

TUESDAY, APRIL 2, 2024

2:43 P.M.

ACTING SPEAKER AUBRY: The House will come to order.

Reverend Donna Elia will offer a prayer.

REVEREND DONNA ELIA: Let us pray. Holy and ever-loving God, Your energizing and loving spirit breathes upon this Body in this very moment. We are grateful for Your presence and for the gift of this day and the responsibility of public service. Renew the commitment of all gathered to public service, and to finding a way to take Your wise guidance as they seek to solve problems and build bridges and work together in collaboration. Do not let anyone's work be taken for granted, but give courage to all, legislators and staff, for the work at hand. Empower the Body to develop as fair and just a budget as possible. When they struggle to find common ground, show them a way forward. Increase their listening skills and empower those

for whom speaking comes less easily. Help them also to hear the voices of all constituents, including those who are marginalized. Strengthen all our communities and our entire State, and pour out a large measure of courage, patience and energy. For those who feel unwell, may they experience Your healing power. If there are any who grieve, bring comfort. Bless their families and loved ones. And we pray for people throughout the world who face any kind of tragedy, conflict, or war. Do not let us grow weary in the pursuit of peace and justice. In Your Holy Name we ask it, Amen.

MEMBERS: Amen.

ACTING SPEAKER AUBRY: Visitors are invited to join the members in the Pledge of Allegiance.

(Whereupon, Acting Speaker Aubry led visitors and members in the Pledge of Allegiance.)

A quorum being present, the Clerk will read the Journal of Monday, April 1st.

Mrs. Peoples-Stokes.

MRS. PEOPLES-STOKES: Mr. Speaker, I move to dispense with the further reading of the Journal of Monday, April the 1st and that the same stand approved.

ACTING SPEAKER AUBRY: Without objection, so ordered.

Mrs. Peoples-Stokes.

MRS. PEOPLES-STOKES: Thank you, sir. I have this quote I was compelled to share after I read an e-mail from a

colleague over the weekend, as well as just from our last discussion that we had on the floor regarding these issues. These words today are from Dorothy Height, who was an African-American Civil Rights leader, and she was the chairperson of the National Association of Negro Women for, like, decades prior to her decede -- transition. Her words for us today, *There is no contradiction between effective law enforcement and respect for civil and human rights*. Again, there's no contradiction between effective law enforcement and respect for civil and human rights.

With that, Mr. Speaker, I will say that our colleagues have on their desk a main Calendar, it has seven new bills on it. We also have a debate list. And after you have done introductions and/or housekeeping, we're gonna begin our work with Resolutions on Page 3, followed by consenting the new bills which begin with Calendar No. 382, it's on Page 4. And then we're gonna take up the following bills on debate, starting with Calendar No. 47 by Ms. Simon, followed by Calendar No. 189 by Ms. Rajkumar, and Calendar No. 17 by Ms. Paulin. There is a good likelihood that there will be additional floor work, but -- and there could possibly be conference needs.

But right now, Mr. Speaker, that is a outline of where we're going today. If you have those introductions and housekeeping, now would be a great time, sir. Thank you very much.

ACTING SPEAKER AUBRY: One piece of housekeeping, Mrs. Peoples-Stokes.

On a motion by Ms. Glick, Page 27, Calendar No.

307, Bill No. A04003, amendments are received and adopted.

For the purposes of a introduction, Mr. Santabarbara.

MR. SANTABARBARA: Thank you, Mr. Speaker.

Today I rise to introduce a distinguished guest from the City of Schenectady in my Assembly District. The Miss New York Pageant showcases the remarkable talents and dedication of women across our great State. Among these shining stars is Rubena Budhu. She's here from the City of Schenectady with her family. She holds titles of Miss Electric City and Miss Schenectady. Her journey through the highly-competitive Miss U.S.A. New York Pageant in 2023 captured the hearts and minds of many. Hailing from the vibrant Guyanese community in the City of Schenectady, she radiates resilience, cultural richness, and a profound commitment to serving others. Her participation in the pageant not only exemplifies her personal achievements, but also highlights her role as a cultural ambassador, enriching the diverse tapestry of our local community.

Through her journey, she has embraced the values of self-improvement and progress, embodying a model that inspires others to strive for excellence. Her diverse array of talents ranging from ballet to Bollywood dancing, from acting to playing the harmonium reflects her boundless creativity and passion for the arts. Beyond her artistic endeavors, she's deeply engaged in community service, giving back and fostering a sense of unity among her peers. With a Masters in Business Administration from Empire State University, she stands as a testament to the power of education and

determination in shaping one's destiny.

She's here today along with her mother, Mala, her father, Dino, and brother, Sanjay.

Mr. Speaker, it is with great honor and admiration I ask you to welcome them to the Assembly Chamber and extend to them all the cordialities of the House.

ACTING SPEAKER AUBRY: Certainly. On behalf of Mr. Santabarbara, the Speaker and all the members, we welcome you here to the New York State Assembly. We extend to you the privileges of the family [sic]. We hope that you and your family will enjoy this visit. We know that you deserve the accolades that you have received, and I'm sure that your future will be bright, and we will follow your star. Thank you so very much for being here.

(Applause)

Ms. Lunsford for the purposes of a introduction.

MS. LUNSFORD: Thank you very much, Mr. Speaker. Today, I'd like to introduce my student shadow for the day, Hailey Cook. She hails from Fairport where she attends Fairport High School, she is a senior this year. Ms. Cook serves as the Student Advisor on the Fairport Village Board, and she is a board member on Senator Samra Brouk's Youth Mental Health Board. She also has a number of other leadership positions both in school and in our community. Next year, she will be attending American University where she will study political science. And, Mr. Speaker, if you would please extend to her the privileges of the floor.

ACTING SPEAKER AUBRY: Certainly. On behalf of Ms. Lunsford, the Speaker and all the members, we welcome you here to the New York State Assembly, extend to you the privileges of the floor. Thank you for spending this time and shadowing Ms. Lunsford, also for sharing your time with us here in the New York State Assembly. Please take all our success and congratulations with you. Thank you so very much.

(Applause)

Ms. Paulin for the purposes of a introduction.

MS. PAULIN: Thank you, Mr. Speaker. I am very proud today to have a group from Eastchester High School, the Political Science Club, and their teacher/advisors who have come up today to learn about State government, what we do. They've already had a wonderful tour of the Capitol, have met with our -- the Senator who also represents the high school, and they're here today to learn about our House and -- and what we do.

So I would love for you to extend the cordialities of the New York Assembly to -- to the students of Eastchester High School.

ACTING SPEAKER AUBRY: Certainly. On behalf of Ms. Paulin, the Speaker and all the members, we welcome you here to the New York State Assembly, extend to you the privileges of the floor. Thank you for taking this time to come and visit us. Hope that your interest and intrigue in the New York State Assembly will be sparked for greater and more political activity later in your life.

Please know that you are always welcome here. Thank you for joining us.

(Applause)

Let's go to Resolutions on Page 3, the Clerk will read.

THE CLERK: Assembly Resolution No. 1054, Mr. Cunningham.

Legislative Resolution memorializing Governor Kathy Hochul to proclaim February 5-9, 2024, as Pride in Foodservice Week in the State of New York.

ACTING SPEAKER AUBRY: On the resolution, all those in favor signify by saying aye; opposed, no. The resolution is adopted.

THE CLERK: Assembly Resolution No. 1055, Mr. Santabarbara.

Legislative Resolution memorializing Governor Kathy Hochul to proclaim April 2024, as Autism Acceptance Month in the State of New York.

ACTING SPEAKER AUBRY: Mr. Santabarbara on the resolution.

MR. SANTABARBARA: Thank you, Mr. Speaker. I rise to speak on this resolution today as it has significant importance to so many families in New York State and across the country. It also has a personal connection to me and my family. My son, Michael, who's been in the Chamber many times and he will be in the Chamber for our Autism Action Day later this month, when he was just

three years old my wife and I realized that he wasn't learning like other kids and we discovered that it was -- he was affected by autism. And as parents, we learned the very first step in raising a child with autism is to realize that they're perfect as they are. The latest study shows that 1 in 36 children in the United States are affected by autism, up from the previous rate of 1 in 44. In the United States, about 4 in 100 boys and 1 in 100 girls have autism. That's a significant increase over the years, and millions of people are affected. It's the fastest-growing developmental disability in the United States.

Despite the prevalence of autism over the years, there was also a stigma associated with it to many who were unfamiliar with the challenges and simply didn't know the best way to approach the topic. In the early '70s, the Autism Society of America began a nationwide Autism Awareness Month campaign. That was later adopted by Congress in 1984 and strengthened by the familiar Autism Awareness ribbon. And the goal of Autism Awareness Month was to promote awareness and to help assure that those affected by autism could achieve the highest possible quality of life, which has now evolved into what we see before us here in this resolution, Autism Acceptance Month, to continue those efforts to spread awareness, but go one step further to promote acceptance and change.

Autism poses unique challenges to those affected, and that's why days like today are so important. To highlight our accomplishments here in this Chamber so far to create a more inclusive and welcoming community, the bills we passed, the funding

we have provided, and work that we have yet left to do. We must ensure that kids with special needs and people with disabilities are never left behind. It's our collective voice that ensures New Yorkers with autism have a seat at the table and the tools they need to help them achieve the American Dream. This resolution continue -- continues those efforts to build better awareness of the signs, symptoms and realities of autism, to provide information and resources for our community and to promote acceptance and be more inclusive in everyday life.

So I'm proud to be able to bring this -- this resolution forward and I courage -- encourage all my colleagues to support it. Thank you, Mr. Speaker, for the opportunity to speak on this important resolution.

ACTING SPEAKER AUBRY: Thank you, sir.

Ms. Seawright on the resolution.

MS. SEAWRIGHT: Thank you, Mr. Speaker. I rise to support this resolution memorializing Governor Hochul to proclaim April as Autism Acceptance Month, and to thank the sponsor of this resolution. As Chair of the People with Disabilities Committee, I'm pleased to support this. Autism Spectrum Disorder is a common developmental disorder that can result in a variety of social and behavioral symptoms. As you heard from the sponsor, 1 in 36 children in the United States is estimated to be diagnosed with autism; yet, autism is still a disorder that is commonly stigmatized in society. The widespread misinformation and societal condemnation of autism

have only increased the hardships that these individuals face. Through poor media representation, lack of formal education and inadequate support, autism stigmatization runs rampant in our society. Only through increased support and awareness can we combat this. Girls are more likely to be misdiagnosed than men, even though boys are four times as likely to receive autism diagnosis despite being only three times more likely to have autism. This often results in females with autism not receiving the proper care and treatment which can impact their education, employment, interpersonal relationships and their future.

So as Chair of this Committee, I strongly support the acceptance of all variants of autism regardless of their gender, ability, and neurological differences. I proudly cast my vote in the affirmative. Thank you, Mr. Speaker.

ACTING SPEAKER AUBRY: Thank you.

Ms. Walsh on the resolution.

MS. WALSH: Thank you, Mr. Speaker. I want to thank the sponsor for bringing forward this resolution again this year. As many of you know, I have a son who is on the autism spectrum. And, you know, one of the things that's really interesting about a lot of young people with autism is they can have very intense interests, and I know that from the time that my son was very young. And those interests have changed a little bit, he loved trains when he was a very little boy, loved to line them up, he knew all their names, he knew the different -- the different train companies and carriers. And so we fed

into that interest. As he got to be about nine or ten years old, he got really fascinated with fire towers, and so we started to hike some of the area of mountains that had fire towers on them. And it included a trip up to Blue Mountain Lake where they have a formerly-used fire tower from Blue Mountain Lake that's on display.

So I -- I want to thank the sponsor for bringing the resolution forward. My point really in speaking this year about it is to talk about how sometimes those really intense interests can lead to some really amazing things. And this year, my son has published his first book. He wrote a book, it's called *Climbing to New Heights*. He hiked every Adirondack fire tower mountain, and he hiked every mountain in the Catskills that had a fire tower on it. He journaled every single time that he climbs, the weather, the conditions, who he met on the trail, he took a million photographs and he created this book. And I just think it's just not only am I proud as his mother to tell you about that, but I also just want to give a sense of encouragement to a lot of families who have kids on the spectrum that your kids will continue to surprise you. They will continue to do things that maybe when they were three or four you never thought or imagined that they could do. So I am a very proud parent. I'm also very proud to be a sponsor of this Autism Acceptance Month celebration and resolution.

Thank you very much, Mr. Speaker.

ACTING SPEAKER AUBRY: Thank you.

On the resolution, all those in favor signify by saying

aye; opposed, no. The resolution is adopted.

THE CLERK: Assembly Resolution No. 1056, Mr. Rivera.

Legislative Resolution memorializing Governor Kathy Hochul to proclaim August 11-17, 2024, as Puerto Rican Heritage Week in the State of New York.

ACTING SPEAKER AUBRY: On the resolution, all those in favor signify by saying aye; opposed, no. The resolution is adopted.

THE CLERK: Assembly Resolution No. 1057, Ms. Buttenschon.

Legislative Resolution memorializing Governor Kathy Hochul to proclaim September 2024, as Brain Aneurysm Awareness Month in the State of New York.

ACTING SPEAKER AUBRY: On the resolution, all those in favor signify by saying aye; opposed, no. The resolution is adopted.

THE CLERK: Assembly Resolution No. 1058, Mr. Jensen.

Legislative Resolution memorializing Governor Kathy Hochul to proclaim October 6, 2024, as Danish American Heritage Day in the State of New York.

ACTING SPEAKER AUBRY: On the resolution, all those in favor signify by saying aye; opposed, no. The resolution is adopted.

We'll go to Page 4, Rules Report [sic] No. 382, the Clerk will read.

THE CLERK: Assembly No. A07091, Rules Report -- Calendar No. 382, Simon, Woerner, McDonald, Epstein, Santabarbara, Colton, Jean-Pierre, Lucas, Reyes, Glick, Aubry, Gunther, Sayegh, Gallahan, Lemondes, Cunningham. An act to amend the Public Authorities Law, in relation to requiring electric vehicle charging stations and electric vehicle capable parking spaces to accommodate wheelchair-accessible electric vehicles.

ACTING SPEAKER AUBRY: Read the last section.

THE CLERK: This act shall take effect on the 60th day.

ACTING SPEAKER AUBRY: The Clerk will record the vote.

(The Clerk recorded the vote.)

Are there any other votes? Announce the results.

(The Clerk announced the results.)

The bill is passed.

THE CLERK: Assembly No. A08275-A, Calendar No. 383, Berger, Thiele, Hevesi, Anderson, Zaccaro, Sillitti, Fall, Darling. An act to amend the Vehicle and Traffic Law, in relation to requiring distribution of information in the prelicensing course on how to register as an organ and tissue donor.

ACTING SPEAKER AUBRY: Read the last section.

THE CLERK: This act shall take effect on the 180th

day.

ACTING SPEAKER AUBRY: The Clerk will record the vote.

(The Clerk recorded the vote.)

Mr. Smullen.

MR. SMULLEN: Thank you, Mr. Speaker. I rise to explain my vote on this very important issue. I want to commend the sponsor of Assembly Bill 8275 for bringing this to the floor. As many of you know, my wife and I lost our son on March 6th to a tragic accident in -- in a -- in a traffic accident, and it's been a long, hard road for us to reconcile ourselves that we will never have our son here with us again. But one of the things that my wife and I have found solace in is the Donate Life Program. And that's really the essence of this bill and why it's so important that all the members of this Body not only know and understand the program, but promote it and accept it and advocate for it on behalf of all New Yorkers. This is just one little part of the Donate Life legislation that needs to be fixed. And no parent ever wants to outlive their child, but if one must, then a good mission, a right mission, a just mission, is to help the 20 million or so people that live in New York State to become more accepting of this program. And that's where I'd like to commend the sponsor here for this step and enlist all of you in this Body and those within earshot of my voice not only in the Senate but across the State to think about the Donate Life program. Think about the goodness that can come from it and resolutely support this bill and look forward to more of this

legislation in the future. Thank you, Mr. Speaker.

(Applause)

ACTING SPEAKER AUBRY: Thank you.

Are there any other votes? Announce the results.

(The Clerk announced the results.)

The bill is passed.

THE CLERK: Assembly No. A08619-B, Calendar No. 384, Paulin, Lupardo, Gunther, Lunsford, Jacobson, De Los Santos, Curran, McDonald, Fahy. An act to amend Part C of Chapter 57 of the Laws of 2022 amending the Public Health Law and the Education Law relating to allowing pharmacists to direct limited service laboratories and order and administer COVID-19 and influenza tests and modernizing nurse practitioners, in relation to the effectiveness thereof; and to amend Chapter 21 of the Laws of 2011 amending the Education Law relating to authorizing pharmacists to perform collaborative drug therapy management with physicians in certain settings, in relation to the effectiveness thereof.

ACTING SPEAKER AUBRY: The bill is laid aside.

THE CLERK: Assembly No. A08869, Calendar No. 385, Barrett, L. Rosenthal, Cunningham, Santabarbara. An act to amend the Public Authorities Law, in relation to requiring the New York State Energy and Research Development Authority to develop a comprehensive electric vehicle fast-charging station implementation plan.

ACTING SPEAKER AUBRY: The bill is laid aside.

THE CLERK: Assembly No. A09349, Calendar No. 386, Pheffer Amato, Zebrowski, Aubry, Jones, Burke, Colton. An act to amend the Civil Service Law, in relation to updating Civil Service examinations.

ACTING SPEAKER AUBRY: Read the last section.

THE CLERK: This act shall take effect immediately.

ACTING SPEAKER AUBRY: The Clerk will record the vote.

(The Clerk recorded the vote.)

Are there any other votes? Announce the results.

(The Clerk announced the results.)

The bill is passed.

THE CLERK: Assembly No. A09516, Calendar No. 387, Pheffer Amato, Zebrowski, Aubry, Jones, Burke. An act to amend the Civil Service Law, in relation to extending provisions related to public arbitration panels.

ACTING SPEAKER AUBRY: Read the last section.

THE CLERK: This act shall take effect immediately.

ACTING SPEAKER AUBRY: The Clerk will record the vote.

(The Clerk recorded the vote.)

Are there any other votes? Announce the results.

(The Clerk announced the results.)

The bill is passed.

THE CLERK: Assembly No. A09584, Calendar No.

388, Stirpe. An act to amend the Alcoholic Beverage Control Law, in relation to a license to sell liquor at retail for consumption on certain premises.

ACTING SPEAKER AUBRY: Read the last section.

THE CLERK: This act shall take effect immediately.

ACTING SPEAKER AUBRY: The Clerk will record the vote.

(The Clerk recorded the vote.)

Are there any other votes? Announce the results.

(The Clerk announced the results.)

The bill is passed.

Page 10, Calendar No. 47 on debate, the Clerk will read.

THE CLERK: Assembly No. A01633-A, Calendar No. 47, Simon, Cruz, Reyes, Glick, Weprin, Burdick, Jacobson, Otis, Cunningham, Seawright, Santabarbara, Mitaynes, González-Rojas, Colton, Forrest, Pheffer Amato, Barrett, Shrestha, Levenberg, Ardila, Mamdani, Dinowitz, Tapia, Lee, McDonald. An act to amend the Public Health Law, in relation to providing public notice and public engagement when a general hospital seeks to close entirely or a unit that provides maternity, mental health or substance use care.

ACTING SPEAKER AUBRY: Explanation is requested, Ms. Simon.

MS. SIMON: Thank you, Mr. Speaker. Current law requires a community forum to be held after a general hospital has

already been closed, and does not require the Commissioner of Health to consider the health care needs of the community, including emergency medical care, transitional care, as part of the Commissioner's decision to approve a closure. This bill would establish a procedure for the closure of a general hospital or an emergency room, maternity care, substance use or mental health before the facility closes. And that's the key, it's before. This bill would also enhance the current community forum to allow for public feedback prior to closure, as well as a process for public comments on the hospital's closure and a requirement that those comments be heard.

ACTING SPEAKER AUBRY: Mr. Jensen.

MR. JENSEN: Thank you, Mr. Speaker. Will the sponsor yield for some questions?

ACTING SPEAKER AUBRY: Ms. Simon, will you yield?

MS. SIMON: Yes, I will.

ACTING SPEAKER AUBRY: Ms. Simon yields, sir.

MR. JENSEN: Thank you, Ms. Simon. So as you mentioned, there's current statute that already requires that public forums be held, albeit after the closure of a hospital, correct?

MS. SIMON: Yes.

MR. JENSEN: Okay. Additionally, any changes to a hospital's operating certificate outside of that statute already require Department of Health involvement to change an operating certificate,

correct?

MS. SIMON: That's true, but it does not currently need to go through a Certificate of Need process.

MR. JENSEN: Understood. So as the law is currently constituted, or the Department of Health policy, whichever one it may be, that if a hospital wanted to close or change their maternity ward, emergency department or the other types of beds that you mentioned, they would already have to be involved in a conversation with the Department of Health, correct?

MS. SIMON: The hospital would have to be engaged with the Department of Health, not with the community who is impacted by their actions.

MR. JENSEN: Understood. So when a hospital does want to make these types of changes, whether they wanna close flat-out, they want to potentially -- and is it just -- does your -- does your bill cover the complete closure of a maternity ward, emergency department, the other ones you mentioned, or does it cover changing the number of beds that are licensed for that purpose?

MS. SIMON: It doesn't specifically address, I think it's like a reduction in the number of beds, but any process that is moving towards closure of, for example, maternity, emergency, substance use or mental health. For example, during COVID there were a lot of places that closed their psych beds. We now closed 500 psych beds in the State, and the reality is we need those beds.

MR. JENSEN: So --

MS. SIMON: -- and so one wouldn't be able to do that at willy-nilly if -- upon passage of this law.

MR. JENSEN: So they would have to, under the terms of this law -- and I know we debated it last year so I'm not gonna go into the deep detail that we did last year about the -- the timing frame -- but there would be a set time frame about when the notice would have to go out to the community, when the Department of Health has to accept that notice and schedule a public hearing, a certain timing when it has to go out to the community for letting them know when that is. Is there a set time frame where the Department of Health and the Commissioner would have to make a decision?

MS. SIMON: Well, first of all, it kind of goes back from the proposed closure date, right? So they would have to submit a notice to the public. They would -- the hospital would have to notify the State Department of Health 270 days before a closure.

MR. JENSEN: So --

MS. SIMON: That's their -- their plan closure date. The hospital then has to submit an application for review by the Public Health Planning and -- and Health Planning Council at least 210 days before the proposed closure. But they can't cease or transfer or pause services without the Department of Health's --

MR. JENSEN: And that -- and that's in your proposed legislation, not the --

MS. SIMON: Yes.

MR. JENSEN: -- existing statute, okay.

MS. SIMON: Currently right now they don't have to do anything except let us know 30 days after.

MR. JENSEN: Well, they -- they have to let the public know.

MS. SIMON: Yeah, that's what this is about.

MR. JENSEN: But when do they have to let the Department of Health know that they're considering closure of the hospital or closure of an emergency department, a maternity ward, or the other ones you previously mentioned?

MS. SIMON: I'm not sure I recall that, but that's not really the issue here with this bill. Because regardless of when they have to inform the Department of Health currently, the kicker here is about informing the community, disclosing what that planned hospital closure bill is, and adequately addressing and assessing the impacts to the public's health.

MR. JENSEN: So, I -- I guess what -- what the -- the crux of -- of a lot of my questions are is that if the Department of Health and the Commissioner's Office and the Division of Department of Health that is overseeing our hospitals is doing their job, they're already interfacing with hospitals across the State. They already know if they're in fiscal difficulty. They know if they're gonna be planning a reduction in available beds that they're licensed to have, or potentially considering a change in their operating certificate. They're already engaged in that process. So wouldn't the Department of Health already be talking with stakeholders and understanding what that

would do to the capacity of care within a community that, let's use maternity ward for an example, that if the closure of Jensen Memorial Hospital would create a gap in maternity services, the Department of Health would already have that information and would already be interfacing on whether or not they would approve such a change in the operating certificate, correct?

MS. SIMON: Well, first of all, there is no requirement that they do any of that in a -- in a formal process that actually requires them to assess that. And so you're assuming that they would do that. I think that assumption is unfounded and certainly not in the experience of any of us who have gone through a hospital closure, which is somehow or other, other people find out long before the community does and it becomes a very difficult fraught purpose. But the Department of Health has not actually been particularly responsive in sharing information or engaging with the public to actually assess what those real impacts are.

MR. JENSEN: Okay. So under the way the legislation is written that the Department of Health and the Commissioner would have to take into account elected official feedback and community feedback in the determination, correct?

MS. SIMON: And follow through with the -- the Certificate of Need process --

MR. JENSEN: So --

MS. SIMON: -- which is a formal process that's required for many things, but not for the closure of either a department

or a full hospital.

MR. JENSEN: Understood. So for the mandate for the Health Commissioner to take into account the community feedback, how would we know if whether or not the Commissioner is taking into account that feedback? Because isn't it still the Department's decision whether or not to allow that closure, or the change in the operating certificate or Certificate of Need? They're already making that decision as they see fit, whether or not the hospital would follow through and the Department of Health would follow through on the timeline that you presented.

MS. SIMON: So the beauty of the Certificate of Need process is that it actually requires the Department of Health to look at specific things in terms of impacts, and also in terms of those operating issues.

MR. JENSEN: So is --

MS. SIMON: Without a requirement to do that, there is no reason for anyone to believe that the Department of Health is doing more than they have to do, number one. And number two, they would be required within 30 days, the -- the hospital would be required within 30 days to amend its hospital closure plan, taking into consideration and addressing the issues that were raised by a community during the public forum.

MR. JENSEN: And they have to present that closure plan to the Department of Health, correct?

MS. SIMON: Yes, they'd have to --

MR. JENSEN: And -- and so -- and I think to get back to the question I just asked is, that if the Department of Health and the Commissioner is the adjudicator of this entire process and, yes, community input and involvement is critically important to understand the community health needs, but if the Department of Health is going to make a decision, they're going to make a decision. And nothing in this legislation would mandate that the direct response from the community changes the outcome. It's -- it's not like they'd get, you know, people take a survey and say, *Well, you know, 67 percent of the people in this community don't want to vote for a closure, we've got to stay open.* So I guess what is the enforcement mechanism on the hospital or the Department of Health to actually follow through on what they're hearing from the community members? Because if there's not a mechanism that, whether it scores the closure plan or what have you, it's just, say, *Okay, we've all been heard,* but you're still not gonna be happy with the outcome but at least you all heard -- were heard.

MS. SIMON: Well, I'm glad to hear that you believe community feedback is important.

MR. JENSEN: I -- I do -- I do very much. That's why we're all here, because we listen to our communities.

MS. SIMON: Well, so -- so here's the situation. Currently, the Department of Health doesn't have to consider the evidence, essentially. They don't have to inquire and they don't have to engage with anybody in making that decision. Now, ultimately --

MR. JENSEN: They don't have to or they don't?

MS. SIMON: They -- they don't have to, and evidence at least from the people who've had hospitals closed, which includes me. Before my time here, that was a very big issue in my community. That's why the name of this bill is the LICH Act because we lost our hospital and the facts on the ground made no difference to the Department of Health in making that closure decision. So the reality is that doesn't always happen.

MR. JENSEN: But --

MS. SIMON: At least requiring the Certificate of Need process and that engagement, the Department of Health will learn stuff that they don't know. They will learn more about the impacts and what would be the way that the Department of Health might help, for example, if a hospital closes, the next hospital over so that they don't end up being overwhelmed and then becoming in financial difficulty and not able to serve the community. So this is about not just this hospital and the people directly, but it's also about the pressure on neighboring hospitals.

MR. JENSEN: And -- and I think that's important, and that's -- and I guess -- it's gonna be awkward to say -- I guess I have faith in the Health Department, and I understand the irony as I say it out loud, but I guess I have faith in the Health Department that they're following through on their statutory requirements in the Public Health Law as it's currently constituted, to take into account all those things that you just mentioned, as well as the information that may not

be known to the public, whether it's staffing concerns, whether it's financial viability, that they have information that the public would never have. And taking that all into account as a complete sphere of information and using that to determine whether or not or there should be a closure or a change in -- in the operating certificate. And -- and I think one of the things that's the crux of that is about financial difficulty. If a hospital is -- is no longer having the funds to continue to operate to pay their staff, to pay their contracted vendors, they have no -- what would they do? They'd be forced to stay open while this entire process plays out?

MS. SIMON: Well, until they can close. First of all, the hospital closure procedure can take quite some time now, even without looking at any of the evidence that's needed. So the reality is that a hospital can't do that, can't just start laying off public -- laying off of people in order to force a closure, right? Because we all know that that, in fact, happens. So here's the thing, and I think that you -- you comment about what's legally required for them to look at. Right now, the Department of Health is not legally required to look at all of those things. This bill would make them legally required to do that work, to do that due diligence and to respond accordingly and help make those decisions.

MR. JENSEN: So as this time -- timeline is -- and not to belabor the timeline that we talked about -- but the -- the X amount of days from they have to first apply for the closure till the final hearing date, that's all public record, correct? That's all --

everybody knows that they're considering a closure, and there's gonna be a 90- to 120-day process where they're gonna be hearing community feedback, there's gonna be forums.

MS. SIMON: Well, it would be a longer process, number one, but in fact, they would need to put the hospital closure plan --

MR. JENSEN: Yup.

MS. SIMON: -- the proposed closure plan --

MR. JENSEN: Yup.

MS. SIMON: -- on the Department of Health's website --

MR. JENSEN: Yup. So --

MS. SIMON: -- and make that accessible.

MR. JENSEN: What I was saying --

MS. SIMON: Because --

MR. JENSEN: (Inaudible/crosstalk)

MS. SIMON: The public right now doesn't know what that plan is, and the Health Department is only one who knows anything. Thank you.

MR. JENSEN: Yup, understood. So all I'm -- all I'm trying to get at is this is gonna be something that everybody knows. So there's still gonna be employees of that facility.

MS. SIMON: Mm-hmm.

MR. JENSEN: And they're gonna see out the public that, you know, they may be a nurse at Jensen Memorial Hospital and

they see that Jensen Memorial Hospital is going to -- is seeking to close. Well, if I'm a nurse at that hospital, if I'm a doctor at that hospital and I know my employer is trying to no longer employ me or anyone else, wouldn't I start looking for another job and try to get another job so that way whenever that process ends, if it's 200 days from that point, that I will still be employed? So is there a concern that elongating this process could lead to hospitals starting to hemorrhage their staff or not be able to sign contracts with vendors for medical equipment, medical services, because they know they are attempting to change the very nature of the services they offer?

MS. SIMON: So it -- at Simon Memorial Hospital in 2013, what happened was the doctors and nurses stayed the course. They engaged with community, they sent us information, they helped us make those arguments and they stayed. Why? Because it was a hospital they had dedicated their lives to. And while they -- some people might have made more money just hopping over to somebody else, the reality is that the doctors and nurses stayed with that hospital. And I think you will find that that would be much less of a concern in real life than you're suggesting might occur.

MR. JENSEN: Well, and that's -- I -- you know, I -- I wish we were, you know, Carnac the Magnificent and we could predict what was gonna happen in the future. And certainly using -- there you go -- using historical precedent, you know, that's where you're -- where you're saying, well, that didn't happen in 2013 in the example that inspired this legislation. But we can't be sure that in

2026 a hospital would have that same result where you already see, you know, because of COVID, a lot of variation in health care workers moving from employer to employer, from care to care. And so no there's guarantee because there's nothing in this legislation that would mandate that staff has to stay employed at that facility, that contracts still have to be valid and signed. And -- and what I would have a concern about is that we could get to a situation where, because the hospital is going through this process with the community and the Department of Health, is that they could see a lack of ability to provide that care through no fault of their own because of the elongated process.

MS. SIMON: There are many things that are possible in this world. I think that your concerns are concerns. I don't think they're facts, and the reality is that experience has taught us otherwise. Now, yes, there has been many changes in health care, but in fact just recently, we have four or five hospitals that are in danger of closing. We know that here in the Capital District, the Burdett Birthing Center, which serves people in a number of counties who have no access to maternity care, is in danger of closing. We know that 27 rural hospitals are in danger of closing; that's 53 percent of the rural hospitals in New York State. We need to ensure that those hospitals are able to provide that care and, in fact, we need to ensure that the public is informed about what a hospital closure might mean for them.

MR. JENSEN: Yup. And -- and I -- and I can -- and I can understand that, I can respect that, and I think for communities

that would have seen a situation like this happen, like the one that inspired you, it -- it certainly can be a traumatic incident. What would happen -- is there any penalty language in this legislation that if a hospital does not follow through on the terms of this legislation, is there any penalties the Department of Health would levy on them?

MS. SIMON: Yes. Those penalties begin at \$2,000 an incident and are at the discretion of the Department of Health Commissioner.

MR. JENSEN: So -- so -- if I'm -- once again, I'm gonna use Jensen Memorial Hospital as to not to put any hospital in the State as the focus. Jensen Memorial Hospital --

MS. SIMON: We hope it's not "memorial."

MR. JENSEN: Yeah, well that's -- and I don't have one, I don't run a hospital so no conflict of interest. But Jensen Memorial Hospital is seeking to close because of financial difficulties, I just want to close. So I go through this process -- I -- I say, *I'm not doing this process. We -- we no longer have the finances to operate, we're going to close.* A \$2,000 fine would just be added to the debt that's already being levied -- would be levied to the debt that already exists. So that's not really a punishment because it's -- it's a black hole of money anyways.

MS. SIMON: Well, as I said, it's at the discretion of the Commissioner --

MR. JENSEN: Right.

MS. SIMON: -- of the Department of Health, and so

those fines could be steeper. But the reality is this is not about fining people and fining hospitals.

MR. JENSEN: No, and I --

MS. SIMON: This is about ensuring that the public's health is taken care of. Because the reality is the cost to the State of New York if people don't get the health care that they need early enough is that people get sicker, they'll cost more to treat, they're being treated at emergency rooms, they're dying on the way to an emergency room. This -- none of this works for New Yorkers, and this bill will work for New Yorkers.

MR. JENSEN: Thank you very much, Ms. Simon.

Mr. Speaker, on the bill.

ACTING SPEAKER AUBRY: On the bill, sir.

MR. JENSEN: Thank you very much. And I appreciate the sponsor's answers to my questions, both this year and last year. Certainly having community involvement and knowledge is not a bad thing, especially when we are in a health care crisis, when people are seeking access to health care, and certainly having preventative health care is among the most important ways to access health.

The concern that I have with this bill is really about the time frame and the mandated time process included in it. Once the plan to close a hospital becomes public, I have concerns that you would start seeing staff leave that facility. That you would have doctors, nurses, support staff who may seek alternative employment to

ensure they continue -- can continue to provide care long past the closure of that facility. Additionally that I'm concerned that a hospital could not be able to renew or sign new contracts for important medical supplies or equipment to provide the important care that they are already providing. I do have faith in the Department of Health in the sense of that there is already an existing process about working with hospitals that are facing difficulties, whether financial or otherwise. And that I think there would be ways to potentially reform existing law that would mandate a different process rather than the process outlined in this legislation.

So while I believe that community knowledge is important, community input is important, I don't believe that this is the best mechanism to do that. Thank you, Mr. Speaker.

ACTING SPEAKER AUBRY: Thank you, sir.

Mr. Goodell.

MR. GOODELL: Thank you, sir. Would the sponsor yield?

ACTING SPEAKER AUBRY: Ms. Simon, will you yield?

MS. SIMON: Yes.

MR. GOODELL: Thank you, Ms. Simon. Is there any funding associated with this legislation?

MS. SIMON: No. The funding would be the better health care in New York going back to your pocket.

MR. GOODELL: But this legislation does not

provide any funding for that 270 days that a hospital is waiting for approval?

MS. SIMON: No, it does not.

MR. GOODELL: And I have a situation in my district and I'm sure it's not unique, where I have a rural hospital that's under severe financial stress. They had to make the decision that certain operations were what you would call "loss leaders", that have very high loss ratios including, for example, the maternity ward.

MS. SIMON: Mm-hmm.

MR. GOODELL: Now, they still deliver babies in the emergency room, but they no longer maintain an emergency [sic] ward. And they shut it down so that they didn't run out of money and have to shut the entire hospital down. In those cases where a unit is losing money and jeopardizes the very survival of the hospital itself, shouldn't we expedite the change and not impose statutory hurdles?

MS. SIMON: Well, what you call a statutory hurdle I call a protection. The reality is that that may be a decision that a hospital has to make, and they should be able to communicate that clearly and engage with the public. And maybe there's another way to resolve that issue. Maybe the other way to resolve that issue is to combine with another hospital that can help provide those services. There are many ways to skin a cat, and right now there is no requirement that the Department of Health or the hospital that is in danger of closing has to engage in a process that would do anything other than what it is they think they have to do because they haven't

engaged in a process that might actually help them resolve the situation to everybody's benefit.

MR. GOODELL: Is there anything in the statutory language that would allow the Department of Health to waive these time frames in a financial emergency?

MS. SIMON: There's nothing in this legislation that would permit that. That may be a -- a power that the Department of Health has, but that would be a different bill.

MR. GOODELL: I see. And this is triggered by not just a closure of a hospital, you list certain things, emergency, maternity, mental health, substance abuse and specialty care. Would this be triggered if a hospital changes ownership and the new hospital ownership does not, for religious reasons, are not willing to do abortions. Would that trigger this 270-day notice?

MS. SIMON: Not the way I read that because it's not the closure of a maternity hospital. I have other issues with that decision being made, but it wouldn't be related to this.

MR. GOODELL: Thank you very much.

Sir, as my colleague mentioned, on the bill.

ACTING SPEAKER AUBRY: On the bill, sir.

MR. GOODELL: The truth of the matter is hospitals close because they can no longer stay open, financially. And as my colleague pointed out, this bill does not include any financial relief. So if the State wants to say to a hospital, *You have to give us nine months notice in advance*, the State has to step up to the plate and

say, *And we're providing you with notice -- along with that nine-month notice we're providing you with the funding.* Because if the State doesn't stand up and do our part by providing the funding when we mandate a nine-month advance notice, plus whatever time the DOH takes to evaluate it, then we're trying to ignore reality. And the reality is, hospitals close because they can't make payroll and they can't pay the bills. That's why they close. And sometimes, when they close a particular unit, it's to save the rest of the hospital. Nobody goes to the hospital hoping for an amputation, but we know that sometimes we have an amputation to save the life of the patient. And that's what happens sometimes when hospitals have to close a particular unit that is too expensive for them to maintain.

So while I appreciate the desire of my colleague to maximize public input and I support that desire and that intent, it's a laudable intent for sure, we have a place to play by ensuring we have funding, and we shouldn't impose a mandate without the funding that goes with it, and for that reason I cannot support it.

Thank you, sir, and thank you to my colleagues.

ACTING SPEAKER AUBRY: Read the last section.

THE CLERK: This act shall take effect immediately.

ACTING SPEAKER AUBRY: A party vote has been requested.

Mr. Goodell.

MR. GOODELL: Thank you, sir. The Republican Conference is generally opposed to this legislation for the reasons

mentioned by my colleague; however, those who support it should certainly vote yes here on the floor of the Assembly. Thank you, sir.

ACTING SPEAKER AUBRY: Thank you.

Mr. Fall.

MR. FALL Thank you, Mr. Speaker. The Majority Conference will be in the affirmative of this piece of legislation. For anybody that wants to vote in a different direction, they can do so at their desk.

ACTING SPEAKER AUBRY: Thank you, sir.

The Clerk will record the vote.

(The Clerk recorded the vote.)

Ms. Simon to explain her vote.

MS. SIMON: Thank you, Mr. Speaker. You know, the story of the closing of Long Island College Hospital is one that the Body has heard previously, but it is used because it is very much a model of what has been happening throughout our State. Right now we are in danger of losing a hospital in Manhattan. We're in danger of losing a hospital in central Brooklyn. We are in danger of losing the Burdett Medical [sic] Center here in the Capital Region. The reality is that where hospitals are stressed, and many of them are, part of that is the Medicaid reimbursement rate. In fact, a lot of it is the Medicaid reimbursement rate. So I hope that my colleagues all support increases to the budget to address the Medicaid reimbursement rate issue, which will really help those many safety net hospitals that are struggling because the people that they serve are not well-healed, the

people that they serve are people who need those services. That is what this is about, making sure that we provide care, that we have all of that information that we are able to make informed decisions about health care in our State. And we know that when someone opp -- proposes to close a maternity ward or an emergency room, that is the beginning of the end for that hospital. History has shown us to be that case.

So this will protect the public, it will not make things more stressful for hospitals. We can alleviate the stress that hospitals are under by other means, including through our budget. And I am very grateful to the folks that have worked with me on this legislation over the years, and I'm looking forward to its eventual passage and signature by the Governor. And so I will be voting in the affirmative. Thank you.

ACTING SPEAKER AUBRY: Ms. Simon in the affirmative.

Mr. Epstein to explain his vote.

MR. EPSTEIN: I want to thank my colleague for bringing this bill to the floor. In my district right now, we're in the middle of a proposed hospital closing by the Mount Sinai system, and having what my colleague is proposing could -- would and could potentially change the landscape of what's happening in that potential hospital closing. You know, I really encourage us to think about what this impact is having on our community. In my case we're gonna see potentially 400,000 people not have access to emergency room care if

this hospital is allowed to close, without real public notice, without an opportunity for impact, without a real community needs assessment, without the impact it's gonna have on our public hospital system right around the corner, like Bellevue.

So a bill like this really goes a long way to advance our values and I encourage us all to vote in the affirmative and I'll be voting in the affirmative.

ACTING SPEAKER AUBRY: Mr. Epstein in the affirmative.

Ms. Lee to explain her vote.

MS. LEE: Yeah, I also want to thank my colleague, Assemblymember Simon, for introducing this bill. Currently in New York, decisions over the management of hospitals and major medical care facilities are made in private boardrooms. Despite the fact that these facilities provide a public function and provide critical medical care for thousands of New Yorkers, they are controlled almost exclusively by the hospital's shareholders. The communities they serve are given no voice or input. As a result, their services could be taken offline at a moment's notice without any input from the public, and in my Lower Manhattan district we are currently feeling the consequences of this. Mount Sinai has decided to close Beth Israel Hospital without any input from the public. This directly endangers 400,000-plus local residents who depend on its services and for whom no other hospital is locally accessible. By making this decision, Mount Sinai is disregarding the responsibility it has as the only major

health care provider in our community. We need to pass this bill to give local communities a voice in major decisions that affect their access to health care.

I will be voting in the affirmative.

ACTING SPEAKER AUBRY: Ms. Lee in the affirmative.

Ms. Walker to explain her vote.

MS. WALKER: Thank you, Mr. Speaker. I also rise to commend the sponsor on this bill. But it also highlights a number of issues that we face each and every day with respect to our safety net hospitals. No matter how many public announcements, no matter how many public forums that we may have in order to combat closures of hospitals that we see in communities across New York State, the fact of the matter remains that our hospitals are being starved, particularly in communities like mine where 90 percent of the customers, patients at hospitals are on Medicaid and/or Medicare who, as we know, are paying 30 percent on the dollar for all health care costs. So it really doesn't matter what type of hearings are being held when our hospitals are not receiving the type of resources that they need in order to provide quality health care. Your zip code should not determine the -- your access to health care, and it certainly should not determine how much money is being paid for particular services through our health care system.

And so thank you, because we are facing the closure of SUNY Downstate within our community. It is something that we

are 100 percent fighting back against, and with a bill like this, we will be able to have the right size community input to be able to say to insurance providers that we need to ensure that our hospitals receive the types of resources that we need in order to provide right-size health care to communities who desperately need it the most.

I vote in the affirmative.

ACTING SPEAKER AUBRY: Ms. Walker in the affirmative.

Are there any other votes? Announce the results.

(The Clerk announced the results.)

The bill is passed.

Page 24, Calendar No. 189, the Clerk will read.

THE CLERK: Assembly No. A06549, Calendar No. 189, Rajkumar, Weprin, Sayegh, Santabarbara. An act to amend the General Business Law, in relation to requiring motor vehicle dealers to search for recalls and make certain repairs prior to selling a used motor vehicle.

ACTING SPEAKER AUBRY: An explanation is requested, Ms. Rajkumar.

MS. RAJKUMAR: Thank you, Mr. Speaker. This is a simple bill. It requires dealers of used motor vehicles to determine whether there are any recalls on a motor vehicle before selling it to a consumer. If the used motor vehicle dealer determines that there is, in fact, a manufacturer's recall on the vehicle, the dealer must put into motion the process of repairing the vehicle such that the recall is

satisfied. The purpose of this bill is to protect consumers and the general public by ensuring that cars that could endanger drivers are off the road. This will protect all New Yorkers from dangerous accidents on the road and save lives.

ACTING SPEAKER AUBRY: Ms. Walsh.

MS. WALSH: Thank you, Mr. Speaker. Will the sponsor yield?

ACTING SPEAKER AUBRY: Ms. Rajkumar, will you yield?

MS. RAJKUMAR: Yes.

ACTING SPEAKER AUBRY: Ms. Rajkumar yields.

MS. WALSH: Thank you so much. So, we debated this bill last year and, in fact, this bill has been around for quite a while, before you and I were here. But let's take it -- let's take it a step at a time. First of all, let me ask you this: Have there been any amendments made to this legislation since we debated it last June?

MS. RAJKUMAR: No.

MS. WALSH: Okay. So, what size dealerships does this legislation apply to?

MS. RAJKUMAR: So, this applies to most dealerships, and you count as a dealership if you are a person or entity who has sold at least three cars in a 12-month period.

MS. WALSH: Okay. What about auction houses? Does this apply to auction houses?

MS. RAJKUMAR: This applies to most auction

houses with some exemptions. That -- that specifically is public utility companies that conduct auctions. And when they auction a vehicle, they have to explicitly advertise it with a "sold as is" sign.

MS. WALSH: So it applies to -- okay, so that's a little bit different than when we were speaking last year, I believe, because I think last year you said that auction houses were exempted from the legislation. So now you're saying that some are and some aren't. Could you just repeat again who -- who is included -- what kind of auction houses are included and which ones are not?

MS. RAJKUMAR: So, the public -- the auction houses that are included as dealers are, as I said, public utility companies that are auctioning off their vehicles. And it's required that when they do this, they have "as-is" signs on the vehicle.

MS. WALSH: Okay. So can you give an example of a public utility that would be auctioning off their vehicles? Like, just an example of that?

MS. RAJKUMAR: Well, this is -- it's very specific, but it would refer to just any public utility company that's conducting an auction of its vehicles.

MS. WALSH: Like National Grid, National Grid's getting rid of surplus vehicles that they use? I -- I mean, I -- like, I truly don't know, like when you're saying public utility, what -- what would that include? Power, water, things like that, or...

MS. RAJKUMAR: Yes.

MS. WALSH: Okay, all right. So the bill talks about

the obligation on those dealers that are included, as -- that they shall make a good faith effort to determine whether a manufacturer or National Highway Traffic Safety Administration has issued any recall applicable to such used motor vehicle.

MS. RAJKUMAR: Yeah.

MS. WALSH: What would satisfy that good faith effort? What -- what do they need to do?

MS. RAJKUMAR: So it's very simple. A dealer simply has to go to [safercar.gov](https://www.safercar.gov), which is the Federal Government's website that identifies all active recalls, type in the V-I-N number of the vehicle and see if there's an active recall. And if there is an active recall, the dealer has to notify the -- the customer so that everybody can remain safe on the road. It's a very simple requirement.

MS. WALSH: Okay. So that -- that [safercar.gov](https://www.safercar.gov), that website that you mentioned, is that only available to be accessed by dealers, or is that something that a regular consumer can access also?

MS. RAJKUMAR: Everybody can access that website.

MS. WALSH: Well, if -- if the consumer can access it that way, then why is the onus being put on the dealer to do it for the consumer?

MS. RAJKUMAR: Well, this is about the safety of our society, the safety of everybody. And it is not an unduly burdensome requirement to ask a used car dealership to do the simple

act of punching in a VIN number and notifying the consumer that, *Hey, your car could kill you.*

MS. WALSH: So that -- but that is gonna be required over and above, for example, having the dealer notify the consumer, *Hey, you may want to check out this completely simple, easy website that's available, www.safercar.gov where you just put in the VIN and you can determine now and in the future if there are gonna be any recalls or anything that are applicable.*

MS. RAJKUMAR: It really isn't an enormous burden to ask a used car dealership to simply type in the V-I-N number and tell the consumer, *Your car could be dangerous.* We believe this is a very simple requirement. All it requires is a good faith effort on the part of the dealer to check and notify the customer.

MS. WALSH: Okay. Well then -- but the legislation actually requires the dealer to do more than that, right? The -- the legislation also requires that the dealer or his or her agent, quote, "must make or cause repairs to be made pursuant to the manufacturer's or such administration's recall such that the recall is satisfied." I'm reading from the bill starting at line 16. So what -- could you talk about that portion of the new requirement that would be placed on these dealers to actually make or cause repairs to be made? What -- what is -- what is required under the language of the bill?

MS. RAJKUMAR: Yes, you correctly read the language, I'm looking at the bill also. So all the dealer has to do is make a good faith effort to see if there's any active recalls on the

vehicle and then, as you stated, the dealer must make or cause repairs to be made. So that means the dealer has to initiate the process of repairing the vehicle, initiate the process of repairing the vehicle.

MS. WALSH: Okay. Now, you say that it just needs to be initiated, but it doesn't -- the word "initiate" isn't used in the language of the statute. I just read this is, what the statute actually says.

MS. RAJKUMAR: Well, it says must cause -- must make or cause repairs to be made.

MS. WALSH: And then reading on, at line 17 and 18, such that the recall is satisfied. So by simply, in your words, putting it into motion, the repair, that is -- how is that sufficient for the recall to be satisfied? Satisfied, to me, in the normal sense of that word, is completed, not just simply in motion.

MS. RAJKUMAR: Yes. We had this debate last year.

MS. WALSH: We did and, yet, you didn't amend the bill at all to -- to clarify it.

MS. RAJKUMAR: I didn't, because I believe, as I said last year on the floor, that when you read the text that you cited, all it requires is the dealer to initiate the process of repairs. And I suggest that if you want that clarified to be 100 percent certain, perhaps that could be done through regulation. But when I look at this text, all I'm seeing is that the dealer has to initiate the process.

MS. WALSH: Yeah. In my -- in my opinion it

would be easiest rather than to rely upon some subsequent regulation to clarify, to actually use the clearest language in the body of the legislation itself so that everybody, including the dealers, the consumers, everybody would know exactly what the requirement is. Because going on further in the legislation, if the dealer fails to do what the legislation is requiring them to do, they could be subject to a \$5,000 fine for every violation; is that correct?

MS. RAJKUMAR: Yes, \$5,000 fine for every violation.

MS. WALSH: For every violation, okay. So, does this legislation apply to any recall that is issued? For example, sometimes I'll get a notification from a manufacturer that maybe I have a gasket that needs to get replaced versus something that I think we would all consider to be very significant like a major engine problem or an airbag. Are -- are all recalls, no matter how significant, are they all covered under this legislation?

MS. RAJKUMAR: Well, let me be clear, all recalls are significant because the Federal Government only issues these recalls if Federal safety standards are not being met. That includes things like brakes, lights, airbags.

MS. WALSH: Right.

MS. RAJKUMAR: So by definition, recalls are only issued if there's a safety problem.

MS. WALSH: Okay. So -- so something like -- like the gasket example that I gave, because I have truly gotten notices

based on that, that's -- that must be somehow very significant and I just don't appreciate how significant maybe a -- a gasket that might need to get replaced is. All right.

Under your bill, can the consumer just -- say they need the -- say they need their vehicle right away. Can they just maybe check a box or waive the repair to be done at that moment and just take -- leave with the knowledge that having been informed that there is a repair that needs to get made and just do it later, just take care of it later?

MS. RAJKUMAR: Well, you make it seem like this bill slows down the process of buying the vehicle and it really does not. We're talking about just typing in a V-I-N number into a website.

MS. WALSH: Okay. Well, I -- I -- that -- I understand what you're saying because if -- if we accept the idea that all they have to do is make an appointment for the consumer -- so in other words, like, the dealer could call up, who would they call? They call up, like, the manufacturer and make an appointment? Like, say it's an airbag problem, right? *We're gonna get your airbag fixed, we've put you on a list to get this repair done.* Is that -- is that kind of what this would do, something like that?

MS. RAJKUMAR: Well, that counts. If the dealer makes an appointment with the -- with somebody to repair the vehicle, that absolutely counts as --

MS. WALSH: Okay.

MS. RAJKUMAR: -- initiating the process of

repairs. So that satisfies the requirements of the bill.

MS. WALSH: Okay. So what about -- and I know that in recent years, particularly during the years we were dealing with COVID, but there have been other supply chain issues where there's just a complete shortage of certain parts that just aren't available. Does that -- I mean, does that -- does that create any additional problems? I mean, for the dealers that -- you're saying that they could continue to move that vehicle off their lot just having made an appointment and notifying the consumer that such and such has to get fixed?

MS. RAJKUMAR: Correct.

MS. WALSH: So it doesn't -- you're saying it doesn't slow anything up --

MS. RAJKUMAR: Correct.

MS. WALSH: -- because they can get it off the lot.

MS. RAJKUMAR: That's correct.

MS. WALSH: Okay, all right. Let's see... is there any requirement under the legislation for the -- for the dealer to have any continued contact with the consumer post-sale regarding the repair?

MS. RAJKUMAR: No.

MS. WALSH: Okay. What about -- you were asked last time by one of my colleagues, one of our colleagues, about the issue of salvage yards. So let's say you've got an auction house that has purchased some used vehicles and then they, in turn, are

purchased by salvage yards that make repairs and then sell the vehicles to a consumer. Are they -- do they fall under this legislation as well as dealers?

MS. RAJKUMAR: Yes.

MS. WALSH: Or are they exempted?

MS. RAJKUMAR: They're not exempted. I -- I gave you the one exemption. So the salvage yard would be included as a dealer, they are selling cars.

MS. WALSH: Very good. So the one -- the one -- just so I'm clear, the one exception would be a public utility who was auctioning off surplus vehicles in their fleet with a caveat put out there that they're being sold as-is?

MS. RAJKUMAR: Correct.

MS. WALSH: And anybody else that's selling three or more in a 12-month period vehicles will come under this legislation.

MS. RAJKUMAR: Correct.

MS. WALSH: Very good. Thank you so much for answering my questions.

Madam Speaker, on the bill.

ACTING SPEAKER WOERNER: On the bill.

MS. WALSH: Thank you. So, I mean, again this year, my issue continues to be with some imprecise language I believe that's in the legislation. I don't believe that I'm the only person that's confused by this. If you say in the legislation that the -- the dealer

must make or cause repairs to be made such that the recall is satisfied, that, to me, says more than simply setting the ball into motion by making an appointment for the consumer. It -- it appears to be that the repair needs to actually be made, and that's where a lot of the concern has come from. I mean, there's a considerable amount of opposition to this bill, and I'll just, for the record, let you know what it is: The Greater New York Auto Dealers, the New York State Auto Dealers Association, the New York State Association of Service Stations and Repair Shops, the United Automobile Insurance Company, the Advocates for Highway and Auto Safety, Center for Auto Safety and Carvana all oppose this legislation. There is some support also from other groups. But there is a significant amount of opposition. In -- in the words of the Greater New York Automobile Dealers Association, what they're saying is that the repair requirements are unnecessary, as consumers already have an ample and easy access to all necessary information about recall repair services through that website that the sponsor mentioned, which is safercar.gov. Consumers -- I mean, we say caveat emptor, buyer beware, consumers can easily take their VIN, get on safercar.gov and find out if there are any recalls that are applicable to the vehicle that they're interested in purchasing. And depending upon how significant those recalls may or may not be, they can make a decision about whether they want to buy that vehicle or not. And I -- I just don't think that this is necessary legislation, and I think even if we do move forward with the legislation, I would continue to urge the sponsor to

craft language that clearly states what she is stating is and has become the legislative history for the bill, which is that it's only the need to start the ball rolling that will satisfy the requirements of the legislation.

So, in its current form I continue to oppose the legislation, as did 49 other colleagues last year, and I would encourage my colleagues to continue to oppose this legislation.

Thank you very much, Madam Speaker.

ACTING SPEAKER WOERNER: Thank you, Ms. Walsh.

Mr. Novakhov.

MR. NOVAKHOV: Thank you, Madam Speaker. Thank you. Will the sponsor yield?

MS. RAJKUMAR: Yes.

MR. NOVAKHOV: Thank you, Ms. Rajkumar. And I'm sorry if I'll be repeating a few questions of my colleague just, you know, to -- to clarify. First of all, I -- I really like the part of the bill which says that it should notify, the dealer should notify the consumer, the future owner of the vehicle and, you know, the -- the future owner of the vehicle does have a right to know. But I'm really -- I'm really concerned with the part of the bill that says "must repair" or -- or "must" -- it's line 16 -- "must make or cause repairs", right? So, was anything in this bill changed since the last time we debated it on June 6th last year?

MS. RAJKUMAR: Nothing was changed because

the Majority believes that this is a perfectly good and well-written bill.

MR. NOVAKHOV: Well, I can't agree with that and with the Majority, unfortunately.

So I have a question for you. Have you ever brought your car to the dealer, to the official dealership for the repairs or the recall?

MS. RAJKUMAR: Yes.

MR. NOVAKHOV: How much time approximately did it take you to -- from making an appointment to picking it up?

MS. RAJKUMAR: I don't remember.

MR. NOVAKHOV: What's that?

MS. RAJKUMAR: I don't remember.

MR. NOVAKHOV: You don't remember.

MS. RAJKUMAR: No.

MR. NOVAKHOV: Okay. So I can share my experience. So making an appointment is one story, then bringing the car to the dealership. So it make -- if you're lucky enough to -- for them to perform all the repairs in one day, it's gonna take you a day. If you're not lucky enough, it could take you a week. I mean, like, you bring in the car, then sometimes you have to come back. I mean, in my experience I came back several times, the car wasn't ready, then finally I picked it up. So it takes a lot of time. And when -- when -- the last time we debated on this bill, my question was, like, how do you see a used car dealer having, let's say, 100 cars on their lot, which is a possibility, right, and let's say about a quarter or a third of the cars

are on recall, which -- which makes it about 25 to 33 cars. So how do you see in reality a used car dealer that have, like, few people working there, bringing up to 33 cars to a manufacturer for repairs? Or you're saying that the -- it's not necessary for the used car -- car dealer to bring the car for repairs.

MS. RAJKUMAR: Correct. You answered your question perfectly. As I said, that the bill just requires the dealer to initiate the process of repairs. And this is not an undue burden on a dealer, because the manufacturer still has to bear the costs, not the dealer.

MR. NOVAKHOV: Then why do we have language on line 16 that it must make or cause repairs?

MS. RAJKUMAR: Yes, it calls -- it calls the repairs to be made, correct.

MR. NOVAKHOV: Cause repairs to be made. So let's discuss this. So the real situation, the dealer, the used car dealer tells the potential buyer, *Hey, you know, we -- you know, we're happy you like this car, but just to let you know, this car is on recall, it's an airbag, right?* What is the next step the used car dealer should perform to be -- you know, according to the bill?

MS. RAJKUMAR: In this situation the used car dealer is already more than half-way there according to your fact scenario. The used car dealer, according to you, has notified the customer that there is an active recall here, the dealer has described what that recall is. So the next step would just be initiating the

process of making the repair, which could be as simple as booking an appointment or giving the customer information for how to book an appointment. Anything where they are, as the legislative language mandates, causing the repair to be made.

MR. NOVAKHOV: So making an appointment is all that the used car dealer has to do? Making an appointment with the manufacturer.

MS. RAJKUMAR: Well, that is causing a repair to be made, so yes.

MR. NOVAKHOV: So the -- the actual repair -- so the owner -- the new owner of the vehicle will have to take the -- the vehicle for the actual repairs, not the dealership; is that correct?

MS. RAJKUMAR: In your fact scenario, yes. In the fact scenario that we've developed here, yes.

MR. NOVAKHOV: But I -- it's -- it's kind of not what the language of the bill says, and this is why I'm not happy with this bill. It clearly says upon determine -- determining that a manufacturer or such administration has issued any recall applicable to such motor -- used motor vehicle, a dealer or his or her agent must make or cause repairs to be made pursuant to the manufacturer's or such administration recall. So by -- by this bill, it seems like the used car dealer has to do the repairs or bring the car for the repairs to the manufacturer.

MS. RAJKUMAR: Well, so the language says a dealer or his or her agent must make or cause repairs to be made,

pursuant to the manufacturer's or such administration's recall, such that the recall is satisfied. So obviously, when the dealer makes or causes repairs to be made, they're doing it for the purpose of the recall being satisfied. Okay? So this -- this last statement that -- that you're stuck on, recall -- such that the recall is satisfied is really a statement of intention and purpose.

MR. NOVAKHOV: But I -- as I understand, it's not only me who kind of misunderstands the language of the bill. Do I misunderstand the language of the bill, in your opinion?

MS. RAJKUMAR: Yes, I believe that you are misunderstanding the language of the bill.

MR. NOVAKHOV: And my colleague also misunderstands the language of the bill?

MS. RAJKUMAR: Yes.

MR. NOVAKHOV: And those who oppose the bill also misunderstand the language of the bill?

MS. RAJKUMAR: I am sorry, who?

MR. NOVAKHOV: All those who oppose the bill also don't understand the language of the bill.

MS. RAJKUMAR: Well, I don't know. People have different reasons for opposing a bill, so I can't speak to why every single person opposes it.

MR. NOVAKHOV: Right.

MS. RAJKUMAR: People may have different reasons.

MR. NOVAKHOV: Okay. Another question that I have is why the burden of bringing the recalled -- I'm sorry, no, no, no. No. The question is, are you aware that the manufacturer is obligated by law to notify owners about any recalls? So the owner -- the new owner of the vehicle will receive a postcard from the manufacturer saying that, let's say, your airbag needs to be fixed and you have to bring the car to the official dealership. So why making it harder for the used car dealers? They can -- you know, they need extra time to make appointments and stuff if the owner of the vehicle will receive the notification anyway?

MS. RAJKUMAR: Well, I think that you -- you have perfectly explained why we need this bill. As you say, it is established law that any manufacturer is required to notify all the people that bought the car, of an active recall. The problem here that the bill aims to fix is that sometimes the owner of the car will trade in the car to a used car dealer, and then the manufacturer has no way of reaching the dealer because the car has changed hands. So that creates a danger on the road, because the manufacturer has no way to notify the people who go to the dealership. This is a major hazard for our roads and for public safety, so this bill aims to close that gap.

MR. NOVAKHOV: I'm sorry, maybe I'm missing something. So I received a notice from the manufacturer in about a month after -- within about a month after I purchased my used car. And that was kind of my choice to bring the car to the dealership for the repairs or not. So within a month of buying a used car, and I

bought -- I didn't buy it from the used car -- car dealer, I bought it from private party. Nevertheless, I received a notice from the manufacturer proposing me to go to the dealership and make repairs for free. Is that -- is that something we can, you know, live with? Why do we need extra legislation?

MS. RAJKUMAR: I think you're very lucky. Not everyone is as lucky as you. Not everyone gets notified that their car is dangerous. I'm glad that you got notified so that you could drive safely on the road and so that you will get to be here uninjured, you know, and have this debate with me.

MR. NOVAKHOV: Well, thank you.

MS. RAJKUMAR: So we need to make sure that all New Yorkers are -- are notified, and that's why I've introduced this bill.

MR. NOVAKHOV: Well, it -- it wasn't a good intention of the manufacturer, it -- it is actually a law. By law, they must send notification to the used car owner, no matter how old the car is.

MS. RAJKUMAR: Yes, that's correct. A manufacturer, by law, is required to notify all the people who bought the car of any active recalls. The problem is that manufacturers are not able to reach everybody that has bought the car because the cars change hands. And so this bill aims to close that gap.

MR. NOVAKHOV: So, the -- the notification is being sent to the same address the title of the car is being sent. So

then the title of the car is basically, you know, the information of the ownership of the car. So if -- if I'm getting the title to the same address, I'm gonna get a notification to the same address. And if -- if you're saying not everyone is getting those notifications, it means that -- that law doesn't work probably, right? And that -- that's a different story. But maybe that law -- law needs -- needs amendments, not -- not, you know, like creating a new law which kind of puts burden on the small businesses, in particular, the used car dealerships.

MS. RAJKUMAR: Well, I think that you have perfectly identified the problem and the problem that this bill is going to fix.

MR. NOVAKHOV: I mean, again, I'm -- you know, I -- I really like the part of notifying, I don't see anything wrong with notifying the potential car buyers. But again, the language of the bill, I -- I think that it -- it -- if it would be changed accordingly to actually what are you saying and what are you explaining I think it's a great bill and I would vote yes for it.

Thank you so much. Thank you.

Mr. Speaker, on the bill.

ACTING SPEAKER AUBRY: On the bill, Mr. Novakhov.

MR. NOVAKHOV: So, we ended our debate on June 6th last year, I said let's look at the board. It says it relates to requiring motor vehicle dealers to search and recalls -- for recalls and make certain repairs. But the sponsor of the bill again states that

repairs are not necessary. So there is something wrong with the language of this bill. There is some -- some misunderstanding. And, you know, why don't we make it clear? I just would love the sponsor of the bill to make the language of the bill clear when, you know, when it says that the used car dealer doesn't have to deal with the repairs. That's, you know, the only problem I have with this bill.

Thank you so much.

ACTING SPEAKER AUBRY: Thank you, sir.

Ms. Byrnes.

MS. BYRNES: Thank you, Mr. Speaker. Will the sponsor yield?

ACTING SPEAKER AUBRY: Ms. Rajkumar, will you yield?

MS. RAJKUMAR: Yes, I will.

ACTING SPEAKER AUBRY: Ms. Rajkumar yields, sir -- ma'am.

MS. BYRNES: Thank you very much. I want to follow up on a couple of the things that -- that Ms. Walsh and were also mentioned. When you indicated that -- that the dealer, quote, unquote, "has to cause repairs to be made," are you indicating that if somebody who qualifies under the law as you've defined it is a dealer, that if they sell three or more vehicles in the course of a year, they are no longer able to sell a car as-is, which is customarily done nowadays, especially with older used cars. So does that mean no longer can we or anybody sell a car as-is? Because if I sold a car today and then I

don't plan on selling another one, but I end up selling one or two more in the course of a year -- I mean, this is all like retroactive to a point where -- where I didn't necessarily intend to sell -- sell three, but I have. How do we go back in time? You know, the first one was sold as-is. Just wondering.

MS. RAJKUMAR: So, that the General Business Law defines a dealer as any person or entity that sells three cars within a 12-month span. And there's no wiggle room there.

MS. BYRNES: Okay. And then wiggle room, one of the things we talked about year was salvage yards, junk yards. I'm going back to touch on that again. You know, last year you indicated that a junk -- a junkyard could buy a car as-is, but couldn't sell the car as-is, which was -- kind of didn't make sense to me. Are you indicating that it's still the same thing, they can buy a car as-is that they could be stuck with but can't sell it as-is?

MS. RAJKUMAR: They can sell it as-is, so long as there's no active recalls. And they can even sell it as-is if there is an active recall, so long as they notify the customer of the recall.

MS. BYRNES: So all they have to do is notify of the recall and they've complied with their legal obligation?

MS. RAJKUMAR: Yes.

MS. BYRNES: Well then what constitutes, quote, unquote, "cause repairs to be made"? You're saying cause repairs to be made is defined as notifying the purchaser of a recall, correct? That's what you just said.

MS. RAJKUMAR: Yes, it doesn't say make repairs, it says cause repairs to be made.

MS. BYRNES: All right. So all you have to do is notify. You don't have to do anything more.

MS. RAJKUMAR: Correct. Notify and cause repairs to be made. Initiate the process of repairs.

MS. BYRNES: All right. And which can be done simply by doing your own VIN check and saying there's recalls and telling the purchaser, This -- I'm selling it to you as-is. I'm letting you know that -- let's back up a second because you -- you said one of the important things about recalls was safety. I've had vehicles recalled because the air conditioner was defective. The only thing that resulted when the air conditioner was defective was when it was 90 degrees, I had to do it the old-fashioned way and put down the windows to have air in the car rather than being able to have temperature control on the inside. It wasn't a safety issue. It was certainly a convenience issue, but not safety. Will you agree with me that there are many types of recalls on vehicles that certainly can be safety-related, but there are many that are non-safety-related for cars being operated on our roads?

MS. RAJKUMAR: Well, by definition, recalls have to deal with safety-related issues. And recalls are safety-related. It's when Federal standards for safety are not met, the minimum standards.

MS. BYRNES: Okay.

I have a question for you, I actually -- I have -- I

actually have three vehicles currently registered in New York, which will probably cringe some people here. But two of them are eight years old; one that's a salvage, one has 200,000 miles on it, and then I have one that's pretty new. On the -- on the one that's -- that's new and still has a warranty, I actually got a -- I'm not sure if you -- you tell me if you would consider this a recall, it said that when it -- the next time that it needs to be inspected, there may be an issue with emissions. If there is, then they'll do a computer reprogram, and if there isn't, then ignore this -- this issue. I mean, is the vehicle recalled under what you would consider a recall? Where to sell that vehicle -- if I were to do more than three in a -- if I sold all three of my vehicles in one year because I was incapacitated, would I have to go to a Ford truck dealership in Buffalo, which is the only one that services it, to see if it had a problem or not? Or can we take it at face value that it's a kind of warning, an FYI, but it's not really a recall, a safety recall that you're talking about?

MS. RAJKUMAR: So what you gave me, was that the -- that was the content of the recall?

MS. BYRNES: Yup. That was the recall, is there may be an issue. If there is, let us know in the future. So, I mean, how do you analyze what constitutes a recall sufficient that you may want to find somebody who just sells a used car out of their front yard for \$5,000 if they sell three in a year?

MS. RAJKUMAR: I think it's simple. If that was the content of the recall, then the used car dealer has to let the customer

know. *Hey, this is -- this is the content of the recall and they're also saying that they may reach out one more time for additional safety concerns.* That information has to be relayed to the customer, and that constitutes sufficient notification.

MS. BYRNES: Now, I'm sure you'll agree with me that junkyards, salvage yards, their business is not normally selling cars, it's stripping them to sell parts that are usable to be putting in other vehicles that are on the road. Why should they be caught up -- especially if they bought the car themselves as-is, why should they be caught up with having to go through all of the things that you've indicated when there is an exception for people that are even less involved in the automobile business?

MS. RAJKUMAR: Well, anybody who is selling cars should do so responsibly, and that's what this bill is about. Because this is about protecting drivers. This is about keeping our roads safe. And if you do a simple cost-benefit analysis, it costs a lot more when we lose lives on the road. It costs a lot more when people get injured, okay, than it does with this burden on a used car dealership, which I would argue is not an undue burden. It's a very, very simple requirement that is easily met.

MS. BYRNES: If I can be heard on the bill.

ACTING SPEAKER AUBRY: On the bill.

MS. BYRNES: You know, I understand if some -- if there is a business, a car dealership that are -- that truly are in the business of selling vehicles. But this is what they do for their

livelihood. This is truly their business. But when you have private individuals, for example, next year, heaven forbid something happened to me and I can't drive anymore so I decide to sell all three of my vehicles in the same year. Now all of a sudden, me selling my car in the front yard has become a dealer. That doesn't make sense. Somebody who's a salvage yard who's basically stripping down vehicles, they may occasionally find one that's good enough to patch back up and sell to somebody like me who then drives a salvage vehicle to and from Albany, but that's not their business. Their business is scavenging through the old vehicles to find the parts to be able to put them in a productive way into used vehicles they're trying to be able to stay roadworthy. But this isn't the main part of what they do. I just find it reprehensible that we're going to twist the definition of dealer to a point where just individuals selling cars as they've done for forever in their front yards, maybe they got one as a gift from a -- a parent or an aunt who passed away, but they don't need it or want it and can't use it so they sell them in the front yard. That shouldn't make somebody a dealer responsible, especially when we can and have for decades sold these as-is. And especially if now we learn that all you have to do to satisfy this -- which I really don't think is what the sponsor means, but it is what she said, and that is cause repairs to be made simply means I can look up the VIN number and put it -- I can put note apparently on the windshield and -- and then walk away from my legal obligations. I -- I -- I know that that's what the sponsor said, but I really don't think that's what she meant from last year or --

yeah, from last year's debate.

For all of the reasons, I'll be voting no, and I really do hope other people do as well. This is taking what constitute businesses way too far in the State. And also, like, these are not businesses because you're not -- like, I sell I car, I'm not paying the sales tax, it's arranging for it to be sold. It's the person who's gonna register it that's gonna go to DMV. They're the person individually who will pay the sales tax at DMV. There is obligations on the part of the buyers, which buyers understand. And when buyers want to buy a car cheap enough to buy it as-is, they know exactly what they're getting. Thank you.

ACTING SPEAKER AUBRY: Thank you.

Mr. Manktelow.

MR. MANKTELOW: Thank you, Mr. Speaker.

Would the sponsor yield for a question?

ACTING SPEAKER AUBRY: Ms. Rajkumar, will you yield?

MS. RAJKUMAR: Yes, I do.

ACTING SPEAKER AUBRY: Ms. Rajkumar yields.

MR. MANKTELOW: Thank you. So, the crux of the bill is to provide safety to the citizens of New York State, correct?

MS. RAJKUMAR: Yes.

MR. MANKTELOW: So in a situation along our southern border of the State, New York, south of there is Pennsylvania, what happens if I go to Pennsylvania and buy a car from

a dealer there? Is that dealer required to do the same thing?

MS. RAJKUMAR: This -- this only applies to New York State. So, dealerships in New York State.

MR. MANKTELOW: So if there's a dealer just south of New York State and they're doing some of the stuff that you want them to do, because it is an added cost. I've talked to several of our local dealers and it's not just simply notifying them, it -- it is a cost. Are we not going to put our dealers in New York State at a disadvantage to, say, a dealer in Pennsylvania?

MS. RAJKUMAR: Well, I think you raise a very good issue. Perhaps this is a bill that should be implemented in other states. Perhaps there should be a Federal law that's similar to this one. But we can only do what we can do here, and that is to protect consumers in New York State.

MR. MANKTELOW: And you made a great point and I agree with you. I think if we're going to do this in New York, then we should be pushing this nationally, because again, like many of other of our local businesses, small businesses, we are going to put them again at another disadvantage to a business just across the line. And we are just hurting our dealers. I totally agree with the safety aspect of it, I commend you for trying to do that. But what this bill is going to do is going to protect probably some people but it won't do all of them. And if people can buy a car cheaper across the southern border, they're going to go buy the car in Pennsylvania or New Jersey or Vermont, or wherever we butt up against another state. And I

would be more supportive, as you said, if this was done nationally and not just here in New York State.

So, I -- I thank you for bringing this forward, Madam Sponsor, and I will be voting no -- excuse me -- just thank you for taking the questions.

MS. RAJKUMAR: Thank you.

MR. MANKTELOW: Mr. Speaker, on the bill.

ACTING SPEAKER AUBRY: On the bill, sir.

MR. MANKTELOW: As -- as I said, again, we're gonna put our local businesses at a disadvantage; our car dealerships, as my colleague said, even small people that only sell a few cars. It's just not that simple. And having been in business, every little detail of something extra we have to do costs money. And it will take time, it will cost people to not wanna buy a car at a dealership on the border of New York and go over to Pennsylvania.

So I, again, urge my colleagues throughout this whole building, the People's House, to say no to this because the thought is good, but this bill isn't quite where it needs to be. So thank you, Mr. Speaker.

ACTING SPEAKER AUBRY: Thank you.

Mr. Goodell.

MR. GOODELL: Thank you. Would the sponsor yield?

ACTING SPEAKER AUBRY: Ms. Rajkumar?

MS. RAJKUMAR: Yes.

ACTING SPEAKER AUBRY: Ms. Rajkumar yields.

MR. GOODELL: Thank you. As you know, Section 417 of the Vehicle and Traffic Law already requires all used car dealers to certify that the vehicle is safe for operation on -- on the roadway. So isn't this already covered under existing law in terms of safety of the traveling public?

MS. RAJKUMAR: No, because this is requiring dealers to take an additional step of notifying customers of active recalls, which I don't believe the section you cited does.

MR. GOODELL: No, the section I cited just requires them to certify that the vehicle is safe.

MS. RAJKUMAR: Okay, which is --

MR. GOODELL: Isn't that really our objective?

MS. RAJKUMAR: Which is worthy, but I think is different.

MR. GOODELL: I see. Okay, thank you. I appreciate it.

On the bill, sir.

ACTING SPEAKER AUBRY: On the bill, Mr. Goodell.

MR. GOODELL: Thanks to all my colleagues for a thoughtful debate. Thank you for the bill sponsor and my colleagues. It gave me an opportunity to look up my own VIN. And if any of you haven't done it, you can do it for free, and it turns out there actually is an open recall on my car. Who would've known? Apparently there's

an issue with my positive crankcase ventilation valve heater, my PCV valve heater. And here I never even knew I had a PCV valve heater, but my car seems to start and run okay as long as I put gas in it periodically. So maybe at some point in the future I'll have that addressed. I was delighted to find out that my 31-year-old 1993 Jeep Wrangler has no open recalls. I think the whole vehicle ought to be recalled, to be honest with you. I think it was unsafe at any speed. I was waiting for some article about the Corvair to come up on my recall list.

I appreciate the -- the sponsor's desire, and if this bill actually said that all the dealer had to do is check and notify the customer, I think you'd find unanimous support amongst all of us on both sides of the aisle. And so we agree with the sponsor, the dealer, used car dealer, should check. It's very quick, it's easy. It will identify parts you didn't know existed on your car, and if you want to notify the buyer I think that's a great thing. This bill, as my colleagues have repeatedly pointed out, goes beyond that and says that if you're selling cars, even if you only sell a few, you actually have to take care of the recall. And in some situations, while the recall doesn't cost you money, it costs you time and convenience, which is a real challenge for many dealers. And for that reason, I won't be supporting it. But I -- as I noted in my comments, the New York State Vehicle and Traffic Law already requires a certification that the vehicle is safe. Every used car dealer has to make that certification. It's enforced not only by the DMV, but it's also enforced by civil liability. So I think we've got

the issue covered, and hopefully if this comes up next year it'll be -- the language will be tweaked so we'll all understand and agree what it means. But in the meantime, I can't support it. Thank you, sir.

ACTING SPEAKER AUBRY: Thank you.

Read the last section.

THE CLERK: This act shall take effect on the 90th day..

ACTING SPEAKER AUBRY: A party vote has been requested.

Mr. Goodell.

MR. GOODELL: Thank you, sir. The Republican Conference is generally opposed to this legislation. Those who support it are certainly encouraged to vote yes here on the floor of the Legislature. Thank you, sir.

ACTING SPEAKER AUBRY: Thank you.

Mrs. Peoples-Stokes.

MRS. PEOPLES-STOKES: Thank you. The Majority Conference is in favor of this piece of legislation.

ACTING SPEAKER AUBRY: The Clerk will record the vote.

(The Clerk recorded the vote.)

Ms. Rajkumar.

MS. RAJKUMAR: Thank you, Mr. Speaker. This is a simple bill with an important goal, to protect New York State motorists from driving unsafe cars. It will protect people like Michael

Sharkey, who purchased a 2006 Chevy Cobalt with a faulty ignition switch. A week after purchasing it, he went on a fishing trip and died on the road, becoming one of the 109 people killed in accidents caused by faulty ignition switches, a faulty part that also injured 200 others. By requiring used car dealers to make a good faith effort to determine if their vehicles have active recalls, this bill will save lives. It's good for consumers, it's good for drivers, it's good for public safety.

I vote in the affirmative.

ACTING SPEAKER AUBRY: Ms. Rajkumar in the affirmative.

Mr. Novakhov to explain his vote.

MR. NOVAKHOV: Thank you, Mr. Speaker. The sponsor of the bill says that it's a simple bill. I can't agree with that until the language of the bill is not changed. It's not a simple bill if we spend, like, 45 minutes discussing it. If it would be a simple bill, I think we'd all be voting in -- in the positive to pass this bill. But unfortunately, this is not a simple bill. So I wish it would be a simple bill with simple language, and if so, I would be voting positively. But unfortunately, I'm in the negative.

Thank you, Mr. Speaker.

ACTING SPEAKER AUBRY: Mr. Novakhov in the negative.

Are there any other votes? Announce the results.

(The Clerk announced the results.)

The bill is passed.

ACTING SPEAKER AUBRY: Page 7, Calendar No. 17, the Clerk will read.

THE CLERK: Assembly No. A00325, Calendar No. 17, Paulin, McDonough, Seawright, Dinowitz, Fahy, Weprin, Simon. An act to amend the General Business Law, in relation to prohibiting the sale of infant walkers and restricting the use of such infant walkers in certain settings.

ACTING SPEAKER AUBRY: An explanation is requested.

MS. PAULIN: Yes, thank you, Mr. Speaker. This bill provides -- prohibits the sale or lease of any infant walker and restricts the use of infant walkers in child care facilities.

ACTING SPEAKER AUBRY: Mr. Gandolfo.

MR. GANDOLFO: Thank you, Mr. Speaker. Would the sponsor please yield for a couple questions?

MS. PAULIN: Yes, I would.

ACTING SPEAKER AUBRY: Sponsor yields.

MR. GANDOLFO: Thank you. So my first question is, so this bill would prohibit the sale and lease of infant walkers and prohibit their use in child care facilities and it does so by adding a new section, 399(k) in General Business Law. Upon looking at General Business Law, Section 399(k) pertains to access to toilet facilities for utilities workers. How does that fit in?

MS. PAULIN: Yes. The Governor signed a 399(k)

into law last month, and this bill was drafted earlier than that. My understanding - and I have to say I've made nearly 400 laws and this has never happened before - but my understanding is that there are times when the same section is listed twice and it's just referred to 399(k) as passed blah, blah, blah, blah, you know, so that's what would happen in this instance.

MR. GANDOLFO: All right. Well, thank you for the clarification. So now just on the topic. It would prohibit manufacturers, wholesalers, retailers, second-hand dealers from selling infant walkers. Now this would not prevent then someone who has an infant walker and they're looking to sell it on a secondary market on like a Marketplace app or from gifting it to a family member or a friend.

MS. PAULIN: No, it -- wouldn't.

MR. GANDOLFO: Okay. So it's just if your primary purpose is dealing in --

MS. PAULIN: Yeah. And it would send a warning to those people that maybe they shouldn't be doing that but it wouldn't -- it wouldn't make that illegal.

MR. GANDOLFO: Okay. And why are we looking to ban the sale of -- of infant walkers?

MS. PAULIN: The American Academy of Pediatrics has indicated that there is serious injury potentially to a child's neck and head by using these walkers. And there have been many instances where children every year are brought to the emergency room to deal

with those injuries.

MR. GANDOLFO: Right. And how many emergency room visits happen in the State of New York from accidents with infant walkers?

MS. PAULIN: Oh, I don't know that exact answer. But, I know I have something -- you know what? I'll have to get back to you on that.

MR. GANDOLFO: Okay.

MS. PAULIN: I don't know the exact number.

MR. GANDOLFO: Okay, well that's fine, because I know the Federal Consumer Safety Product Commission [sic] regulates infant walkers now and they've stipulated a couple of features that have to be included. They have to be wider than the standard 36 inch door frame and they need to have brakes on them. And I know from experience, I have an infant at home with an infant walker, those brakes I can't even push the thing over a little (inaudible) to get over an area rug or anything. And in my reading I saw that the American Academy of Pediatrics has said that since these regulations went into effect, the number of injuries has decreased significantly. So that's why I asked how many were in New York. I saw that nationwide there were 2,000 emergency room visits every year, it doesn't break it down to New York and it's down considerably. So -- and that was basically my -- my main issue with this bill is that we don't know how many even happen in New York and if there's 2,000 a year, there's 50 states, let's say even 50 a year happen in New

York, there are so many other things that injure children more; falling off furniture, dog bites, but we don't disallow people from having pets at home with children. So that was my main point on bringing up the numbers.

MS. PAULIN: No, no, I appreciate that. And I will say, though, that, you know, those Federal regulations were made in 2010. And since that time the American Academy has still lobbied for a complete ban. So this is in reaction to their request and as well, Canada has implemented a complete ban, so there is some precedent for doing that despite the -- the regulations that the Federal Government has made, you know, since 2010.

MR. GANDOLFO: Okay, thank you.

Mr. Speaker, on the bill, please.

ACTING SPEAKER AUBRY: On the bill, sir.

MR. GANDOLFO: My main issue with this bill and we also had a discussion last week about the banning of infant loungers. In New York we seem to be micromanaging what parents can and cannot do with their children, and a lot of these products are perfectly safe to use if they are used properly. In the case of infant walkers, as I just mentioned, there were 2,000 emergency room visits nationwide per year give or take. We don't know how many warranted the emergency room visit, we don't know how many even happened in New York. And the last year that I could find some -- a report on infant injury data from New York State was in 2013, which was the *Special Emphasis Report: Infant and Early Childhood Injury*

and there are so many categories here that are mentioned. Infant walkers are a subcategory. We have furniture falls, falling down stairs, striking against objects, playground equipment, bicycles, burns, dog bites, bug bites, a whole host of things and infant walkers aren't even registering on that list, which just makes me feel that this isn't something we need to do. A lot of parents, myself included, use these contraptions safely under supervision just to allow us to get some other things done around the house, especially if you have more than one kid, sometimes the only thing you have is that walker, that apparatus to occupy them for ten to fifteen minutes at a time.

So Mr. Speaker, I believe that this is micromanaging parents in our State and I will be voting in the negative. Thank you.

ACTING SPEAKER AUBRY: Mr. Flood.

MR. FLOOD: Thank you, Mr. Speaker.

On the bill.

ACTING SPEAKER AUBRY: On the bill, sir.

MR. FLOOD: You know, I've -- I've said this before and I know a lot of people here are, you know, parents and I've had my share of them. I know the intent of this bill is to keep our children safe but, you know, as a parent you see from the time your child is born they're looking to be more mobile. We've seen some of these infant walkers. I had a bunch of them at my house, we also had step-downs and stuff like that. And as my colleague said, you could have some stuff in place, but as you know a child is looking to be mobile from the time they're born, they're trying to roll over, they're

always trying to do more. We also found in my household that we came up with this, you know, kind of curious term of furniture surfing where if the child -- if my children didn't have access to a walker or some type of navigation, they would start using whatever they could find to try to navigate, whether it be the glass table, whether it be the dog, the couch, TV stand, whatever they can do to move themselves. So when we're talking about safety, I think having a little plastic -- you know, a little plastic truck type thing with wheels is a little safer alternative than having the kid looking into grab on tables which might have coffee, tea, whatever it could have -- whatever, couches. And I think those falls would be more serious. So, though, I -- I applaud the sponsor in trying to -- in the intent of the bill trying to keep our children safe, I -- I think there's better ways around this so I'm going to vote in the negative and I would -- hope my colleagues would do the same. Thank you.

ACTING SPEAKER AUBRY: Thank you, sir.

Read the last section.

THE CLERK: This act shall take effect on the 90th day.

ACTING SPEAKER AUBRY: A party vote has been requested.

Mr. Goodell.

MR. GOODELL: Thank you, sir. The Republican Conference is generally opposed to this legislation. Those who support it are certainly welcome to vote yes on the floor. Thank you,

sir.

ACTING SPEAKER AUBRY: Thank you.

Mrs. Peoples-Stokes.

MRS. PEOPLES-STOKES: Thank you, Mr.

Speaker. The Majority Conference is generally going to be in favor of this piece of legislation. There may be a few that would desire to be an exception. They should feel free to do so at their seats. Thank you, sir.

ACTING SPEAKER AUBRY: Thank you.

The Clerk will record the vote.

(The Clerk recorded the vote.)

Mr. Goodell to explain his vote.

MR. GOODELL: Thank you, sir. There's a lot of dangerous things that kids do starting with playing with toys, playground equipment, slides, swimming pools, dogs, pets. We in the Legislature don't need to micromanage all parents. We ought to respect the role of the parents and allow them to use their discretion in ensuring that their children make it to adult age. Thankfully my kids did, notwithstanding the fact I took them on camping trips, exposed them to open flames, roasted things, picked up hotdogs after it fell on the ground and fed them anyway. It's up to the parents to raise their kids, it's not up to the State Legislature and we should let parents exercise discretion. Thank you, sir. I vote no.

ACTING SPEAKER AUBRY: Mr. Goodell in the negative.

Mrs. Peoples-Stokes to explain her vote.

MRS. PEOPLES-STOKES: Thank you, Mr.

Speaker. I kind of always relate things back to when my daughter was born and we weren't even required to put a child in a car seat when you drive them on the street or the highway but now we are. In fact we weren't even required to wear seat belts. And so I think at some point when you can look at the data that shows you that children are being literally injured from being in this type of walker and maybe have this type of walker is more safe for them, it would make sense that you would want to say to parents and whoever else, put your kid in a walker that's going to be safe for them. Now I understand, you know, I get a little concerned about government managing people's lives as well. We didn't seem to be -- at least not all of us, so concerned about government managing the lives of women and their doctors when they make decisions about whether or not they're even going to have a child, and so I think we can't have it both ways. Either you want government to protect you sometime or you want government to protect you all the time. I don't think government needs to protect you from a decision that you make with your doctor, but I do think government needs to protect our children from products that are made in a faulty way that could hurt them. So I am pleased to vote in support of this piece of legislation.

ACTING SPEAKER AUBRY: Mrs. Peoples-Stokes in the affirmative.

Are there any other votes? Announce the results.

(The Clerk announced the results.)

The bill is passed.

Mrs. Peoples-Stokes.

MRS. PEOPLES-STOKES: Mr. Speaker, do you have any further housekeeping or resolutions?

ACTING SPEAKER AUBRY: We do have no housekeepings [sic] but we have a few resolutions, we'll take them up with one vote.

On the resolutions, all those in favor signify by saying aye; opposed, no. The resolutions are adopted.

(Whereupon, Assembly Resolution Nos. 1059-1064 were unanimously approved.)

Mrs. Peoples-Stokes.

MRS. PEOPLES-STOKES: I now move that the Assembly stand adjourned and that we reconvene at 12:30 p.m., Wednesday, April the 3rd, tomorrow being a Session day.

ACTING SPEAKER AUBRY: The Assembly stands adjourned.

(Whereupon, at 5:08 p.m., the Assembly stood adjourned until Wednesday, April 3rd at 12:30 p.m., Wednesday being a Session day.)