as a result of the operation of that contract. Nevertheless, the County does require \$2 million in general liability insurance, and frequently we do get cases where people don't have \$2 million where an agency or a contractor or a corporation might only have a million dollars in general liability insurance. And what the Division do with the Law Department as well as with the agency that is administering the contract, the departmental agency that's administering the contract, we will work together in evaluating the potential liability risk to the County and whether or not we can entertain a waiver request from \$2 million to \$1 million.

And, generally, I would ask Leslie to jump in if she wanted to at this point as far as determination of insurance acquirance (sic) for County contracts; that's an ongoing nuts and bolts day-to-day operation, as she does. She'll work with the broker, and she has regular ongoing communications with the broker as to whether it's more economically beneficial for the County to continue with self-insured retention, changing retention limits, when we should put excess carriers on notice because many, many claims will not breach the \$3 million, but the more claims we put on notice, that may create the experience -- may increase the experience risk and then increase our premiums. She'll also, working with the broker, examine the markets to determine just whether it's better to buy insurance.

Is there anything you want to add, Leslie?

**CHAIRMAN D'AMARO:**

Dennis, let me ask you if you can be a little more specific on that. I mean, you're talking about -- the bullet here says, "Determination of insurance requirements for County contracts." Give me an example of that.

**MR. BROWN:**

Example came up yesterday with a contract that we're working on with respect to an agency that will be utilized to do economic projections for the County, particularly in connection with the projection with the preparation of the budget and with forecasting for the balance of the year and fiscal year 2014. So the contract agency, they wanted a reduction of the insurance coverage from \$2 million to \$1 million. And since all they're doing is economic forecasting, we really didn't think that it would rise to, you know, an absolute labor law liability case. We didn't think that it would be a scaffold case or anything like that. We didn't really feel any risk that there would be a serious case of auto accident or any type of personal injury, any type of serious exposure to the County, so that was one that we had just worked on just yesterday with the Department, and we all agree that that could be reduced to \$1 million.

**CHAIRMAN D'AMARO:**

So if there's a company, organization, or person that's entering into a contract with the County, normally there's some type of insurance requirement.

**MR. BROWN:**

\$2 million general liability, yes.

**CHAIRMAN D'AMARO:**

Is the standard, and then the Insurance and Risk Management Division, if there's a request to lower that amount of coverage, you would evaluate whether or not that makes sense for the County?

**MR. BROWN:**

That's correct. And I should say \$2 million is a substantial amount of coverage, and, surprisingly, we do not get a lot of requests to lower from \$2 million to \$1 million. I would say, really, I haven't estimated it, but it would surprise me if it was more than a handful per year.

**CHAIRMAN D'AMARO:**

Also, the first point says "procurement of insurance." What type of insurance?

**MR. BROWN:**

It could be -- well, we're self-insured --

**CHAIRMAN D'AMARO:**

Right.

**MR. BROWN:**

-- on up to \$3 million.

**CHAIRMAN D'AMARO:**

Okay.

**MR. BROWN:**

Oh, it's four, excuse me, it's four. But, for example, I think that previously we had affirmatively procured directors and officers' liability insurance. Correct?

**MS. BAFFA:**

Correct.

**MR. BROWN:**

And we don't do that anymore with self-insured on that.

**MS. BAFFA:**

Correct.

**MR. BROWN:**

And we don't do that anymore with self-insured on that, so that's one example of an analysis of whether or not we should have affirmative insurance or do self-insured. Medical malpractice, we don't have any excess, correct?

**MS. BAFFA:**

Correct.

**MR. BROWN:**

We don't have any excess on the medical malpractice. And also there are different levels --

**CHAIRMAN D'AMARO:**

Wait a minute. We don't have any excess insurance on the --

**MR. BROWN:**

No, completely self-insured on medical malpractice.

**CHAIRMAN D'AMARO:**

That's a new policy?

**MR. BROWN:**

Pardon?

**CHAIRMAN D'AMARO:**

That's something new or --

**MR. BROWN:**

And it's because of the premium risks.

**CHAIRMAN D'AMARO:**

Yeah, the premiums are so exorbitant that it just doesn't make sense to do it.

**MR. BROWN:**

Yeah, yes. And also, probably if we looked at the amount of money that we do pay out in a number of cases that we handle, this probably does not pay. That's generally the analysis we get from our broker.

**CHAIRMAN D'AMARO:**

Yeah, you're looking at, historically, what comes in, what's the exposure to the County --

**MR. BROWN:**

Yes, exactly.

**CHAIRMAN D'AMARO:**

-- weighing that against what the premiums would be.

**MR. BROWN:**

Yes. I don't have that data with me, but I do have that data back in the office, like how many cases we've had, what we've paid out. You know, sometimes what we pay out, we do pay out a lot of money but there are other times we do not.

**LEG. KENNEDY:**

Mr. Chair, just one quick additional question on that point.

**CHAIRMAN D'AMARO:**

Yes.

**LEG. KENNEDY:**

Dennis, I know that there was, without talking about anything in particular, but one time where we had a matter presented where there was joint participation between the extent of our liability, and there was some umbrella fund or a state fund that kicked in. This was a large-ticket item that was in excess of grant multiple millions. I think that was the -- that's what was being contemplated and there was someone else that was on the hook besides us.

**MR. BROWN:**

You know, I can't speak to that case specifically, but what Gail just said, and actually what I was thinking is, well, was that it might have been a co-defendant involved and it was an excess carrier involved. We -- I know that just recently within the past month or so, two months, we settled a case where there was an excess carrier involved. Our contribution was much less on the overall settlement, but the settlement was driven also by the excess carrier.

**LEG. KENNEDY:**

Well, the excess carrier, that is something that we secure, or that's indicative of another party that somehow has some liability?

**MR. BROWN:**

Codefendant, yes.

**LEG. KENNEDY:**

I see.

**MR. BROWN:**

You know, my understanding is we haven't had medical malpractice coverage for a long time, but historically we'll take a look at it and get back to you on, you know, exactly how long it's been.

**LEG. KENNEDY:**

Well, the chairman and I, and anybody who's on this committee who's had the opportunity to sit from time to time, we keep circling back to that because it is an issue where, granted, I mean, it is infrequent but when we have it before us, it's extremely significant.

**MR. BROWN:**

'Cause, you know, we're self-insured for \$4 million now. It was three. We're self-insured for \$4 million. Without getting into any detail, if you think about just from your experience and sitting here for so many years, how many cases, medical malpractices cases, you know, the self-insured limits.

**LEG. KENNEDY:**

No, I -- trust me; and when you sit down and you do the cost benefit analysis, it may very well be that it's to our advantage to go ahead and not procure the policy. But again, you know, we're just looking at how do we compare and contrast.

**MR. BROWN:**

Right.

**LEG. KENNEDY:**

Thank you.

**MR. BROWN:**

Any other questions? So the --

**D.P.O. HORSLEY:**

Quick one.

**CHAIRMAN D'AMARO:**

Go ahead, Wayne.

**D.P.O. HORSLEY:**

Yeah, I just wanted to -- you know, the -- both Legislator Stern and myself were commenting privately about the workmans' comp cases that are on the books. Should we get into a safety campaign of some sort to emphasize, you know, how to -- because that seems like an exorbitant amount.

**MR. BROWN:**

We do have a safety officer, and that is part of his job to reach out to the departments to go around the County to look at potential risk sites and assess them and implement and recommend procedures to implore more safety, but we do have a safety officer.

**D.P.O. HORSLEY:**

Are you alarmed by the numbers?

**MR. BROWN:**

Actually -- go ahead.

**MS. BAFFA:**

When you look at the workers' comp claims, about 75 percent are law enforcements, and yeah, we're going to have guys that are working in jails and are on cars --

**D.P.O. HORSLEY:**

That are in dangerous situations.

**MS. BAFFA:**

Exactly. So that's really --

**D.P.O. HORSLEY:**

So you feel comfortable that this is just course of doing business?

**MS. BAFFA:**

It is, but I think that we can also look at the law enforcement since they're kind of in charge of their own safety. Maybe that's something that you guys want to look at and have them come in and see how they think they're doing, because, yes, there are situations where we look and we say, Yes, we were arresting somebody and we fell down a flight of stairs, and it's something that you and I would never get involved in --

**D.P.O. HORSLEY:**

Yes, that's true.

**MS. BAFFA:**

-- but yes, it's an injury. But yes, you also get the "I just testified in court and I walked out in the hallway and twisted my knee," and I don't know, is that 207-C?

**D.P.O. HORSLEY:**

It's difficult for me to -- it just seems like it's quite a number, an alarming number, but that's, as you say, we have a large police force, and they have a lot of issues that relate to -- that are dangerous.

**MS. BAFFA:**

Absolutely.

**D.P.O. HORSLEY:**

Yeah. Okay. Thank you.

**MS. WULLERT:**

I also just want to add in that it may be significant to separate out that 3,000 population because we have what we would call 2,000 active plans, which means among current employees. Again, 70 percent of that number is made up of line-of-duty injuries. The other thousand are retired or terminated employees who have been classified with either permanent total or permanent partial disabilities by the Workers' Compensation Board, and that's what we refer to as our "indemnity claims." It's a very different management process for that group than it is for the 2,000 active, and, you know, I think we have been partnering much more closely with Performance Management and the Law Department with the respective sheriff MEUs, medical evaluation units, and the police MEUs, and we can work on that safety issue.

**CHAIRMAN D'AMARO:**

So I think the reason why we're getting -- you're getting questions on this is that it seems at first blush to be a high number of workers' comp claims. You're saying, then, roughly 2100 of those claims relate to law enforcement of the 3,000, which, you know, we're averaging 150 to 200 workers' comp claims per month from law enforcement.

**MS. WULLERT:**

Again, I would separate. I would say the population to look at when you consider the active claims is 2,000. That's the real number, and about 1500 of those represent line-of-duty injuries.

**CHAIRMAN D'AMARO:**

So 1500 which is well over a hundred claims per month for law enforcement for injury -- purported injury on the job.

**MS. BAFFA:**

Not to interrupt Jenny, but I'm going to. You also have to look at, a workers' comp claim could be simply, I cut my hand, I went to the emergency room, I got bandaged up, I was back to work the next day. Nonetheless, we're going to get a medical bill on it. It's got to be an open claim. We've got to put it in our system. It's got to go through the workers' comp Board --

**CHAIRMAN D'AMARO:**

Right, but if we dig a little deeper past that, you know, I agree; there's going to be a whole range of claims from severe to superficial, and I don't know what the breakdown is with respect to the severe claims and what pops into my mind is how do we evaluate those claims, are we using outside physicians to do that, who are they, what's their history, and what's the trend.

**MS. BAFFA:**

They go all through the medical evaluation unit, and they have a police surgeon there.

**CHAIRMAN D'AMARO:**

They go through the medical evaluation unit; whose unit is that?

**MS. BAFFA:**

The police department.

**CHAIRMAN D'AMARO:**

They go through their own unit.

**MS. BAFFA:**

Correct, and so does sheriff.

**CHAIRMAN D'AMARO:**

So if I'm a police officer and I get injured on the job and I put in a workers' comp claim, that evaluation is then done by the police department's medical personnel.

**MS. BAFFA:**

Correct. You're going to go -- first you're going to the ER because that's standard procedure, then you might follow up with your own doctor, but you will have to go to the Medical Evaluation Unit to see if you're fit for duty or not.

**CHAIRMAN D'AMARO:**

Right. And so you go to the medical evaluation unit, that physician makes a determination. What role does the County or do we have in that?

**MS. BAFFA:**

We'll get all the new paperwork. There are times that we will controvert the cases ourselves. We will handle the case, we will do the medical management, we will take care of the bills, we will reduce the bills, we will send them for IMEs if we feel that, perhaps, they should be coming back sooner or not.

**CHAIRMAN D'AMARO:**

You mean your department will do that?

**MS. BAFFA:**

Uh-huh, yes.

**CHAIRMAN D'AMARO:**

Even if the initial physician says that yes, there's a disability or a claim is valid and should be paid.

**MS. BAFFA:**

Say about three months down the road, they're going for PT and we're thinking, You know what, this might be time for him to come back. I mean, we do use our discretion.

**CHAIRMAN D'AMARO:**

You're acting as the insurance company, so to speak.

**MS. BAFFA:**

Exactly. So if they've had a surgery, okay, surgery for this kind, you know, three, four months down the road, they should be getting an IME.

**CHAIRMAN D'AMARO:**

So there's that level of oversight from your department on the workers' comp claims.

**MS. BAFFA:**

Correct, but we cannot overrule the police surgeon.

**CHAIRMAN D'AMARO:**

You cannot overrule, but you can send out for an independent medical examination.

**MS. BAFFA:**

Exactly.

**CHAIRMAN D'AMARO:**

Right, which makes sense. So what percentage -- how many of the claims that come in, let's say yearly or monthly, do you know offhand what percentage of those claims are recommended to pay?

**MS. BAFFA:**

You got controversion numbers, Jen?

**MS. WULLERT:**

I don't have controversion numbers today, but I can certainly provide those specifically. Just to go through the process a little bit more in depth, when an officer or law enforcement personnel are injured, they report to their respective MEUs. The injury is evaluated to consider whether it meets the criteria of a line-of-duty injury and qualifies as 207-C injury. That threshold is much higher than the bar you must meet for a workers' comp claim injury, so really the MEUs are determining whether, in fact, the injury qualifies as 207-C. We work very closely with the administrative personnel over there and the respective surgeons to -- when there are issues or questions, again, to work and counsel with them and come up with whether we're going to controvert a claim or not.

We also -- understand, again, what Leslie was saying with the procedures within the law enforcement units requires that the injured parties report to the emergency room for any type of injury. You or I might hurt ourselves and decide we're going to go home and ice the injury ourselves and elevate our -- you know, we know to do RICE and we're just going to do that. We don't need to seek emergency treatment. The officers and sheriffs are required to go to the emergency room. Sometimes that's the only treatment they receive. Under Workers' Comp Law, we are required, though, to report that as an actual injury because they receive treatment at the ER, attention at the ER, so that may, again, inflate some of the numbers.

**CHAIRMAN D'AMARO:**

So any time the officer, which they're required to do, goes to the emergency room, that's reported and included in these numbers that you're giving us.

**MS. WULLERT:**

That's correct.

**CHAIRMAN D'AMARO:**

Right. I have one more question, then Legislator Hahn had some questions. So on the workers' comp claims, how much are we paying per year as a county on workers' comp claims since we're self-insured? And I guess the follow-up to that is I guess it's still worth not getting insurance as opposed to self-insuring on those claims.

**MS. BAFFA:**

Yes.

**CHAIRMAN D'AMARO:**

And you look at that periodically?

**MR. BROWN:**

We have -- in 2013 on workers' compensation, we had -- the overall budget line was approximately \$32 million.

**CHAIRMAN D'AMARO:**

That's what was adopted in the budget?

**MR. BROWN:**

That was adopted, yes. Medical at just over \$10 million and miscellaneous indemnity, which is what, Leslie?

**MS. BAFFA:**

That's the payroll for those 1,000 people that are no longer County employees. They're retired, they're terminated, but we've gotten this lifetime award with them.

**CHAIRMAN D'AMARO:**

Right. So we cannot overemphasize the importance of your department, obviously, with numbers like that, which I'm sure you're well-aware. You know, \$32 million in a budget line of workers' comp claims and a system where an initial evaluation is maybe done within the departments themselves, and then the oversight off that becomes so vitally important.

But with that said, Legislator Hahn, did you have some questions?

**MS. BAFFA:**

Actually, can I just follow up on that?

**CHAIRMAN D'AMARO:**

Sure.

**MS. BAFFA:**

The indemnity rate, which we've been talking about, in 2007, Governor Spitzer put in reforms, and one of them was to increase this weekly workers' compensation rate. For about 10 years, it'd be about \$400 a week. He started raising it in increments. Now in 2013, that rate is \$802 a week.

**CHAIRMAN D'AMARO:**

It's doubled.

**MS. BAFFA:**

Yeah. It's twice as much as to get unemployment. So what are you going to do: get fired or fall down the stairs? So these increments have hit our lines, the indemnity line, it hit our awards line because a scheduled loss of use. Say you lost 10 percent of your shoulder; well, seven years ago that would have been 'X' amount of weeks at \$400; now it's 'X' amount of weeks at \$800, and the Workers' Compensation Board is not really helping. They're basically sending out letters saying, "Hey, you can have a claim. Why don't you call up?" So this is really hitting our budget.

Also, medical costs, as you know, I'm sure, doing the employee medical health plan budget, has gone up about 30 percent. But since 2007 to 2013, our budget has increased at an average of 2.4 percent a year. So we're using the tools that we can. We're doing what we need to do. I've got a group of tremendous, talented, very dedicated employees. I had a great boss with Alan Schneider; I have a great boss right now with Dennis Brown; and with your help and support, we just want to continue to keep these numbers low.

**CHAIRMAN D'AMARO:**

I appreciate that very much, and, you know, I'm not here saying you're not doing a great job, but, you know, I think we all have a legitimate concern when we're talking about the taxpayers money going up 2.4 percent a year for compensation claims in an environment where we've recently read -- you just have to read the headlines of the newspaper to see what's going on with Workers' Comp and disability claims and things like that, so it's certainly something that we're concerned about. I appreciate the fact that you are so, I guess, defensive, in a sense, of the job you do there,

and I know you're working very hard.

My point is only that we really have to stress and give you the resources that you need to make sure that you can implement the necessary oversight because, you know, to the extent that you weed out claims that should not be paid or however that's being done, we need to know that, so I appreciate your enthusiasm on that.

Legislator Hahn.

**LEG. HAHN:**

I want to thank the Chair for calling them in to give this presentation. I asked for this because I do believe that this is something so incredibly critical that we as a legislature are overseeing, not only -- I mean, look at the Long Island Rail Road headlines. I mean, these are not things that we want to be responsible for reading about, about with us one day. But what piqued my interest was an article back -- from Newsday back from September of 2012 about Nassau paying too much for workers' compensation that I have here, and it did talk about the number of claims. They're having one in eight employees putting in claims for workers' compensation on average. When we talk about -- I'm not sure what number we're at right now, but, you know, overall we're looking at one in ten. If we're talking about 700 of the 1,000 new claims coming in that are public safety, you know, what is that? What percentage of the workers put in line-of-duty claims a year? That's a number that I think we should look at. But overall I took a look at what is a very old report from 2006, the Ernst and Young report about Risk Management and what was going on and I want to know, you know, have the recommendations that were made by the report been implemented. I mean, there was a time when we had between 8,600 and 9,000 open claims, and now we're down to, what did you say, 3,000?

**MR. BROWN:**

We trend 2,000.

**LEG. HAHN:**

3,000 open claims, so there has been a serious push to close open claims. When I spoke to the -- there's a statewide association on Risk Management. I can't remember the name of the organization, but they did -- Workers' Compensation Policy Institute, and they did say that, you know, for every claim you open, you should be closing one, and clearly we're getting to a place where we're working to close our claims as well. But I do have some -- a very long list of questions that some have been answered. So now when you talk about how many open cases you have, you know, you answered that and how many new cases per year, but we were getting at this before. How many are lost-time cases versus just first aid cases?

**MR. BROWN:**

Well, I think that Jenny alluded to that just a few moments ago. But on the -- I have those notes myself. On the lost-time claims, we have about 85 open cases; is that right, Jenny?

**MS. WULLERT:**

Yeah. At any given time, we average 85 lost-time claims where people are actually out losing time. And, again, about 90 percent of that is law enforcement.

**LEG. HAHN:**

Okay. So your -- but it's hard to compare. So when we talk about a thousand new cases a year and 3,000 open cases, when you're talking about the new -- you know, at any one time, it's so hard to compare to that number. So what percentage of our 1,000 new cases wind up being any kind of a lost time case?

**MS. WULLERT:**

I would really be taking a swag if I answered that.

**LEG. HAHN:**

Sure. And then how many are catastrophic in nature; do you know that?

**MS. BAFFA:**

Thankfully, very few.

**MS. WULLERT:**

Thankfully, very few.

**LEG. HAHN:**

Good, good, good. And how many are receiving the indemnity payment? Is that the 1,000 that -- all 1,000 get the indemnity payments?

**MS. BAFFA:**

Correct. They're retired or terminated, but they're off County payroll.

**LEG. HAHN:**

Okay. What is our expected liability for all of these claims?

**MR. BROWN:**

I'm not really sure if I understand your question, but we do budget -- we had an adopted budget of \$32 million last year.

**LEG. HAHN:**

So that is for -- we budget for future liability. Is that -- the 32 million budget, is there more -- because some workers' comp is paid out of payroll, which is a totally separate line. Do you have an understanding of what percentage of our payroll line or the dollar value from our payment line is going towards workers' comp payments?

**MR. BROWN:**

Jenny or Leslie?

**MS. BAFFA:**

You're talking about the 123 money; that is, if you or I got hurt and we got -- we would get -- \$800 of that would be from 123 money, and that would be tax-free and the rest of our salary would be from the 110 money. If we were police officers, the 123 money would again be the \$800, that workers' compensation fee, and the rest would be 134 money because as 207-C. They get the whole thing tax-free.

**LEG. HAHN:**

So I guess my question is you have 32 million budgeted, but does that 32 million cover the payroll dollars, the 123 money or --

**MS. BAFFA:**

No, the Budget Office puts the 123 and the 134 money in payroll accounts.

**LEG. HAHN:**

So do you know how much we're talking about in dollars annually from those two accounts?

**MS. BAFFA:**

I'd be taking a stab, but I think around 7 million.

**LEG. HAHN:**

It'd be helpful to have that.

**MS. BAFFA:**

I'm sure BRO could get it for you.

**LEG. HAHN:**

Are there trending reports that outline where and how the accidents are occurring? I know you said most are public safety, but do you do a monthly trending report?

**MS. BAFFA:**

The safety officer does OSHA reports that show lost time day and types of accidents, and also we have, in anticipation of another question, we do have an actuarial that does an annual report for a five-year budget forecast that's given to BRO as well as our own budget office. Maybe that's something you want to look at.

**LEG. HAHN:**

I mean, the Chair, we should certainly consider receiving monthly trending reports so that we understand, at Wayne's comment earlier, so that we understand if we need to -- or the County Executive needs to work on specific, very targeted safety campaigns.

What percentage of the cases are disputed? And this might get at the controversion numbers. I don't know that jargon.

**MS. BAFFA:**

I think it's about the industry average, Jenny, where I'd say about 10 percent.

**MS. WULLERT:**

Which that'd be industry average.

**LEG. HAHN:**

Okay, 10 percent. Is that denials or just disputes?

**MS. BAFFA:**

Disputed controversions still got to go through the Workers' Compensation Board, but they're usually like exposure cases.

**MS. WULLERT:**

There's an entire controversion mechanism --

**MS. BAFFA:**

Process.

**MS. WULLERT:**

-- that's built into the workers' comp claim that we follow with the Board, filings that have to be done, witnesses that have to be produced. It receives an expedited hearing. We run about at least a 90 percent win rate when to controvert.

**MS. BAFFA:**

So we just can't say "no."

**LEG. HAHN:**

And we don't have -- I know you said we're budgeting 32 million for these -- you don't have a number that is our lifetime exposure for the lifetime claims.

**MS. WULLERT:**

Yes, ultimate loss is part of the actuarial report, which is why I mentioned it.

**LEG. HAHN:**

I haven't looked at that yet, so I'll probably want to look at that.

**MS. BAFFA:**

Right, because a 23-year-old guy gets hurt and it's a very serious accident. At 23, he's --

**LEG. HAHN:**

Sure. But somewhere you have that number about what our lifetime exposure is, and you'll get that for us?

**MS. BAFFA:**

Yes.

**LEG. HAHN:**

Okay. You told me how many are 207-C cases. How often -- you know, you mentioned that we can ask for an IME. How often are IMEs ordered?

**MS. BAFFA:**

It's really up to the examiner's discretion. I mean, you kind of know who the guys --

**LEG. HAHN:**

How many were paid for in 2012?

**MS. BAFFA:**

I don't think I have that off the top of my head. I mean, you kind of know who's going to come back to work and then you have what we call our "39-week miracles" that come back at 38 weeks and are back for three months and then get hurt again.

**LEG. HAHN:**

Sure. That would be good to know. On page 10 of the Ernst and Young --

**MS. WULLERT:**

There is a protocol that the examiners follow at certain critical points in a claim. So, for example, once the claim is at a six-week or three-month period, they'll evaluate it in terms of an IME. If there's a request for authorization for surgery, it's an IME. If there's a pending scheduled loss-of-use award, there are certain body parts that the Board has classified with percentages of loss, so if that's a possibility --

**LEG. HAHN:**

All right. So there's a regular procedure about when an IME is ordered and --

**MS. WULLERT:**

Yes.

**LEG. HAHN:**

Okay. Excellent. In the report from 2006 on page 10, it mentioned that we did not have a select panel of IME doctors or a contract with an IME scheduling company. Is that something that's changed since 2006?

**MS. BAFFA:**

Yes, we have three companies that we are RFP'd and contracted with.

**LEG. HAHN:**

Good. Sorry; I was relying on an old report to just even inform.

Do we have reserves to cover --

**MS. BAFFA:**

I don't know if you're going this way, but we're not like an insurance company that has 300 million somewhere, and whenever there's a claim, they encumber money and they put money on the case. We budget Fund 38 on a year-by-year basis, as I'm sure you're all aware, so this is what the -- and then the fund is funded through the allocation, through the different departments. So in other words, Police is probably going to take the biggest lump of this and put it in our budget, so we do it on a yearly basis. That's why we have to bond cases that are over a certain amount because we don't have excess reserve somewhere to pay for this cash.

**LEG. HAHN:**

But we do have some reserve. Because there's this chart on page 16 of 21 in this Ernst and Young report that isn't really extensive outline of workers' compensation reserving, and so I just kind of was wondering where these are and how much.

**MS. BAFFA:**

I'd have to see it.

**LEG. HAHN:**

Sure. I was wondering what we were talking about, how much we were talking about, and if it's a set -- yet another line, you know, in the budget that, you know, brings us higher. Now we're at 30 million, if you include the payroll.

**MS. BAFFA:**

We might be talking about, and I hate to guess because I don't want to take up everybody's time, but we could be reserving. In other words, it's like a paper reserve. If, like, the example of the 23-year-old that was severely injured, that we're probably going to have him for the next 30 years, we might put a reserve thinking that the guy is going to cost us a million dollars, but that's not necessarily real funds. It's not an encumbrance, if that makes sense.

**LEG. HAHN:**

Yes.

**MS. WULLERT:**

The other times that that reserve are also -- I mean, they're adjusted periodically again throughout the claim. For example, you could have an injury where someone is operating a motor vehicle and experiences a heart attack and fractures their tibia, et cetera, so they put in. We will accept it for that fracture, for example, but we will probably controvert it on the heart attack issue to see what were the circumstances of the accident; did the heart attack occur before the accident and, therefore, the accident occurred; what were the -- obtain the medical records from the employee to see if they've had any history of heart disease and so forth; and again, some of these issues become complicated because if someone is involved in a physical altercation and they experience a heart attack, you know, what are the precipitating reasons behind the claim.

So once a claim progresses like that and let's say the heart condition is established to the claim, whether it's by us or the Board makes that determination that it belongs with the claim, then that's going to affect how we reserve for that claim on the medical side. Likewise, on the indemnity side, we use the Social Security actuarial tables to determine based on the claimant's age what we should be reserving for their indemnity monies and then again consider the medical that would be incurred on such a claim.

The good news for us as a self-insured employer and as part of the 2007 reforms that ex-Governor Spitzer began and that continue is that the Board implemented a capping process on indemnity injuries. So the claims that we have, we have a population of claims where we call them lifetime

claims because they're going receive this \$400 a week lifetime benefit. Once the benefit rates began to increase in July of 2007, the Board also implemented a process where you can get those claims capped if they become classified if they are permanently partially disabled or totally disabled. Generally, we run anywhere from three to five -- up to -- really three years on the caps on average. So we will not have this ongoing lifetime commitment to pay \$400 a week. We'll pay \$800 a week, but we'll only pay it for three to five years, so that's a benefit to us.

**LEG. HAHN:**

Do we conduct regular claims audits?

**MR. BROWN:**

Well, as I mentioned before, every bill that's paid is ordered by an outside service.

**LEG. HAHN:**

And do you mean bill review service?

**MR. BROWN:**

Yes.

**LEG. HAHN:**

How do we handle this? Do we still use the QRC?

**MR. BROWN:**

Yes.

**LEG. HAHN:**

And are they still getting the 25 percent of the disputed claim, or are they getting a flat fee per bill now?

**MS. BAFFA:**

We changed that this past year to a flat fee.

**LEG. HAHN:**

But what about an actual claims audit, a best-practices audit?

**MS. BAFFA:**

We internally review the files on a periodic. We'll do the medical bill review. We'll do peer-to-peer review services. We'll look at one of our big costs is prescription drugs, as you might imagine, so we'll go in and look at those to see what's popping, who's doctor shopping, who's getting Oxycontin at three different doctors, that kind of stuff, try to contain the costs.

**LEG. HAHN:**

I just was told and maybe it was the think tank, the Workers' Compensation Policy Institute that said an outside claims audit and best practices audit, the two separate items should be done regularly, so it's maybe something we should think about. Are there supervisory reviews performed now on claim files? When the report was done in 2006, it said that the supervisors basically had their own caseload and weren't really acting as claim -- you know, reviewing what was done below them. Do we have enough staff now that there are supervisory reviews performed?

**MS. BAFFA:**

Well, I guess you know you never have enough staff, but once Jenny came on with her private industry background, I made sure she didn't have a caseload and did a lot more managing. Like every notice of decision that comes in, she reviews, she makes notes on it, she follows it up with the examiner, makes sure that they're doing the IMEs and the medical bill review and getting everything that needs to go to the Board, makes sure that all the files are prepped for the attorneys, so she's

invaluable.

**MS. WULLERT:**

Thank you, Leslie. We also meet with our outside counselor, contracted outside counsel, and review our high exposure complex cases. Every other week, they come onsite and meet with us, and we have the examiners all together, and we do an exchange, and everyone -- it's a good learning experience for everyone, because although that issue may not be on your claim at that moment in time, you may encounter that in the future, so it's been very beneficial.

And we have also the investigator and some other senior people in the department who I've moderated their caseloads. They have a minimal caseload so they can also function on reviewing the claim management strategies that we're using.

**LEG. HAHN:**

They also talked about antiquated computer systems that didn't allow for note-taking and a diary system. Do we now have the ability to review -- you know, when you go to open a case and all the case notes are there, you know, on the computer file and whoever is reviewing it can see everything that they really need to see?

**MS. BAFFA:**

Funny you should mention that.

**MS. WULLERT:**

We need to enhance the Risk Management system that we have to include a diary-type feature and more of a note narrative option; that would be very helpful to us. At the same time, we are going through an enormous and -- I really -- I'm not exaggerating transition with our Risk Management system because the Workers' Comp Board has mandated that all carriers and self-insureds must now file electronically with the Board various transactions that happen. If, for example, a benefit-type change or a rate change happens on a claim, basically any transaction, the initial reporting of a claim, traditionally that's been done on a C-2, what we refer to as a "C-2," the employer's report of injury. There will no longer be any -- C-2s will exist, but not -- they really won't have any meaning because we as the self-insured employer will be required to electronically transmit to the Board a first report of injury and then multiple types of reports that fall under the heading of subsequent reports of injury. We are working very closely with our IT department. They've been terrific in implementing these changes. They're quite massive, but we believe that we're make excellent progress, and we'll be in full compliance where schedules will go live in March of 2014.

**MR. BROWN:**

If I could just follow --

**MS. WULLERT:**

Just to add to that, that will enable us, to finish off on the question, will give us a lot more tools to be able to, you know, use performance metrics and understand our operation and what's happening and where the trends are and where the money's going because we'll have a much easier time of pulling the data together than we currently do.

**MR. BROWN:**

I just want to add to what Jenny was saying. As you may know, we were here last year looking for our approval for an appropriation for our Law Department, our RFP for a case management system, and that's under -- that's going on right now. In fact, we have proposals coming into the office on the 31, and one of the things that I'm looking is if it was possible to integrate the needs of the litigation bureau and the tort bureau and the municipal law bureau, et cetera, with workers' comp. I'm not really sure if we can do it. Right now, we're only working on a budget of \$425,000.

But also, one of the things that the proposers has asked us is what outside systems might we need to interface with, and that's just something I'll discuss with the proposers on the 31, but that's in no way meant to diminish or otherwise supersede what Jenny's doing with IT with respect to e-filing.

**MS. WULLERT:**

Legislator Hahn, the other benefits that we've gained as well that weren't apparent in 2006 is that the Workers' Comp Board has created a e-case system, which we're registered to use and fully utilize, which provides us electronic versions of all the documents that have been filed, anything -- any IME reports, any medical bills, any notices of decisions and so forth, memorandums of Board panel decisions; that's all available to us when we go onto the Board's site. So we utilize the e-case system, and then also with qualify review concepts, they implemented an electronic medical bill review process so that we can log on and pull up all the medical reports through their system and all that detail. So we do have a lot more tools available to us today than we did in 2006.

**LEG. HAHN:**

Do we have nurses who review the much more complicated bills? Because sometimes, you know, a QRC company that utilizes -- and sometimes the electronic bill review -- you know, when you get to the really heavy duty procedures that people undergo, sometimes you need a nurse or someone...

**MS. WULLERT:**

That's the advantage that we have and the reason that we chose QRC for our medical bill review service, because they are not the typical electronic review process. They do not run and match against CPT code to see if it's at the workers' comp fee schedule and then pay it. What they do, an actual review by an RN, reviews every medical bill that we pay, and they do an intense analysis of hospital bills and any kind of surgical procedures and so forth. And, Leslie, do you have how much money we estimate they save us in millions?

**MS. BAFFA:**

In 2012, they saved us \$4.7 million.

**LEG. HAHN:**

Excellent.

**MS. BAFFA:**

Bill review is very undervalued so I appreciate your comment.

**MS. WULLERT:**

There's a lot of up-coding and bundling that goes on when you're running through an electronic review process. That's easy to get --

**LEG. HAHN:**

What do we pay per bill; do you know?

**MS. BAFFA:**

It used to be 25 percent of savings, as you mentioned. Now it's just basically they're on retainer. It's just a flat fill, so I can't even tell you what's per bill, just like a flat fee per week.

**LEG. HAHN:**

Okay, but I guess we can review that. Just like one or two more things. Does anyone, and if so, who, audits the medical evaluation units?

**MR. BROWN:**

That's the police department.

**LEG. HAHN:**

And the sheriff?

**MR. BROWN:**

I can tell you what we've done. One of the things that we've been working on is working on an RFEI to establish a panel of physicians that can work with the medical evaluation unit in determining the continuing disability of the law enforcement officers, but we do not audit the medical evaluation unit of the police department or the sheriff's office. If there is somebody that does, I don't know who.

**LEG. HAHN:**

And the 207-C process is determined -- like whether or not it becomes a 207-C case, remind me how that's determined.

**MR. BROWN:**

Line of duty.

**LEG. HAHN:**

Well, but there was a higher standard that had to be met that you talked about.

**MS. WULLERT:**

Yes, that's determined by the medical evaluation unit, whether it meets the threshold for 207-C, that it does qualify for a line of duty injury.

**LEG. HAHN:**

Okay. So I mean I think -- I do think there is room for some consideration on additional auditing and things, but I'm very happy to hear about some of the progress we've made. I was very supportive of this move to the Law Department. I would like to see us -- to see -- I mean, I'm not in this committee, but maybe here or even in Government Operations Committee, the trending reports on where the accidents are happening, and we will definitely have to bring up in Public Safety some of the issues around 207-C and safety to prevent -- you know, what we can do to prevent these kind of line-of-duty incidents is they're that high.

Do you -- oh, one more thing. Do you have a comparison of other public safety -- because we're talking both sheriff and police. Is there any reason to think this is unusually high, 70 percent of a thousand cases being from that? Or is there a way to compare against comparable size police departments or jail systems?

**MS. BAFFA:**

We're pretty on target with Nassau, but Suffolk's really, unfortunately and fortunately, a unique animal, our size and everything.

**LEG. HAHN:**

Sure, sure. Well, there are comparable size counties, cities elsewhere in the United States. I just would want -- you know, be curious to know. It's important, not just curious, it's our job to know how we rate against other comparable-sized municipalities.

**MR. BROWN:**

Because workers' compensation is so complicated and technical, I should say technical --

**LEG. HAHN:**

I recognize that. There's no question.

**MR. BROWN:**

-- and because benefits have statutorily been granted to law enforcement officers in the State of New York, I wouldn't look for analysis or comparisons outside of the State of New York, and I don't really believe outside of the in the City of New York there's a county in the State of New York that's

in the same situation as Suffolk County including Nassau County.

**LEG. HAHN:**

Thank you. Thank you, Lou. Thank you for all the time not being a committee member. I appreciate it.

**CHAIRMAN D'AMARO:**

Okay. Legislator Kennedy, you had a question or two.

**LEG. KENNEDY:**

Much of it was addressed with the back and forth with Legislator Hahn, but let me see if I can go into just a few specifics. Having done some of this work a while ago but not having been involved in quite some time with workers' comp, the modifications that the governor put in elevated, and, Leslie, you spoke about it and, Jenny, you spoke about, I believe. More or less, gone are the days where the Board will now award somebody some type of a weekly benefit that goes with them 'til the grave. You're saying that the average award now is three to five years, or what are we looking at there? My experience was that it was now more -- like the max award that you'll get for a significant injury is 10 years.

**MS. WULLERT:**

Yes, for a total disability almost, it's 10 years. Frankly, they left a bit of an opening there where they said if it's a total disability, they don't reevaluate it and it can be extended beyond the 10 years, but I would say on average it runs five years now.

**LEG. KENNEDY:**

About five years, okay. So, you know, it's unfortunate when we have employees, regardless of whether they're, you know, blue collar, white collar or uniform, that go into the circumstance. But like it or not, we're talking about managing exposure and managing expense, and so it's incumbent on us to have to go ahead and do it. Some of you on the panel here -- Leslie, you probably remember it. Back in the early '90s, we had the Buck Report that was done that actually took a look at the whole, what at that time was considered some loose type of oversight on the uniform side. And there were -- the State put some absolutes in there that kind of regulated when uniform would go from 207 over to a line-of-duty retirement. These days, what's the average length that we have in a uniform on a 207?

**MS. BAFFA:**

You mean the average time that they -- they're injured and they go out on 207-C and before they retire?

**LEG. KENNEDY:**

Yes.

**MS. BAFFA:**

I don't know what the average time is, but we do have some that -- it seems to take a long time to get through the requirement with the state. Even if you put your papers in, then you're still a 207-C payroll.

**LEG. KENNEDY:**

Yes, you are, but that is one of the areas that we have the discretion to control, as you know, that actually the employer does the ability to go ahead and file for disability requirement if the employee refuses to actually seek it.

**MR. BROWN:**

That's correct.

**LEG. KENNEDY:**

Do we actually do that?

**MR. BROWN:**

Yes.

**LEG. KENNEDY:**

Okay. And we're on top of that? My recollection was it was around after two years -- I don't know why that two-year number is sticking in my head, but there's something in there that actually gives us the opportunity to go ahead and seek that retirement if the employee refuses.

**MR. BROWN:**

One of the things -- and I'll let Leslie or Gail fill in any details -- but one of the things we've been doing with the performance management team is looking at law enforcement officers that are out on 207-C and are out for an extended period of time. And at -- you know, there is approximately, you know, 60 or so officers, I think, at any one time that might be out on 207-C, and you have a much smaller number that's out for a period of a year or longer. And we have been working with the Medical Evaluation Unit and the Police Department. The Sheriff's Office is actually a bit more aggressive, but we've been working closely with the Police Department on trying to get the people to go out on disability retirement or regular requirement, if need be, and if we're unsuccessful in getting long-term 207-C offices onto some type of retirement, then we're looking at the possibility of seeing what other remedies are available to us.

**LEG. KENNEDY:**

And just I -- let me make sure that this is something ultimately we -- 207-C, we're writing a check for the whole amount there. When we get them to convert basically just like any other retiree, me or anybody else, now they're deriving from the retirement system and even the health insurance has shifted over, so there's much less of a direct expense to us as far as what we're paying out.

**MR. BROWN:**

That's correct.

**LEG. KENNEDY:**

Okay. Let's go to the police surgeons and the sheriff surgeons. They are individuals that are appointed by the Commissioner. How do they come to us? Doctor Coyne, I've worked with him on many different things, excellent physician.

**MS. BAFFA:**

Hired by the Commissioner, I believe.

**LEG. KENNEDY:**

Okay. And it would be their job to identify whether or not a police officer, in fact, meets that higher line-of-duty bar when making the claim?

**LEG. KENNEDY:**

The example, "I twisted my knee coming out of testifying," or "I wrecked my back in a car wreck in hot pursuit."

**MR. BROWN:**

Whether that final determination is made as to whether it qualifies as 207-C, is that your question?

**LEG. KENNEDY:**

Yes.

**MR. BROWN:**

I believe, yes, it would be the --

**LEG. KENNEDY:**

In the first instance, it's the surgeon --

**MR. BROWN:**

I believe so.

**LEG. KENNEDY:**

-- and I would assume we don't controvert that. We rely on what that representation is because he is, in essence, an agent of us on a management side. I mean, that is correct, but we also do work with the Medical Evaluation Unit to help manage claims. They make the final decision, but I wouldn't say that's made in a vacuum.

**LEG. KENNEDY:**

Well, no, I'm not trying to infer that it's a vacuum, Dennis, but I guess what I'm trying to say is it's key, I guess, as far as what they ultimately come to or conclude, particularly, you know, with their medical opinion. Obviously, they're physicians. We rely upon them. We rely upon their expertise, but they're also -- the determination they make has such huge significance to us. Look, we want to protect our employees. I'm not saying we want to go adversarial with them, but we also want to make sure that, you know, we're stringent.

**MR. BROWN:**

You know what? I would like to answer that question. Can I answer that a little bit indirectly?

**LEG. KENNEDY:**

Sure.

**MR. BROWN:**

And I'll ask Jenny to jump in, because I think, to illustrate the answer to your question, is over the past six months we have, by working with the Medical Evaluation Unit, we have seen an overall reduction in expenses in the first six months of this year, and I don't think it's by being heavy-handed or by being threatening or even by being adversarial with the medical unit. But we've developed, since the Division and the Law Department have come together in working with the Performance Management Team, we have -- there is an ongoing open dialogue. For example, we meet weekly, and frequently, the Commissioner will meet with the Executive's Office regarding some of these initiatives that we do discuss at our weekly meetings. But and so we've developed an open line of communication on how to more actively manage the 207-C cases, and we've seen a reduction of actual dollars that we've spent in the first six months of this year as compared to last year, and Jenny has those figures if you would like.

**LEG. KENNEDY:**

I'm pleased to hear that you're being aggressive on it. Let me just shift back and go to one other thing. I'm sure you've done it, but I have to ask the question. You know, my recollection was that the reforms with Workers' Compensation were for a variety of reasons but also to try to address what was being perceived, and I think it was true, was an ever-increasing burdensome expense for employers for the policies to go ahead and cover their employees or even self-insured. That being said, you must have -- I don't know if we could even get insurance out there, but have you done a compare-and-contrast between 32 million plus possibly more that we're paying out as compared to if there was anybody who would insure us? We are self-insured because we have to be or because we've looked at it and done the compare-and-contrast?

**MS. BAFFA:**

Well, we've looked at it and done the compare-and-contrast. Even if we went out and bought

insurance tomorrow, it would be in the tens of millions and still we would have the tail, so we would still have to pay for everything that's on the books plus pay --

**LEG. KENNEDY:**

From prior, right, right. In other words, we would make a decision going forward. You can never offload what you have up to this point.

**MS. BAFFA:**

Right. Now, we have looked at excess liability in the past, but the attachment would be three or four million dollars, and thankfully we don't really have three and four million dollars claims on the workers' comp side.

**LEG. KENNEDY:**

All right. I'll let it go.

**CHAIRMAN D'AMARO:**

This is an extensive topic. Unfortunately, we're up against the clock. The next committee is in a half hour, and we still have to get through our agenda so -- and, Dennis, I know you didn't even really finish your last slide.

**MR. BROWN:**

That's okay. It's been covered.

**CHAIRMAN D'AMARO:**

But it has been covered, and, you know, it's a -- what starts off as, it seems like a less important topic turns into an extremely important topic. And what I'm going to suggest, I think today by just having this hearing and at the request and recommendation of Legislator Hahn was a good thing because it just gets us thinking about how we can support and help to be more efficient, and, you know, we're always working towards those goals of paying the claims we have to pay to protect our workforce while at the same time making sure that claims are not getting through that should not -- you know, improper claims are not getting through.

But, with that said, I think what we should do is we'll all have an opportunity to think about this a little bit more, and what I would recommend is, for myself or any other committee member, if you heard something here today or if there's an area of this that you would like to investigate more, I would be more than happy to continue with another hearing of this type. But I think we just have to be a little more specific next time into the areas that we might want to go so you can be more prepared and we can be a little more limited and specific in the scope of what we're covering, because this topic we could sit here probably all day and just, you know, keep going around and round on all the different things that are done on a day in this department.

**MR. BROWN:**

Can I just conclude with two remarks?

**CHAIRMAN D'AMARO:**

Yeah, sure. Go ahead.

**MR. BROWN:**

One is with respect to some of your requests, Legislator Hahn, I'm going to look -- because I wasn't taking notes -- so I'll look for the transcript; this way, I can answer your questions specifically.

But with respect to your comment, Mr. Chair, none of the questions having been vetted about in the wee details of the operations of the Division on a day-to-day basis, I just think that special recognition and acknowledgement has to be given to Jenny and Leslie for talking off the top of their head about the details of the department.

**CHAIRMAN D'AMARO:**

Yeah, I agree. It's very impressive. I mean, you're doing this day to day, and you really have a handle on what you're doing, which is terrific. So to the extent we can encourage more dialogue to get you resources that you need, especially around our budget time -- you know, I don't know what requests you've made in the past or how that's being handled, but certainly it seems like you have the type of operation that the more resources we put in, the more we can actually save, and that's to everyone's benefit. So with that said, I want to thank all of you, county attorney, everyone else for coming down today. We appreciate it very much, and we're going to proceed on now with our agenda.

**MR. BROWN:**

And any member of the committee, any member of the legislature, they have, you know, detailed, technical questions, they can be forwarded to us at any time and we'll be happy to answer them.

**CHAIRMAN D'AMARO:**

Okay. Thank you.

All right. We have a request to take one bill out of order. I'd like to offer a motion to do so. We're going to turn -- well -- yeah, we're going to turn to the agenda now.

I'd like to take out of order and offer a motion to take Resolution 1552 of 2013.

**LEG. STERN:**

Second.

**CHAIRMAN D'AMARO:**

Second by Legislator Stern. All in favor? Opposed? Abstentions? Motion carries.

And that resolution, **1552 of 2013, Authorizing the lease of portions of LIPA owned right-of-way from Crystal Brook Hollow Road East to Wading River for a pedestrian and bicycle path (County Executive).**

**LEG. STERN:**

Motion to approve.

**LEG. CALARCO:**

Second.

**CHAIRMAN D'AMARO:**

Motion to approve by Legislator Stern. Second by Legislator Calarco. Any discussion?

**LEG. KENNEDY:**

Just a quick question on the reso. Are we paying for this? We actually -- is there consideration here? I'm sorry, I don't have the resolution in front of me. So it's just a paper lease that basically provides us with that?

**LEG. ANKER:**

That's correct. Gil and Bill are both here if you have questions on that.

**MR. NOLAN:**

We're good.

**LEG. ANKER:**

We're good. Okay.

**CHAIRMAN D'AMARO:**

Okay. Legislator Nowick, did you have a comment.

**LEG. NOWICK:**

No.

**CHAIRMAN D'AMARO:**

No? Okay. Just checking. Okay, then I'll call the vote. All in favor? Opposed? Abstentions? Motion carries. The resolution is approved.

All right. Section IV of the agenda is *Tabled Resolutions*.

I'll call the first is, **1182 of 2013, Adopting Local Law No. -2013, A Charter Law to strengthen legislative oversight and public participation in lawmaking process.** This requires a public hearing. I'll offer a motion to table. Second by Legislator Stern. All in favor? Opposed? Abstentions? Motion carries. **Tabled/Public Hearing (Vote: 5-0-0-0)**

**Resolution 1252 of 2013, Amending the 2013 Capital Budget and Program and appropriating funds in connection with decommissioning and demolition of County facilities and authorizing transfer of property to the Department of Parks, Recreation and Conservation (CP 1665) (Kennedy).** Legislator Kennedy.

**LEG. KENNEDY:**

Mr. Chair, I'm going to make a motion to table, but with the Chair's permission, I'm going to ask Commissioner Anderson if he would just briefly go ahead and describe that there has been a representation on part of the administration; they will go forward with the demolition of the structure.

**CHAIRMAN D'AMARO:**

Sure. Commissioner Anderson is here. Welcome. Good morning.

**COMMISSIONER ANDERSON:**

Good morning.

**LEG. KENNEDY:**

Welcome. Good morning, Gil. Can you just tell us briefly what's transpired and where we're at with taking the building down?

**COMMISSIONER ANDERSON:**

Yes. Department of Public Works is actively working towards demolishing the building. We've met with both DEC, not at the site, but in a pre-permitting meeting, and we have met with our -- some of our vendors who deal with liquids, removals, things like that, to talk about demolishing the building. Once we find -- we actually also did the asbestos inspection, so we're waiting for that to come back. Once we know whether there's -- you know, the extent of asbestos, we'll have that removed. We are actively working towards getting the DEC's permit with the intent of taking the building down and removed from the site.

**LEG. KENNEDY:**

Okay. Thank you, Commissioner. And Mr. Chair -- I'm sorry?

**LEG. NOWICK:**

Timeframe?

**LEG. KENNEDY:**

Well, that's the other point that I was going to just try to reference through the Chair. Deputy County Executive Schneider and I did speak about this at length. He asked that I table based on a representation in his thought that we could have the building down by Labor Day. Is that something that's within the realm of possibility? What's your estimate, Commissioner?

**COMMISSIONER ANDERSON:**

My hope is to get the permit from the DEC within the month. Once we get the permit in, I can get the DEC -- well, my hope is that we will get the DEC to turn it around quickly. Once we have that, we can get right in and take it down so, yes, I think the target date right now is Labor Day, and we're going to make every effort to get there.

**LEG. KENNEDY:**

Well, thank you. I appreciate that, and if you could just go ahead and let my office -- submit a copy of the permit to my office when you actually forward it to DEC, I'd appreciate that. And based on that, I'm happy to make the motion to table, Mr. Chair.

**CHAIRMAN D'AMARO:**

Okay. I'll second the motion, and on the motion, Legislator Gregory.

**LEG. GREGORY:**

Thank you, Mr. Chair. And through the Chair to Mr. Anderson, so the County through the department, your department, DPW, will be demolishing the building and remediating any --

**COMMISSIONER ANDERSON:**

Yes, and type of --

**LEG. GREGORY:**

Hazards.

**COMMISSIONER ANDERSON:**

-- you know, contamination, asbestos, things like that that need to be --

**LEG. GREGORY:**

Now, will the property owner be charged with that, or is the taxpayers of Suffolk County going to foot that bill?

**COMMISSIONER ANDERSON:**

It's my understanding that we are -- actually, the County does own the property now --

**CHAIRMAN D'AMARO:**

I believe we have record title to the property at this time. We took it through tax default, I believe.

**COMMISSIONER ANDERSON:**

Right, yes, so it is ours to deal with.

**LEG. GREGORY:**

All right. Thank you.

**CHAIRMAN D'AMARO:**

Okay. There is a motion pending to table. I'll call the vote. All in favor? Opposed? Abstentions? Motion carries. **Tabled (Vote: 5-0-0-0)**

Thank you, Commissioner Anderson.

**Resolution 1292 of 2013, Instituting a six-month moratorium on Requests for Proposals (Kennedy).** Legislator Kennedy.

**LEG. KENNEDY:**

Yeah, I'll make a motion to table.

**CHAIRMAN D'AMARO:**

Motion to table. I'll second. All in favor? Opposed? Abstentions? Motion carries. **Tabled (Vote: 5-0-0-0)**

**Resolution 1464 of 2013, Adopting Local Law No. -2013, A Local Law to improve the process of Procuring, Surveying and Environmental Assessment Services (Krupski).** I believe this resolution is similar to what we now do with title companies, to have an approval process for approved companies and then maintain a list. I'm going to offer a motion to approve.

**LEG. CALARCO:**

Second.

**CHAIRMAN D'AMARO:**

Second by Legislator Calarco. All in favor? Opposed? Abstentions? Motion carries. **Approved (Vote: 5-0-0-0)**

**Resolution 1516 of 2013, Authorizing the sale, pursuant to Local Law No. 16-1976, of real property acquired under Section 46 of the Suffolk County Tax Act Cheryl Mera, Administrator of the Estate of Maxine Mera (SCTM No. 0400-239.00-02.00-083.000) (County Executive).** I'll offer a motion to approve and place on the consent calendar. Second by Legislator Calarco. All in favor? Opposed? Abstentions? Motion carries. **Approved/consent calendar (Vote: 5-0-0-0)**

**Resolution 1517 of 2013, Authorizing the sale, pursuant to Local Law No. 16-1976, of real property acquired under Section 46 of the Suffolk County Tax Act Michael Pescino and Renee Belgrado (SCTM No. 0200-559.00-01.00-010.000) (County Executive).** Same motion, same second, and without objection, same vote. **Approved/consent calendar (Vote: 5-0-0-0)**

**Resolution 1518 of 2013, Authorizing the sale, pursuant to Local Law No. 16-1976, of real property acquired under Section 46 of the Suffolk County Tax Act Aristedos Saketos (SCTM No. 0200-850.00-03.00-006.000).** I'll offer same motion, same second, same vote. **Approved/consent calendar (Vote: 5-0-0-0)**

**Resolution 1519 of 2013, Authorizing the sale, pursuant to Local Law No. 1516-1976, of real property acquired under Section 46 of the Suffolk County Tax Act Elena Eshaghpour (SCTM No. 0900-386.00-02.00-022.000) (County Executive).** Same motion, same second, same vote. **Approved/consent calendar (Vote: 5-0-0-0)**

**Resolution 1520 of 2013, Authorizing the sale, pursuant to Local Law No. 16-1976, of real property acquired under Section 46 of the Suffolk County Tax Act David Dinger and Life Estate of Donald J. Dinger (SCTM No. 0500-295.00-02.00-075.000) (County Executive).** Same motion, same second, same vote. **Approved/consent calendar (Vote: 5-0-0-0)**

**Resolution 1521 of 2013, Authorizing the sale, pursuant to Local Law No. 16-1976, of real property acquired under Section 46 of the Suffolk County Tax Act Eric Entemann (SCTM No. 0200-153.00-05.00-010.000) (County Executive).** Same motion, same second, same vote. **Approved/consent calendar (Vote: 5-0-0-0)**

**1522 of 2013, Authorizing the sale, pursuant to Local Law No. 16-1976, of real property acquired under Section 46 of the Suffolk County Tax Act Matthew Carragher and Michael Carragher, as Joint Tenants with right of survivorship (SCTM No. 0900-144.00-01.00-058.000) (County Executive).** Same motion, same second, same vote. **Approved/consent calendar (Vote: 5-0-0-0)**

**1523 of 2013, Authorizing the sale, pursuant to Local Law No. 16-1976, of real property acquired under Section 46 of the Suffolk County Tax Act Stephen H. Milvid and Florindo Ferreira, as tenants in common (SCTM No. 0200-973.90-02.00-052.000) (County Executive).** Same motion, same second, same vote. **Approved/consent calendar (Vote: 5-0-0-0)**

**1524 of 2013, Authorizing the sale, pursuant to Local Law No. 16-1976, of real property acquired under Section 46 of the Suffolk County Tax Act Kevin P. Murphy and Linda E. Murphy, his wife (SCTM No. 0200-338.00-06.00-004.000) (County Executive).** Same motion, same second, same vote. **Approved/consent calendar (Vote: 5-0-0-0)**

**1543 of 2013, Sale of County-owned real estate pursuant to Section 72-h of the General Municipal Law - Town of Babylon (SCTM No. 0100-057.00-01.00-016.000) (County Executive).** This is an irregularly-shaped one-quarter acre improved property in Wyandanch. It's valued between 25 and \$35,000 being sold to the Town for \$54,945 plus pro rata share of taxes associated with the Wyandanch Rising Project. I'll offer a motion to approve. Second by Legislator Stern. All in favor? Opposed? Abstentions? Motion carries. **Approved (Vote: 5-0-0-0)**

**Resolution 1551 of 2013, Authorizing certain technical corrections to Adopted Resolution No. 423-2013 (County Executive).** This is a change in project number in the resolution. I'll offer a motion to approve and place on the consent calendar.

**LEG. STERN:**  
Second.

**CHAIRMAN D'AMARO:**  
Second by Legislator Stern. All in favor? Opposed? Abstentions? Motion carries.  
**Approved/consent calendar (Vote: 5-0-0-0)**

**1561, Adopting Local Law No. -2013 A Local Law Adopting a New Chapter in the Suffolk County Code to codify certain fees to be collected by the Traffic and Parking Violation Agency, as approved in the Operating Budget (County Executive).** I think the title is self-explanatory. It requires a public hearing. I'll offer a motion to table.

**LEG. CALARCO:**  
Second.

**CHAIRMAN D'AMARO:**  
Second by Legislator Calarco. All in favor? Opposed? Abstentions? Motion carries.  
**Tabled/Public Hearing (Vote: 5-0-0-0)**

That completes that portion of the agenda. I'll now offer a motion to adjourn into executive session. Second by Legislator Calarco. All in favor? Opposed? Abstentions? We'll be back on the record momentarily. Thank you.

*(\*The Committee met in executive session  
from 11:46 a.m. until 12:28 p.m. \*)*

Okay. Back on the record. We have completed with executive session and the county -- the committee, rather, has voted to settle the following two cases: Calvano against the County of

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Suffolk and Santiago against the County of Suffolk.

There's no further business before the committee. We are adjourned. Thank you.

***(\*The meeting was adjourned at 12:28 p.m. \*)***