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HEALTH COMMITTEE
OF THE
SUFFOLK COUNTY LEGISLATURE
MINUTES

A meeting of the Health Committee of the Suffolk County Legislature was held via videoconference in the Rose Y. Caracappa Legislative Auditorium of the William H. Rogers Legislature Building, 725 Veterans Memorial Highway, Smithtown, New York on May 14, 2020.

Members Present:

Presiding Officer Robert Calarco, Ex Officio
Legislator William Spencer - Chairman
Legislator Leslie Kennedy - Vice Chair
Legislator Kara Hahn, DPO
Legislator Tom Donnelly
Legislator Rudy Sunderman

Also in Attendance:

Legislator Jason Richberg - District No. 15
Legislator Susan A. Berland - District No. 16
Sarah Simpson - Counsel/Suffolk County Legislature
Amy Ellis - Clerk/Suffolk County Legislature
Stephanie Rosen - County Executive Assistant
Lane Reinheimer - Director/Budget Review Office
Jennifer Culp - Department of Health Services

Minutes Taken By:

Alison Mahoney - Court Stenographer

Minutes Transcribed By:

Kim Castiglione - Legislative Secretary

1 (**The meeting was called to order at 2:01 p.m.**)

2
3 **P.O. CALARCO:**

4 Okay, our live stream is in the room so we are ready to get
5 started. If everyone could please rise for the Pledge of
6 Allegiance led by Legislator Spencer.

7
8 *Salutation*

9
10 Thank you, everyone. Legislator Spencer, did you want to make a
11 motion for a moment of silence? I know that's something you
12 usually like to do.

13
14 **CHAIRMAN SPENCER:**

15 Thank you very much, Mr. Presiding Officer. And thank you so much
16 for chairing all these committee meetings and for your leadership
17 during this difficult time.

18
19 I did want to ask for a moment of silence again for the Suffolk
20 County residents who we've lost during this COVID crisis, and I
21 just want to think of all of the souls and the families. Everyone
22 has been impacted in some sort of way, but there are those that are
23 just dealing with irreplaceable, unspeakable loss and I don't think
24 we can say enough of how important it is that we continue to think
25 about them and keep them in our prayers.

26
27 *Moment of Silence Observed*

28
29 **CHAIRMAN SPENCER:**

30 Thank you.

31
32 **P.O. CALARCO:**

33 Thank you, Legislator Spencer.

34
35 Okay, welcome everyone, to today's Health Committee. As per the
36 Governor's Executive Order, we are hosting today's meeting via Zoom
37 and will not be having any public portion as well. And as
38 Presiding Officer, I'll be chairing today's committee in order to
39 effectuate the committee without having Legislators come to the
40 horseshoe.

41
42 With that, we do not -- we're going to go right into our agenda.
43 I believe our resident doctor, Chairman Legislator Spencer, has an
44 update for us that he wanted to provide to everyone.

45
46 **CHAIRMAN SPENCER:**

47 Certainly. And again, to the members of the committee, I know that
48 we receive these updates during our public officials call, but
49 since we're live-streaming, and I know the public has access, but I
50 think it's important to try to keep the public updated.

51
52 So the information that I have as of May 12th, the testing is a
53 major priority and a lot of people are really concerned about how
54 do we reopen and get back to our lives. And the State has laid out
55 a plan for reopening that consists of seven different parameters
56 and they've divided the State up into different regions. And these

1 parameters consist of items such as the number of hospital beds,
2 the number of ICU beds that are available, things such as
3 decreasing number of hospitalizations, decreasing deaths and that
4 information is available.

5
6 Here in Suffolk County, as of May 12th, we have 120,823 COVID-19
7 tests administered and 30.9% of those tested were confirmed
8 positive for COVID-19. In Suffolk County there are currently
9 37,305 positive cases; in over the last 24-hours there have been
10 243 new cases. So the percent of positive tests overall has gone
11 down to about 8%, but the overall positive test is 30%
12 cumulatively.

13
14 There are 585 individuals hospitalized in Suffolk County; that's an
15 increase of ten. There are 214 patients in the Intensive Care
16 Unit, that's a decrease of two; and a total -- unfortunately, there
17 have been 1,680 Suffolk County residents who have lost their lives
18 to this disease, and over the last 24-hours there have been 26
19 deaths. As of May 11th, there are 2,965 hospital beds and there
20 are 602 ICU beds. And in each of those areas there -- it's a
21 greater than 30% of these beds that are available.

22
23 So the County is looking to meet another one of the parameters,
24 which is the number of contact tracers. So in the future as we
25 open the important issue will be following up on contacts if there
26 is an increase or a resurgence in COVID cases so that we can
27 isolate these cases rapidly and really protect those that are
28 vulnerable.

29
30 And the last thing I'll say is that we are following very
31 carefully, there was initial thought that children were not as
32 vulnerable. But there appears to be a condition that we're seeing
33 that's delayed, which is this pediatric multi-system inflammatory
34 disease, which appears like Kawasaki's, which is an autoimmune
35 condition where a child's immune system can become activated and
36 sort of attack their organs, in particularly their blood vessels,
37 their vascular system, and this is something we're looking very
38 carefully at.

39
40 So again, COVID touches everyone and there's still a lot that we
41 have to learn, but I do appreciate the Department of Health and
42 this Legislature and Administration doing everything we can to keep
43 the public safe. So thank you, Mr. Presiding Officer, for that
44 opportunity.

45
46 **P.O. CALARCO:**

47 Thank you, Legislator Spencer. That's very informative. Does
48 anybody have any questions of Legislator Spencer on the issue?
49 Yep, Legislator Hahn? You're raising your hand?

50
51 **D.P.O. HAHN:**

52 Doc, I just want to -- yeah, I think that we should also mention
53 for anybody listening at home that we are helping to hire people
54 and train people as the contact tracers. We have links on the
55 website for, you know, people who would like to apply to be contact
56 tracers. There are several hundred jobs that will be available in

1 Suffolk County.

2
3 As the Doctor mentioned, contact tracing is an incredibly important
4 piece of what we are about to face as we go down the mountain.
5 Each new positive case we need to make sure that the rate of
6 transmission is less than one and so we need to quickly find those
7 who have been in contact with someone who tested positive and make
8 sure they are alerted to the fact that they were in contact with
9 and that they isolate so that we don't have a second wave here, and
10 contact tracing is a critical piece of that. We are hiring people
11 to do that in conjunction with Bloomberg and the State and I
12 thought it was Johns Hopkins University. So, you know, I'm sure
13 the Health Department can speak more to that point if they wanted
14 to.

15
16 **CHAIRMAN SPENCER:**

17 Thank you, Kara.

18
19 **P.O. CALARCO:**

20 Okay. Anybody else? Thank you, Legislator Hahn. And, thank you,
21 Legislator Spencer, for that update. I know you're kind of filling
22 in for our Health Commissioner to give us these updates at
23 committee so he can continue the important work he's doing and
24 responding to the crisis.

25
26 **CHAIRMAN SPENCER:**

27 Thank you.

28
29 **P.O. CALARCO:**

30 Okay. With that, we'll go into our agenda.

31
32 **Appointments**

33
34 We have one appointing resolution, *IR 1011(-2020) - Reappointing*
35 *member to the Suffolk County Board of Health (Steven L. Dewey)*
36 *(Spencer)*.

37
38 **CHAIRMAN SPENCER:**

39 Motion to table.

40
41 **P.O. CALARCO:**

42 Motion to table by Legislator Spencer.

43
44 **LEG. KENNEDY:**

45 Second.

46
47 **P.O. CALARCO:**

48 Second by Legislator Kennedy. Anybody on the issue? Okay, motion
49 -- roll call on the tabling motion.

50
51 *(*Roll Called by Ms. Ellis - Clerk of the Legislature*)*

52
53 **CHAIRMAN SPENCER:**

54 Yes.

1 LEG. KENNEDY:

2 Yes.

3

4 LEG. SUNDERMAN:

5 Yes.

6

7 D.P.O. HAHN:

8 Yes.

9

10 LEG. DONNELLY:

11 Yes.

12

13 P.O. CALARCO:

14 Yes.

15

16 MS. ELLIS:

17 *Six.*

18

19 P.O. CALARCO:

20 Okay, it is tabled.

21

22 Before we move on, I neglected -- we have Jen Culp with us today.
23 She wanted to join us to inform us about a Local Law 40 that is
24 coming over as a grant for next week. Ms. Culp? Jen, can you hear
25 us?

26

27 MS. CULP:

28 Hi. Good afternoon, everyone. Hope you're well. Yes. Can you
29 not hear me?

30

31 P.O. CALARCO:

32 Nope, we can hear you. Go ahead. I was informed you wanted to
33 tell us about a Local Law 40, a grant that's coming over next week.

34

35 MS. CULP:

36 Okay. Can you hear me?

37

38 P.O. CALARCO:

39 Go ahead, Jen. Yes, go ahead.

40

41 MS. CULP:

42 Yes, okay. Hi, everyone. So we -- the department -- can you hear
43 me?

44

45 P.O. CALARCO:

46 Go ahead, Ms. Culp.

47

48 MS. CULP:

49 Okay. The department has received an award from -- okay.

50

51 P.O. CALARCO:

52 We can hear you.

53

54 MS. CULP:

55 Can you hear me? Okay. The department has received an award
56 through New York State Department of Health. This is part of the

1 contact tracing initiative that I'm sure you have all heard about
2 through Vital Strategies Bloomberg Initiative. Suffolk County and
3 Westchester County have been selected to pilot this initiative.
4 The funds are meant to accelerate and support us over the next year
5 as we continue to focus on COVID-19 and, you know, getting our
6 numbers down and hopefully away.

7
8 So the funds will be coming through HRI, which is the contract
9 funding kind of branch of New York State Department of Health.
10 They are a community-based organization. And the way they are
11 doing this is they are amending our existing Public Health
12 Emergency Preparedness Grant that we have for HRI for New York
13 State Department of Health, and we will be accepting an amount of
14 around of \$380,000 for other than personnel services for -- through
15 May of this year through May of 2021. And these services will do
16 several things.

17
18 So one, we will be able to contract with IT support to assist us as
19 we respond to COVID-19 through technology. These funds will allow
20 us to have some bridge funding for some wraparound services for our
21 residents who will be, you know, continuing to be in isolation if
22 they test positive or quarantine if they're a contact of a case.
23 So these supplies are, you know, are food, are masks, thermometers.
24 If they are in need of a cell phone, you know, we're going to
25 purchase some burner type phones so that we can communicate daily
26 with individuals.

27
28 We will then also be partnering with probably HRHCare to provide
29 telemedicine services. So again, this was for folks who are on
30 isolation because they tested positive or under quarantine, so they
31 were a close contact, to give any medical services. And if they
32 don't have insurance and they're without a primary care doctor,
33 we'll be able to connect them to telemedicine services as
34 appropriate. So this will help us keep them isolated and
35 quarantined, not visiting an emergency room or urgent care.

36
37 And these funds will also support a public health and education
38 campaign. So we envision using data to help drive our campaigns,
39 to have targeted campaigns in communities that might be seeing, you
40 know, an uptick. We can target it to popular activities on Long
41 Island to make sure people are, you know, doing things safely.
42 Also, employers that we're seeing that might need a little help and
43 then some overall public health awareness campaign to make sure our
44 residents know the work we're doing, they're reminded of ways to
45 keep themselves safe and to keep them, you know, aware of the
46 department and the activities we have going on.

47
48 And then the second part of this grant is staffing. So while the
49 funds aren't coming to us the department will be working with six
50 full-time staff. So these are staff that we have worked in
51 collaboration with HRI, New York State Department of Health and
52 Vital Strategies to determine the types of positions we would need
53 to help support these ongoing initiatives over the year. So there
54 are six staff that will be hired by HRI. They will be full-time
55 employees. They know that it's for a year and -- but they will be
56 on-site with us in Great River and then working side by side

1 helping us respond to and manage this event.

2
3 **P.O. CALARCO:**

4 Okay, thank you, Ms. Culp. Does anybody have any questions?
5 Seeing none, thank you, Ms. Culp, for joining us today and
6 providing that information for Tuesday's meeting. Okay, guys --

7
8 **MS. CULP:**

9 No problem.

10
11 **P.O. CALARCO:**

12 -- we are going to go our agenda now.

13
14 ***Tabled Resolution 1066(-2020) - Adopting Local Law No. -2020, A***
15 ***Local Law to update the County's smoking regulations in multiple***
16 ***dwelling units (Cilmi).***

17
18 **LEG. SUNDERMAN:**

19 Motion to table.

20
21 **P.O. CALARCO:**

22 Motion to table by Legislator Sunderman.

23
24 **LEG. KENNEDY:**

25 Second.

26
27 **P.O. CALARCO:**

28 Second by Legislator Kennedy. Anybody on the issue? Roll call on
29 tabling motion.

30
31 *(*Roll Called by Ms. Ellis - Clerk of the Legislature*)*

32
33 **LEG. SUNDERMAN:**

34 Yes.

35
36 **LEG. KENNEDY:**

37 Yes.

38
39 **CHAIRMAN SPENCER:**

40 Yes.

41
42 **D.P.O. HAHN:**

43 Yes.

44
45 **LEG. DONNELLY:**

46 Yes to table.

47
48 **P.O. CALARCO:**

49 Yes.

50
51 **MS. ELLIS:**

52 *Six.*

53
54 **P.O. CALARCO:**

55 It is tabled.

1 *IR 1252(-2020) - Adopting Local Law No. -2020, A Local Law to*
2 *prohibit the feeding of wild animals in Suffolk County (Cilmi).*

3
4 **CHAIRMAN SPENCER:**
5 Did you miss one?

6
7 **MS. SIMPSON:**
8 The Public Hearing was recessed.

9
10 **P.O. CALARCO:**
11 The Public Hearing has been recessed. Legislator Spencer is making
12 a motion to table for Public Hearing, second by Legislator
13 Donnelly. Anybody on the issue? Roll call.

14
15 *(*Roll Called by Ms. Ellis - Clerk of the Legislature*)*

16
17 **CHAIRMAN SPENCER:**
18 Yes.

19
20 **LEG. DONNELLY:**
21 Yes.

22
23 **LEG. KENNEDY:**
24 Yes.

25
26 **LEG. SUNDERMAN:**
27 Yes.

28
29 **D.P.O. HAHN:**
30 Yes.

31
32 **P.O. CALARCO:**
33 Yes.

34
35 **MS. ELLIS:**
36 *Six.*

37
38 **P.O. CALARCO:**
39 Okay, it is tabled. IR 1318 --

40
41 **CHAIRMAN SPENCER:**
42 Mr. Presiding Officer.

43
44 **P.O. CALARCO:**
45 Legislator Spencer, go ahead. Yes, go ahead.

46
47 **CHAIRMAN SPENCER:**
48 I just was double-checking. There were two smoking resolutions
49 that were in the Tabled. We did one; did we do both of them?

50
51 **P.O. CALARCO:**
52 Legislator Gonzalez' version is on the floor for the full
53 Leg meeting.

54
55 **CHAIRMAN SPENCER:**
56 I see. Okay, thank you.

1 **P.O. CALARCO:**

2 You're welcome.

3
4 All right, *IR 1318(-2020) - Adopting Local Law No. -2020, A Local*
5 *Law to require any store with a pharmacy to post notices about*
6 *asthma inhalers in Suffolk County (Berland)*. Who wants to make the
7 motion?
8

9 **CHAIRMAN SPENCER:**

10 I'll make a motion to approve.

11
12 **P.O. CALARCO:**

13 Motion by Legislator Spencer.

14
15 **D.P.O. HAHN:**

16 Second.

17
18 **P.O. CALARCO:**

19 Second by Legislator Hahn. Anybody on the motion? Seeing none,
20 I've got a motion and a second to approve. Oh, Legislator Kennedy
21 put her hand up; go ahead, Legislator Kennedy.
22

23 **LEG. KENNEDY:**

24 There has been a lot of correspondence back and forth on this one.
25 I just want to assure, and I'm sure Susan is here and she's going
26 to back this up, that this is nothing to degrade the job that
27 pharmacists do. Pharmacists do an excellent job during the process
28 of medication of a prescription being written. It's explained by a
29 doctor, it's explained by a nurse, it's explained by a pharmacist.
30 It's explained by a whole myriad of people, by New York State Law,
31 and nobody wants to take that away. We value what every single one
32 does. The more the merrier. A visual will help. It's not perfect
33 but it prevents mostly children from deadly errors.
34

35 So I still 99% support this. If there's a way later down the line
36 we can squeeze a generic in there, but the names of the drugs
37 remain the same for the most part. So I think it's a great bill.
38 That's why I cosponsored. Thanks.
39

40 **P.O. CALARCO:**

41 Okay. Thank you, Legislator Kennedy. Legislator Hahn.
42

43 **D.P.O. HAHN:**

44 Oh, am I -- I thought I was muted, sorry. Thank you. Yes, I, too,
45 have received a number of pieces of correspondence via e-mail,
46 phone calls about this, which I had weighed very carefully. You
47 know, there are a number of points in their correspondence, you
48 know, about the industry being heavily regulated, about patients
49 are not visiting pharmacists -- pharmacies right now, patients are
50 in a hurry. You know, that I think that it's pretty clear that
51 there's a problem that's been identified here, and I think we all
52 know that many times we come -- we find problems. That's, you
53 know, part of why I love this job and being a Legislator and why
54 the Suffolk County Legislature is so well respected is we really do
55 solve problems.
56

1 Many times, however, there's a problem that needs to be solved and
2 the perfect solution cannot be met at the County level. We may not
3 have the authority to go as far as we would want to go. We may
4 need to tell the pharmacists what they have to do, but they'll have
5 the authority to do that if they have to -- in terms of the
6 interaction or in terms of making sure that on the packaging
7 something, like it said, that's different than already. Where our
8 authority begins and ends is limited.

9
10 So sometimes there's a solution that is not perfect and this may
11 fall into that category as not a perfect solution. However, I
12 firmly believe it moves the needle in the right direction. I
13 firmly believe that signage, depending on the population you're
14 dealing with, visuals are very helpful. And so I think that in --
15 I think that it's very important we move this forward, especially
16 now when asthma is one of the contributing factors with COVID-19,
17 possibly being a worse reaction.

18
19 And so I think that this is important that we pass this now and I
20 think that we're taking a step in the right direction, and often
21 when Suffolk County does that we do push the State to act if it
22 does need to act more. And so I support this bill and, you know, I
23 look forward to it being implemented. Thank you.

24
25 **P.O. CALARCO:**

26 Thank you, Legislator Hahn. Legislator Berland.

27
28 **LEG. BERLAND:**

29 Thank you, Mr. Chair. All right, a couple of points I just want to
30 make clear to everyone because I think, you know, we're all getting
31 letters, and I've had conversations with three people from the Long
32 Island Pharmacy Association. One of their points in particular --
33 well, first let me backtrack and then piggyback on something
34 Legislator Kennedy said, that the resolution does not intend to
35 replace medication counseling by the pharmacist at all. You know,
36 the pharmacist is supposed to counsel the patient on how to use the
37 inhalers and that will continue. The poster, I see it as, you
38 know, could initiate a conversation. You know, if you know you're
39 picking up your inhalers, this is the first time you're having it,
40 and you're like oh, look there's a poster here; oh, look, there's
41 differences between things and you can get more education by doing
42 that.

43
44 You know, and oftentimes, you know, when we're being told about our
45 medications, whether it's for ourselves or for our children, we're
46 not always listening, you know, and we're concerned about our kids
47 or we're concerned about ourselves. We have a health issue we're
48 dealing with at that point so you might not be listening to
49 everything. But taking the time and if there's a poster there and
50 you look at it, you know, it can refresh your recollection when you
51 get home.

52
53 There is a -- there was an article published in 2015 about health
54 literacy and primary care practice, and more than a third of
55 American adults, you know, have limited health literacy. So it's a
56 problem with poor outcomes, so visuals and graphs and pictures are

1 something that's very important, and a lot of advocacy
2 organizations have recognized, you know, that you could have bad
3 outcomes if you don't understand your medication and pictures often
4 help.

5
6 There was a point that the letter said that this is being sponsored
7 by pharmaceutical companies. Nothing could be further from the
8 truth, and I told them that, and I said, "So how can I fix that for
9 you?" So we took off all the names of the -- because each of the
10 pictures had a name underneath it. Everybody is getting a new
11 poster e-mailed to them, so all the names underneath the pictures
12 have been removed. There's a tag line on the top which also says
13 it's available in the other two languages, which now say generic
14 versions of the drugs are also, you know, may also be dispensed.

15
16 But what happened was that the medications on the posters were
17 chosen by the American Lung Association in concert with their
18 Scientific Advisory Board and prescribers and providers, because
19 these are the most frequently prescribed and covered medications.
20 So the National Institute of Health's Asthma Guidelines lists all
21 of these as well. So what happened was that we got the images on
22 the poster. They're owned by the Asthma and Allergy Network, not
23 any pharmaceutical company. This is a not-for-profit organization
24 with whom the Lung Association and the Asthma Coalition of Long
25 Island collaborates. The Lung Association requested the permission
26 to use the images from the Asthma and Allergy Network, who also
27 agreed they could be used as long as the poster was co-branded with
28 both of them, the Asthma and Allergy Network logo and the American
29 Lung Association. So these are supported by not-for-profits, not
30 by pharmaceutical companies in any way, shape or form.

31
32 And if you look at the letters there's, you know, an overwhelming
33 number of letters in support. There's six different physicians,
34 there's nurse practitioners, asthma educators, pediatric
35 pulmonologists, we have a Professor of Pediatric Medicine in Stony
36 Brook, there are nurses, Masters of Public Health people, another
37 asthma educator, a school principal. We also have a pharmacist, a
38 massage therapist and 12 concerned citizens.

39
40 So, you know, I am not looking to, you know, fight with the
41 pharmacy people. I'm not looking for a battle in any way. I'm
42 looking in this environment, in this time of year when asthma and
43 allergy symptoms are on the forefront, when everybody's dealing
44 with COVID symptoms which can mirror those allergy and asthma
45 symptoms and, you know, you're dealing with an emergency situation
46 where, you know, you may reach for the wrong inhaler and have a
47 terrible outcome.

48
49 That being said, any information and education that we can give to
50 supplement the great work that the pharmacists do I am an advocate
51 for and I hope you all will join with me in supporting this
52 resolution. Thank you.

53
54 **P.O. CALARCO:**

55 Okay. Thank you, Legislator Berland. Legislator Kennedy.

1 **LEG. KENNEDY:**

2 I think Susan said it all.

3
4 **P.O. CALARCO:**

5 All right, fantastic. Legislator Spencer.

6
7 **CHAIRMAN SPENCER:**

8 So my position on this bill as a Pediatric Airway Doctor was almost
9 a no-brainer, and I think that probably it's been confusing to the
10 sponsor because I've been one of the biggest, I think, (inaudible)
11 of the unintended consequences of this bill, and I wanted to share
12 that process. I mean, I had concerns with regards to all the
13 medical conditions that are out there, and are we setting a
14 precedent if we start posting on this one. I had a concern with
15 regards to some of the inequities when we look at Mom and Pop
16 pharmacies compared to some of the big chains, where there may be
17 less space and not the team to deal with the regulatory burden.
18 And I think that, you know, I've had some back and forth with the
19 sponsor and people have reached out to me.

20
21 And one thing that really kind of sealed it to make sure, because I
22 walk this line of being a physician but stepping out of that role
23 as a public official to look at the issues of government mandates
24 and unintended consequences, and there was one thing that I think
25 that I haven't heard. It's been alluded to, but what is unique
26 about this particular issue is that in all the things that we look
27 at in medicine, there are very few things that can be an immediate
28 threat to life. And when we look at any sort of emergency
29 intervention we talk about ABCs, A as being airway. And when we
30 look at children, I mean, there are situations where you can have
31 trauma, you can have, you know, bleeding issues or things that can
32 cause immediate loss of life, but the one thing in a child that's
33 medical that can cause immediate death is loss of airway. And
34 pediatric asthma -- and I have stories. I know stories of kids who
35 have gone into an asthmatic attack and they've had asthma but they
36 never had an asthma crisis. And during that crisis in a child that
37 is newly diagnosed where you have a parent that is reaching for
38 that inhaler, understanding how to use that inhaler is absolutely
39 essential. And you get it wrong, there is the potential that that
40 child can die.

41
42 And that's not an alarmist situation that when you talk about the
43 laryngospasm where literally the muscles in the airway close and
44 the vocal chords close, then getting that Albuterol inhaler and
45 having it administered properly, and having someone that's
46 confident. And somehow there's always the counseling that's done
47 by the doctor in the office, there's the paperwork that you get,
48 but when you're dealing with children and you're dealing with
49 parents that might be overwhelmed, inundated or just assume that
50 they know what they're doing, I realize that this legislation is
51 something that could really be essential in making a difference and
52 I'd like to thank the sponsor for it.

53
54 I do believe that whatever argument you could make about
55 inconvenience is literally trumped, you know, this is even more
56 important because someone that has potentially a progressive

1 life-threatening illness you still have time to act, but in an
2 asthma airway you have literally a couple of minutes before and so
3 this is essential. Great job, Susan, and that's why I made the
4 motion to support it.

5
6 **LEG. BERLAND:**

7 Thanks, Doc.

8
9 **P.O. CALARCO:**

10 Thanks, Legislator Spencer. Legislator Hahn.

11
12 **D.P.O. HAHN:**

13 Yeah, just one more thing that I forgot to mention earlier. The
14 Suffolk County Department of Health Public Health Nursing years ago
15 developed a comprehensive asthma health education materials packet
16 in conjunction with the Nassau-Suffolk Asthma Coalition. There's
17 printed stuff and computerized copies of and printed copies. You
18 know, if it's not being used it should also be revived for sure,
19 because it should be part of -- this poster should be part of,
20 obviously as already discussed, a comprehensive strategy of
21 education in these critical, you know, issue areas in medicine and
22 this is one of them, as the doctor so eloquently described to us,
23 why this is urgently important for patients to understand the
24 difference and to make sure that they don't get them mixed up.

25
26 When I read the text, however -- this is to the sponsor. When I
27 did read the text of the bill it sounded like the poster had not
28 been finalized. Is this poster finalized for this purpose or can,
29 you know, can it be altered? Can the language be altered slightly
30 to attract reader attention?

31
32 **LEG. BERLAND:**

33 Can I answer?

34
35 **P.O. CALARCO:**

36 Go ahead, Legislator Berland.

37
38 **LEG. BERLAND:**

39 Okay. There was a first version, which was approved by the Health
40 Commissioner, Dr. Pigott looked at it. And then when I got the
41 feedback from the pharmacists, like I said, I took off the names
42 and we put the disclaimer that there may be, you know, generic --
43 additional generic inhalers. You know, if anybody has any other
44 suggestions for the poster, you know, absolutely.

45
46 **D.P.O. HAHN:**

47 Yes. I guess then maybe my question is to Counsel, because the
48 legislation directs the department to come up with a -- I thought
49 it did unless I'm reading an older version.

50
51 **LEG. BERLAND:**

52 It does.

53
54 **D.P.O. HAHN:**

55 Right. So not attached like this is the final be-all end-all
56 poster. If there are ideas for improvement, like the heading, some

1 kind of header that maybe grabs attention better. Is that still
2 possible or would that mean we would have to come back?

3
4 **MS. SIMPSON:**

5 The way -- the way Section 4, the signage requirement, reads the
6 Department of Health will submit the sign once they've finalized it
7 to the Legislature via resolution for acceptance.

8
9 **LEG. BERLAND:**

10 They've signed off on the current version. If you have any other
11 suggestions or want to make any changes to it, you know.

12
13 **D.P.O. HAHN:**

14 But this legislation doesn't approve the sign at the same time.

15
16 **MS. SIMPSON:**

17 No, the sign would have to come via a regular resolution. So once
18 this is approved I believe it goes into effect immediately. We can
19 then put in a resolution approving the sign.

20
21 **D.P.O. HAHN:**

22 Okay.

23
24 **LEG. BERLAND:**

25 Is it a separate resolution to approve the sign?

26
27 **MS. SIMPSON:**

28 That's what Section 4-A says, yes.

29
30 **D.P.O. HAHN:**

31 That's how I read it, too.

32
33 **LEG. BERLAND:**

34 That's not what --

35
36 **MS. SIMPSON:**

37 That's how we've done most of the signage requirements and that's
38 how Section 4-A is drafted.

39
40 **LEG. BERLAND:**

41 Okay. That's news to me, everybody.

42
43 **P.O. CALARCO:**

44 Would you like to table the bill and make an amendment?

45
46 **LEG. BERLAND:**

47 Counsel, you're saying that if we pass this one that says we have
48 to create a sign that's okay, and then we got to come back again
49 and start from square one?

50
51 **MS. SIMPSON:**

52 It's not that you have to start from square one, it's that the sign
53 would have to be submitted to the Legislature as a separate -- as a
54 mere resolution, not a Local Law, but that resolution would just
55 say approving the design of the sign pursuant to this Local Law.
56 It's -- that the same type of language that we used when Legislator

1 Hahn did her dry cleaner bill and that's the language that was in
2 your draft since the beginning.

3
4 **LEG. BERLAND:**

5 So there's a second resolution that has to approve the --

6
7 **MS. SIMPSON:**

8 Yes, and the second resolution is just done within six months, so
9 that's approving this Local Law.

10
11 **LEG. BERLAND:**

12 Okay. Well, I clearly want to go forward with this so that we can
13 get it on the table for the next meeting, which I didn't think we
14 had to do, but okay.

15
16 **D.P.O. HAHN:**

17 So I wanted to -- the reason I brought it up was it didn't seem
18 like we all had that understanding and I read it, you know, I read
19 the legislation and it didn't sound to me like we were approving
20 the sign and that it was directing the department to develop the
21 sign. But then we -- you started, you know, talking about what was
22 on the sign and how you changed the sign, so I was confused, and
23 that's why I asked the question for clarity. And, yes, I would
24 recommend that, you know, you could drop on Tuesday's meeting the
25 resolution, you know, approving your sign.

26
27 **MS. SIMPSON:**

28 Yeah, I can draft that up and send it over to you, Legislator.

29
30 **CHAIRMAN SPENCER:**

31 You have the law and the pharmacies can look at it, and I think --
32 but you have the law done. And so, you know, I hope you move
33 forward with this now and not table it to do that. I think it's
34 the same difference but --

35
36 **LEG. BERLAND:**

37 Right.

38
39 **CHAIRMAN SPENCER:**

40 -- I think you get this accomplished.

41
42 **P.O. CALARCO:**

43 Okay. I still have a list here, folks. So Legislator Flotteron,
44 you were next.

45
46 **LEG. FLOTTERON:**

47 *(Inaudible)*

48
49 **P.O. CALARCO:**

50 Legislator Flotteron.

51
52 **CHAIRMAN SPENCER:**

53 You're muted.

54
55 **P.O. CALARCO:**

56 It's on the bottom left hand corner.

1 **LEG. FLOTTERON:**

2 Yeah. I'm sorry, my computer had a problem for a second. A
3 question to Doc Spencer because you know about writing
4 prescriptions. So I'm a little confused. You said in a time of
5 emergency you might grab the wrong inhaler; aren't they given a
6 prescription to one inhaler or they're given two inhalers most
7 people?
8

9 **CHAIRMAN SPENCER:**

10 They could have two, three inhalers even. There's nasal and oral
11 inhalers. There's different things. So there's smooth muscle
12 relaxers, which are like the Albuterol, and that's what's used in
13 like an acute situation. Then you have mast cell stabilizers that
14 can help like if there's an allergy sort of attack to help to block
15 that. Then you have your steroid preparation. So usually even --
16 whether I'm treating sinus stuff, I'm treating people with two,
17 three inhalers most of the time. And inhalers are like pills.
18 There's -- they have a lot of different functions.
19

20 **LEG. FLOTTERON:**

21 So a lot of times -- I'm saying sometimes you have two different
22 prescriptions for inhalers, one for acute situations and another
23 for daily maintenance? Is that what you're saying?
24

25 **CHAIRMAN SPENCER:**

26 Yes, and sometimes they'll be using two different inhalers on a
27 daily basis and one of those inhalers can be used during an acute
28 situation also. But all of the above, yes.
29

30 **LEG. FLOTTERON:**

31 And this is something you explain to the patient or the parents if
32 it's the child, when you're writing these prescriptions. Like
33 here's two different types, this is when you use them, and there's
34 supporting documentation when they pick up the inhaler, correct?
35

36 **CHAIRMAN SPENCER:**

37 I do, I do, and it's amazing. Like I literally have to tell people
38 stuff like four or five times. When you get a Mom that has like --
39 or a Dad, excuse me -- that has two or three children and
40 they're there, the baby's crying, they want to get out of the
41 office and I'm talking to them and they're saying yes, Doctor, yes,
42 I hear you, I understand. And they get out of there and sometimes
43 they call my office and they didn't hear a word I said and I felt
44 like I've said it four or five times.
45

46 **LEG. FLOTTERON:**

47 Now, I know when I pick up my prescriptions there's usually always,
48 again, an explanation or a chart, you know, nice chart. Shouldn't
49 this be really included with that handout which shows the different
50 inhalers and why and has that whole like warning or that this chart
51 is doing?
52

53 **CHAIRMAN SPENCER:**

54 Absolutely, it should be. And again, you know, I know there's an
55 argument about human accountability there, but it's sort of like
56 the car alarms in the 70's where you get the directions, you have

1 your receipt, you get the printout and it's got this is how you
2 use your inhaler and it has four or five pages that are stapled
3 together. And the pharmacist will say would you like counseling on
4 this? And most of the time the people are just like no, no, no,
5 no, no. So you really have a little window there, and this is what
6 struck me, where someone is sitting there waiting to pick up their
7 prescription, you're looking around and you're looking at the
8 different posters, and sometimes that little difference where you
9 make an inquiry. So that's my thought process as I considered
10 this. So I hope that -- that's why I think there may be some
11 benefit.

12
13 **LEG. FLOTTERON:**

14 Okay, thank you.

15
16 **CHAIRMAN SPENCER:**

17 Thank you.

18
19 **P.O. CALARCO:**

20 Okay, Legislator Richberg.

21
22 **LEG. RICHBERG:**

23 Doc, you actually took my example. Susan and I had a conversation
24 earlier this week and I used that same example where if I'm at the
25 doctor with my two sons, or even years ago when I was with the
26 doctor with my grandfather, you know, holding him, making sure he
27 does what he's supposed to do and listening and trying to get the
28 doctor's prescriptions and information on all of what we have to do
29 is very, very difficult. And I think if we can, especially in this
30 case as somebody who almost died, literally, 14 years ago from not
31 having the right prescription, I think if we can give more people
32 more information about this at the right time I think it's great.
33 I'm definitely in support.

34
35 **CHAIRMAN SPENCER:**

36 Presiding Officer, I know you have a list, I apologize. My name
37 was evoked. One thing that I'll share with you as a Doctor, and
38 I've been in practice for 20 years, I have 40,000 patients. I
39 can't tell you the number of people that swallowed the suppository,
40 and I'll leave it at that.

41
42 (**Laughter**)

43
44 They say God, that pill tasted really awful, Doc. People -- when
45 you deal with humankind it is amazing, and I've just become someone
46 that is just very respectful of the human frailties.

47
48 **P.O. CALARCO:**

49 Thank you for that image, Legislator Spencer. Legislator Berland.

50
51 **LEG. BERLAND:**

52 Yeah, on that note (*laughter*).

53
54 I just wanted to address Legislator Flotteron, that when you put
55 something in with the medication, whether that be like in the
56 package or anything, that has to come from the State. And what I,

1 you know, think is the best thing to do, frankly, which isn't done,
2 is regulate it from the point of production and take a sticker and
3 put, you know, emergency sticker on the emergency inhalers when
4 they're made from the factories, but that's got to be the Federal
5 Government regulating that. That's part of the problem. If we can
6 just, you know, even if you put a sticker on the outside of the
7 box, from the point of the pharmacist that doesn't help because you
8 take it out of the box and then it doesn't have it. There should
9 be, I think, Federal consistencies between them, and that's why if
10 this can just, you know, start a conversation with people who may
11 or may not have a conversation with their pharmacist at that time.
12 You know, they can look and say oh, which one is mine, you know,
13 and not make a serious, life-altering mistake. I think it's all
14 positive. So that's it.

15
16 **P.O. CALARCO:**

17 Okay, Legislator Flotteron.

18
19 **LEG. FLOTTERON:**

20 Just a question with the language of the bill. So when signs
21 change, I'm verifying this with the attorney or Susan Berland, when
22 the signs have to be updated once a year, how will the pharmacists
23 know? You know, are they going to be getting an e-mail or a letter
24 like this is the new sign?

25
26 **MS. SIMPSON:**

27 That would be for the Department of Health Services to communicate
28 with them.

29
30 **D.P.O. HAHN:**

31 Yeah. It's like the dry cleaner one. It would be up to the Health
32 Department to send it out.

33
34 **LEG. FLOTTERON:**

35 Thank you.

36
37 **P.O. CALARCO:**

38 Okay. Anybody else?

39
40 **LEG. DONNELLY:**

41 Rob, I just got a statement.

42
43 **P.O. CALARCO:**

44 I'm sorry. Yeah, go ahead, Legislator Donnelly.

45
46 **LEG. DONNELLY:**

47 No sweat, no worries. So I know that the bill, you know, it's well
48 intended. I'm probably one of the few folks around the body that
49 actually has asthma, pretty severely. My lung capacity is only
50 like 70%. That's a direct result of my work at the World Trade
51 Center. So I take ProAir and Symbicort. I just know from my own
52 personal experience, I don't know that I would rely on a sign at a
53 pharmacy, as well intentioned as it is.

54
55 And the second component is we've all gotten letters from many of
56 the pharmacies, the Pharmacy Association, and the pharmacies

1 nationwide have really kind of become, you know, a lifesaver in the
2 community. They're doing antibody testing, they're doing COVID
3 testing. So if the Pharmaceutical Association isn't in agreement,
4 you know, with the bill in its current form, it just seems to me
5 not to be practical to try and move it forward. So no disrespect
6 to anybody, but I'm not going to be supporting this. Thank you.

7
8 **P.O. CALARCO:**

9 Thank you, Legislator Donnelly.

10
11 Okay. And I apologize, Legislator Donnelly. I think you had
12 notified me earlier you wanted to speak and I missed you. I
13 apologize for that. Anybody else?

14
15 **LEG. SUNDERMAN:**

16 Rob, can I just ask a question?

17
18 **P.O. CALARCO:**

19 Sure. Go ahead, Legislator Sunderman.

20
21 **LEG. SUNDERMAN:**

22 Has anybody walked into any pharmacies to see if the signs can go
23 up? I mean, I come from a regional manager and a district manager.
24 Has anybody walked into any of these pharmacies to see if the
25 signage can go up?

26
27 **P.O. CALARCO:**

28 Legislator Kennedy is raising her hand, Legislator Richberg. Does
29 anybody want to answer, respond, to the question?

30
31 **D.P.O. HAHN:**

32 What do you mean by can go up?

33
34 **LEG. SUNDERMAN:**

35 Well, the signage, if you've been in pharmacies, a lot of them have
36 a lot of signage up already about pricing and so forth and so on.
37 Do these signs fit in small of these small pharmacy locations, like
38 a local pharmacy and so forth. Is it possible for some of these
39 places?

40
41 **D.P.O. HAHN:**

42 I would imagine that each pharmacy has different white space
43 available. So there's certainly -- I'm sure you could pull out a
44 name of someplace or something that at the moment can't fit on
45 their back wall but, you know, there's usually space that can be
46 made, so I don't think they'd have to make that space.

47
48 **MS. SIMPSON:**

49 This also does allow them within eight feet of the pharmacy portion
50 of the store not -- it doesn't have to physically be right in the
51 pharmacy itself. It can be on one of the walls adjacent to the
52 pharmacy, so there should be some space in that respect.

53
54 **P.O. CALARCO:**

55 Okay. Legislator Kennedy.

56

1 **LEG. KENNEDY:**

2 I have four pharmacies that I know of. The front of the counter,
3 on the counter, the side wall, the back wall, so there's numerous
4 spots. They just have licenses up in the back that you can see
5 from the desk. I don't see it being a problem. This is not like
6 one that says it has to be on the desk.

7
8 **P.O. CALARCO:**

9 Okay. Legislator Berland.

10
11 **LEG. BERLAND:**

12 Yeah, and if you actually put a -- like a pin in the corner of it,
13 it can go a little on the sideways way. So, I mean, it doesn't
14 have to be, you know, like what is it, 11 1/2 by 14, it's a legal
15 piece of paper I think is what the measurement said, a legal size
16 piece of paper. You know, I don't think that that's, you know,
17 going to be a hardship for any, you know, location. I've never
18 seen a -- any of the pharmacies that I utilize all the time not
19 have any kind of wall space whatsoever. So I haven't heard that
20 one from any pharmacy, anybody yet, so. Doesn't mean it won't
21 happen before Tuesday.

22
23 *(*Laughter*)*

24
25 **P.O. CALARCO:**

26 Okay. Legislator Sunderman, did you get your answer?

27
28 **LEG. SUNDERMAN:**

29 Yeah, working in that field it's very hard to support this, because
30 people come in and signs get put up, taken down and then what
31 happens if a sign's not up. Is there a fine?

32
33 **LEG. BERLAND:**

34 Yeah, there is a -- this is complaint generated. It's not -- the
35 Department of Health is not going out and, you know, investigating
36 stores and saying, okay, well, who has what up? If somebody
37 complains that it's not up, then they'll contact them and they'll
38 say, you know, can you put it up? There is eventually a penalty
39 which, you know, all the resolutions have to have or people are not
40 going to, you know, no one's going to comply if there's no teeth to
41 it whatsoever, but it's complaint driven. It's so far down the
42 line, you know, if somebody's going to refuse to ever put it up,
43 you know, that they don't want to and they're told they have to,
44 then eventually. Sarah?

45
46 **MS. SIMPSON:**

47 The initial offense is \$100, and then 500 for subsequent, so it's
48 not like it's a huge, huge fine.

49
50 **LEG. SUNDERMAN:**

51 But enforced by who?

52
53 **MS. SIMPSON:**

54 The Department of Health Services. There would be a hearing before
55 Health Services associated with this.

1 **LEG. SUNDERMAN:**
2 Okay, thank you.

3
4 **MS. SIMPSON:**
5 So, no fine would be issued until the hearing and the opportunity
6 to be heard was held.

7
8 **P.O. CALARCO:**
9 Okay.

10
11 **LEG. BERLAND:**
12 That's not the intention. The intention is not to fine anyone.
13 You know, it's really to get out more information and help people
14 who, you know, are not maybe as medically literate or, you know, or
15 concentrating to, you know, make the right choices and not pick the
16 wrong inhaler and, you know, make a life-threatening decision that
17 hopefully could have been avoided.

18
19 **LEG. SUNDERMAN:**
20 Yeah, I agree, but we have a pharmacist that you have consults
21 with.

22
23 **LEG. BERLAND:**
24 Correct, but not every -- you know, I want to give credit to
25 pharmacists who, you know, do the consult, but there are numerous
26 times when you walk into a pharmacy and the cashier says, you know,
27 by the way, do you want to talk to the pharmacist? So not
28 everybody is getting the consult that they should have. And, you
29 know, even if they're telling you this one is this one, and this
30 one is this one, if they're both packaged in bags and they come in
31 boxes. So you get a bag -- you get a box in a bag in one hand and
32 a box in a bag in the other hand. This is your emergency inhaler,
33 this is your regular inhaler. When you go home you're going to
34 have to open them up and look at them and you're going to have to
35 make sure that you're reading things and doing things and keeping
36 them separate. You may not get that. You're not actually looking
37 at the actual inhaler when you're talking to the pharmacist.
38 They're handing you two different bags.

39
40 **LEG. SUNDERMAN:**
41 Right, but you don't have the sign at home neither.

42
43 **LEG. BERLAND:**
44 Right, but you'll have the sign there and you can take a picture of
45 the sign and bring it home. Look at that. If there's no sign, you
46 can't take a picture of it, can you?

47
48 **P.O. CALARCO:**
49 Okay. Legislator Kennedy.

50
51 **LEG. KENNEDY:**
52 I just want to answer Rudy. Right in the bill I think it says
53 within eight feet of the pharmacy portion of the store, so you
54 don't even have to be in the pharmacy portion. It's within eight
55 feet to the pharmacy. That's pretty broad, Rudy, even if it's a
56 small Mom and Pop store.

1 **P.O. CALARCO:**

2 Okay? Legislator Hahn?

3
4 **D.P.O. HAHN:**

5 Yeah, I think and even if as Legislator Berland, the sponsor, you
6 know, clearly stated, even if they're handed two bags, two boxes,
7 the poster may just reinforce the idea that there are two separate,
8 distinct medications that have to be taken at separate times. And
9 because it's offered in this visual way it may help. You know,
10 sometimes people need to get information 10, 11 times before it
11 really sinks in, and so each new way that this information is
12 offered helps to reinforce it and helps them to remember the
13 importance of the information.

14
15 **P.O. CALARCO:**

16 Okay. I have nobody else on the list. Is there anybody else who
17 wants to speak? Seeing none, we have a motion and a second. Roll
18 call.

19
20 *(*Roll Called by Ms. Ellis - Clerk of the Legislature*)*

21
22 **CHAIRMAN SPENCER:**

23 Yes.

24
25 **D.P.O. HAHN:**

26 Yes.

27
28 **LEG. KENNEDY:**

29 Sorry about that, yes.

30
31 **LEG. SUNDERMAN:**

32 No.

33
34 **LEG. DONNELLY:**

35 No.

36
37 **P.O. CALARCO:**

38 Yes.

39
40 **MS. ELLIS:**

41 *Four.*

42
43 **P.O. CALARCO:**

44 Okay, it is approved.

45
46 ***Introductory Resolution IR 1347(-2020) - Adopting Local Law No.***
47 ***-2020, A Local Law requiring animal shelters and rescues to provide***
48 ***an animal's behavioral history prior to adoption (Gonzalez).*** This
49 needs to be tabled for a public hearing, so I'm going to make that
50 motion. Seconded by Legislator Spencer. Anybody on the issue?
51 Roll call.

52
53 *(*Roll Called by Ms. Ellis - Clerk of the Legislature*)*

54
55 **P.O. CALARCO:**

56 Yes.

1 CHAIRMAN SPENCER:

2 Yes.

3

4 LEG. KENNEDY:

5 Yes.

6

7 LEG. SUNDERMAN:

8 Yes.

9

10 D.P.O. HAHN:

11 Yes.

12

13 LEG. DONNELLY:

14 Yes.

15

16 MS. ELLIS:

17 *Six.*

18

19 P.O. CALARCO:

20 Okay, it is tabled.

21

22 ***IR 1349(-2020) - Extending the deadline for the "Anti-Bullying Task***
23 ***Force" (Presiding Officer Calarco).*** I would like to make a motion
24 to approve.

25

26 CHAIRMAN SPENCER:

27 Second.

28

29 P.O. CALARCO:

30 Second by Legislator Spencer. Anybody on the issue? Roll call.

31

32 *(*Roll Called by Ms. Ellis - Clerk of the Legislature*)*

33

34 P.O. CALARCO:

35 Yes.

36

37 CHAIRMAN SPENCER:

38 Yes.

39

40 LEG. KENNEDY:

41 Yes.

42

43 LEG. SUNDERMAN:

44 Yes.

45

46 D.P.O. HAHN:

47 Yes.

48

49 LEG. DONNELLY:

50 Yes.

51

52 MS. ELLIS:

53 *Six.*

54

55 P.O. CALARCO:

56 ***IR 1373(-2020) - Requesting legislative approval of a contract***

1 **award for portable Radiology Services for the Department of Health**
2 **Services (County Executive).** Anybody want to make the motion?
3 I'll make the motion to approve, seconded by Legislator Donnelly.

4
5 **LEG. DONNELLY:**
6 I didn't second it.

7
8 **P.O. CALARCO:**
9 Were you the second?

10
11 **LEG. DONNELLY:**
12 No, but yeah.

13
14 **CHAIRMAN SPENCER:**
15 Second.

16
17 **P.O. CALARCO:**
18 All right, second by Legislator Spencer. I'm sorry, I apologize.
19 Anybody on the issue? Seeing none, roll call.

20
21 *(*Roll Called by Ms. Ellis - Clerk of the Legislature*)*

22
23 **P.O. CALARCO:**
24 Yes.

25
26 **CHAIRMAN SPENCER:**
27 Yes.

28
29 **LEG. KENNEDY:**
30 Yes.

31
32 **LEG. SUNDERMAN:**
33 Yes.

34
35 **D.P.O. HAHN:**
36 Yes.

37
38 **LEG. DONNELLY:**
39 Yes.

40
41 **MS. ELLIS:**
42 *Six.*

43
44 **P.O. CALARCO:**
45 **Okay. IR 1374(-2020) - Amending the 2020 Adopted Operating Budget**
46 **to accept and appropriate \$400,000 in additional 100% State Aid**
47 **from the New York State Office of Mental Health (NYS OMH) to Family**
48 **Service League for Crisis Stabilization Center Services (County**
49 **Executive).**

50
51 **LEG. KENNEDY:**
52 Motion.

53
54 **P.O. CALARCO:**
55 Motion by Legislator Kennedy.

1 **LEG. DONNELLY:**

2 Second.

3

4 **P.O. CALARCO:**

5 Second by Legislator Donnelly.

6

7 **D.P.O. HAHN:**

8 Can this be put on the Consent Calendar?

9

10 **P.O. CALARCO:**

11 This is a motion to place on the Consent Calendar.

12

13 **D.P.O. HAHN:**

14 Can it be?

15

16 **MS. SIMPSON:**

17 Yeah.

18

19 **D.P.O. HAHN:**

20 Okay.

21

22 **P.O. CALARCO:**

23 Anybody on the issue? Roll call.

24

25 *(*Roll Called by Ms. Ellis - Clerk of the Legislature*)*

26

27 **LEG. KENNEDY:**

28 Yes.

29

30 **LEG. DONNELLY:**

31 Yes.

32

33 **CHAIRMAN SPENCER:**

34 Yes.

35

36 **LEG. SUNDERMAN:**

37 Yes.

38

39 **D.P.O. HAHN:**

40 Yes.

41

42 **P.O. CALARCO:**

43 Yes.

44

45 **MS. ELLIS:**

46 *Six.*

47

48 **P.O. CALARCO:**

49 Okay, it is approved.

50

51 I have no other items on the agenda today. Dr. Spencer, do we have
52 anything else that I missed?

53

54 **CHAIRMAN SPENCER:**

55 Thank you, Mr. Presiding Officer, once again, for a great week with
56 the committees. I don't know how you do it. I did -- I got a

1 couple of texts on my phone from people that were saying that I
2 mentioned seven parameters, but then I didn't tell them what they
3 were. And I know the public should have that, so if -- it will
4 take me 30 seconds just to tell people what they are.

5
6 **D.P.O. HAHN:**

7 And remind them about the Dashboard, too.
8

9 **CHAIRMAN SPENCER:**

10 The Dashboard, yes. So the seven parameters to go to Phase I is a
11 14-day decline in hospitalizations are under 15 new
12 hospitalizations over a three-day average; a 14-day decline in
13 hospital deaths or fewer than five deaths, a three per day average;
14 new hospitalizations under two for 100,000 residents over a
15 three-day rolling average; share of hospital beds available has to
16 be over 30%; share of ICU beds available has to be over 30%. There
17 has to be testing that's equivalent to 30 for 1,000 residents
18 tested monthly, and there has to be at least 30 contact tracers for
19 100,000 residents.
20

21 So as of now Suffolk County, we are included with Nassau, so as a
22 region, but we've met four out of the seven parameters, but we're
23 closing in. We're very, very close on all of the parameters. So I
24 was asked to just give that information for those who may be
25 following this live stream.
26

27 **P.O. CALARCO:**

28 Thank you, Legislator Spencer. Okay, anybody else? With that,
29 thank you, everyone. We are adjourned and we'll see everyone on
30 Tuesday at four o'clock for our full meeting. Thank you.
31

32 *(*The meeting was adjourned a 3:01 p.m.*)*
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