

MONDAY, APRIL 4, 2022

11:31 A.M.

ACTING SPEAKER AUBRY: The House will come to order.

The Rabbi Butman will offer a prayer.

RABBI SHMUEL BUTMAN: (Speaking Hebrew).

Our Heavenly Father, please bestow all of your kindness on the members of the New York State Assembly. Bless them and their families with all the good things and happiness and prosperity in all of their deeds. Especially since today, the members of the Assembly are going to pass a resolution for 120 days of education in honor of the 120th birthday of the Rebbe Rabbi Menachem M. Schneerson. We start Psalm 121, that's the custom, and in Psalm 121 it says (speaking Hebrew), which means, *My help, says King David, comes from Almighty God.* Each and every one of us has some -- sometimes that

we need help. And we know that if we turn to Almighty God and we ask for his help, we are going to receive his help. We witness -- as we all do, we read newspapers and we hear and we see what's going on in this world. And we see that the world is less than perfect the way it's today. And today the reason that we dedicate days of education because the Rebbe always said that he wants each and every child to know that there is an eye that sees and an ear that hears and that the world is not a jungle. How much nicer the world would be today if all the leaders would know that there is an eye that sees and an ear that hears and that the world is not a jungle.

In 1991, I went to Washington and I opened the United States Senate. Before I did that I went to see the Rebbe. And the Rebbe said to me I should take me with a pushka. A pushka means a charity box. And while I'm offering the invocation I should put in one dollar into the pushka. And then the Rebbe said, *Let them see what you are doing and let them know what money should be given for.* We're going to put in one dollar in the pushka, as the Rebbe asked me to do. And later on if anyone wants to join us in putting in one dollar in the pushka, we it would be -- it would be greatly appreciated. Well, I don't want you to think that this is a fundraising campaign, because if it would be we would ask you for more than one dollar. And you're dealing with a budget anyway, of more than one dollar. But this is an act of goodness and kindness. Almighty God has made you the custodian. The custodians of law and order and all the good things for the State of New York. By extension, all of

America is looking up to you, and America is a superpower. Therefore, you are a light not only for America, a light for the entire world. I want to tell you that every Saturday we say a prayer for you. We say all of those who serve the public faithfully, Almighty God should bless them. They should have a lot of prosperity, and you should have a lot of prosperity in your private lives and in your public lives, and you should pass the budget successfully today.

Thank you very much.

(Laughter/Applause)

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 Sunday, April 3rd.

Mrs. Peoples-Stokes.

MRS. PEOPLES-STOKES: Mr. Speaker, I move to dispense with the further reading of the Journal of Sunday, April 3rd and ask that the same stand approved.

ACTING SPEAKER AUBRY: Without objection, so ordered.

Mrs. Peoples-Stokes.

MRS. PEOPLES-STOKES: Thank you, Mr. Speaker, colleagues and guests. I certainly want to thank the Rabbi for those beautiful words. I walked right back to my office and

grabbed my dollar so I'll be prepared.

I do have a quote I would like to share today, Mr. Speaker. This one is from Nelson Mandela, who most of you all know was a South African anti-apartheid revolutionary, political leader and philanthropist who served as the first president of South Africa from 1994 until 1999. His words for us today, Mr. Speaker and colleagues, *The greatest glory in living lies not in never falling, but in rising every time we fall.* Again, those words from Nelson Mandela.

Mr. Speaker -- Mr. Speaker and colleagues, you have -- colleagues have on their desks the main Calendar with six new bills on it. After any housekeeping we're going to take up resolutions on page 3. Not sure if colleagues will desire to speak on those or not, Mr. Speaker. But afterwards we're going to take up those new bills on consent beginning with Calendar No. 511. It's on page 4. And then we're going to work off our debate. We're going to start exactly where we left off last week, Mr. Speaker, with Calendar No. 294 by Ms. Solages, Calendar No. 359 by Mr. Dinowitz, Calendar No. 385 by Ms. Rosenthal, and Calendar No. 464 by Mr. Zebrowski. There is a real possibility there may be a need some additional -- for some additional floor work today, but for sure there will be meetings called off the floor for both Ways and Means and Rules. And if there any further announcements we'll let you know at a later time, Mr. Speaker. Absolutely there will be a need for a Majority Conference, though. That we -- we know. That will happen at the conclusion of our work today and it's going to happen in Hearing Room B. And as always

we'll ask our colleagues on the other side of the aisle if they have the same needs.

Mr. Speaker, that's the general outline. If there's housekeeping now would be a great time.

ACTING SPEAKER AUBRY: No housekeeping --

MRS. PEOPLES-STOKES: Thank you.

ACTING SPEAKER AUBRY: -- but we do have an introduction by Mr. Weprin.

MR. WEPRIN: Thank you, Mr. Speaker. I'd like this introduction to be joined but with Assemblyman Brian Cunningham, our new colleague representing Crown Heights, as well as our distinguished Chair of the Ways and Means Committee who used to represent Crown Heights, Helene Weinstein, and Assemblymember Clyde Vanel who represents the -- the Ohel where the -- the Rebbe is buried.

Rabbi Shmuel Butman is a friend of the Weprin family for many years. He's a close friend of my late uncle Jack, as well as my late father Saul. He's been coming up to Albany each and every year to commemorate the Lubavitcher Rebbe Rabbi Menachem Mendel Schneerson's birthday. This year is a special anniversary, 120 years, which is the -- the age of Moses when he passed away. And very often when people give greetings of good health they say, *Until 120*. And that's because that's how long Moses lived. Rabbi Butman has been involved -- he actually erects each and every year on Hanukkah the largest menorah in the world, which is at 59th Street

and 5th Avenue every Hanukkah that they light that menorah for eight nights. And I've had the privileges many -- for many years to light one of those candles. The Lubavitcher Youth Organization is headed by Rabbi Butman for many, many years, and they actually are involved with over 65 different Chabad houses. Every year we -- I've been sponsoring this resolution which we will adopt at the end of the Session to commemorate Rabbi Schneerson's 120th year. Rabbi Schneerson established 1,500 Lubavitch centers worldwide and helped people from all walks of life, whether they be Jewish or not Jewish. Today the Chabad Lubavitch operates 5,000 centers in over 1,000 cities and 102 different countries. Throughout Rabbi Schneerson's life, he dedicated himself and his followers have dedicated themselves to many philanthropic causes, humanitarian efforts and astute Judaic leadership. He has truly earned the devotion of his followers and all of us.

With that said, I am truly honored to bring this resolution at the end of Session, and I would like to invite everyone to a luncheon being held in Room 711 now, for the next of couple hours. So you're all welcome to join us for a kosher lunch.

Thank you, Mr. Speaker.

ACTING SPEAKER AUBRY: Certainly. On behalf of Mr. Weprin, Mr. Cunningham, Ms. Weinstein, Mr. Vanel, the Speaker and all the members, we welcome you again to the New York State Assembly, extend to you, Rabbi, the privileges of the House and look forward to your visit every year. Thank you for reminding us of

the worth that we have to people, but that we should also consider their worth as we do our business. Thank you so very much.

RABBI BUTMAN: Thank you very, very much.

(Applause)

Ms. Jackson for the purposes of an introduction.

MS. JACKSON: Well, thank you, Mr. Speaker. We have a very important guest today. Most of you all know him already, but this is his first time on the floor. And as you can see earlier, you know why I don't bring him onto the floor. He got really dressed today because he didn't want to hear Wayne Jackson argue with him about a bowtie, so he has one on. This right here is -- we deemed him the Chair of the Baby Caucus.

(Laughter)

He comes every week to help us pass very important legislation. Most of you know him as TJ, but I formally introduce you all to Terrence Trafton, Jr. And we are saying *TJ is here, have no fear, the budget will have childcare this year.*

(Laughter/Applause)

ACTING SPEAKER AUBRY: TJ, on behalf of your mother, the Speaker and all the members, we welcome you here to the New York State Assembly and extend the privileges of the floor. As family, you will always have these privileges. Let me say that there's nothing more significant about the changes that we've seen as to have young children here on the floor because that was not what happened 30 years ago when I was here. And so this is a great change and a

great reminder of why we do what we do. Thank you so very much,
TJ.

(Applause)

Resolutions, page 3, the Clerk will read.

THE CLERK: Assembly Resolution No. 719, Mrs.
Barrett.

Legislative Resolution memorializing Governor
Kathy Hochul to proclaim April 2022 as Lyme Disease Awareness
Month in the State of New York.

ACTING SPEAKER AUBRY: On the resolution, all
those in favor signify by saying aye; opposed, nay. The resolution is
adopted.

THE CLERK: Assembly Resolution No. 720, Ms.
Joyner.

Legislative Resolution memorializing Governor
Kathy Hochul to proclaim April 11-17, 2022 at Black Maternal Health
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.

Page 4, Calendar No. 51 [sic], the Clerk will read.

THE CLERK: Assembly No. A03719-A, Calendar
No. 511, Lavine. An act to amend the Education Law, in relation to
notice of art stolen during the Nazi era in Europe.

ACTING SPEAKER AUBRY: Read the last section.

THE CLERK: This act shall take effect immediately.

ACTING SPEAKER AUBRY: The Clerk will record the vote on Assembly print 3719-A. This is a fast roll call. Any member who wishes to be recorded in the negative is reminded to contact the Majority or Minority Leader at the numbers previously provided.

(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. A08185-B, Calendar No. 512, Rozic, Burdick. An act to amend the Real Property Law, in relation to authorizing the board of managers of a condominium to allow unit owner meetings to be conducted via electronic means.

ACTING SPEAKER AUBRY: Read the last section.

THE CLERK: This act shall take effect immediately.

ACTING SPEAKER AUBRY: The Clerk will record the vote on Assembly print 8185-B. This is a fast roll call. Any member who wishes to be recorded in the negative is reminded to contact the Majority or Minority Leader at the numbers previously provided.

(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. A08264-B, Calendar No. 513, L. Rosenthal. An act to amend the Correction Law, the Public Health Law and the Tax Law, in relation to replacing all instances of the words or variations of the words "feminine hygiene products" and "sanitary napkins" with the words "menstrual products" and "pads", respectively, or a variation thereof.

ACTING SPEAKER AUBRY: The bill is laid aside.

THE CLERK: Assembly No. A09296, Calendar No. 514, McDonald. An act to amend the Agriculture and Markets Law, in relation to authorizing the return of a dog to its owner or custodian.

ACTING SPEAKER AUBRY: Read the last section.

THE CLERK: This act shall take effect immediately.

ACTING SPEAKER AUBRY: The Clerk will record the vote on Assembly print 9296. This is a fast roll call. Any member who wishes to be recorded in the negative is reminded to contact the Majority or Minority Leader at the numbers previously provided.

(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. A09336-A, Calendar No. 515, Barrett, Simon, Jacobson. An act to direct the Department of Agriculture and Markets, in cooperation with the New York State Energy Research and Development Authority, to develop and produce guidance and educational materials on the use of agrivoltaics in

farming.

ACTING SPEAKER AUBRY: On a motion by Mrs. Barrett, the Senate bill is before the House. The Senate bill is advanced and the bill is laid aside.

THE CLERK: Assembly No. A09598, Calendar No. 516, Joyner. An act to amend the Labor Law, in relation to redefining the term "covered renewable energy system."

ACTING SPEAKER AUBRY: The bill is laid aside. Page 29, Calendar No. 294 on the debate list, the Clerk will read.

THE CLERK: Assembly No. A04908, Calendar No. 294, Solages. An act to establish a task force to identify evidence-based and evidence-informed solutions to reduce -- reduce children's exposure to adverse childhood experience.

ACTING SPEAKER AUBRY: Mr. Goodell.

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

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

MS. SOLAGES: Yes.

ACTING SPEAKER AUBRY: The sponsor yields.

MR. GOODELL: Thanks, Ms. Solages. Is there any reason why there aren't any Minority appointments on this task force?

MS. SOLAGES: Well, I thank my colleague for bringing up this very important topic. And of course we're willing to

have further discussions that will allow people, individuals, members to have their say. But as the bill is written it allows for specific departments to appoint members of the task force. And so we want to make sure great experienced individuals are sitting on this task force that really can highlight ACEs, which are adverse childhood experiences, stressful experiences, traumas. We want individuals who are trauma-informed to be sitting on this task force.

MR. GOODELL: Certainly, and I -- I agree with your objective to have people who are well-informed to serve on this task force. It's an objective we all share. But why are there only appointments from the Majority and no appointment from the Minority?

MS. SOLAGES: You know, as I said before, my -- my first thought was making sure that we ascertain or are able to get individuals who are trauma-informed who have, you know, experience. And so definitely they could have -- we have further dialogue and conversation because right here the -- the appointments don't end with us passing this bill. It's an ongoing conversation. So definitely I'm interested in having further conversations with the Minority.

MR. GOODELL: I see. So even though this legislation doesn't provide for an appointment of an expert from the Minority, you anticipate that the Minority will have input on the appointment that's being made by the Majority?

MS. SOLAGES: Yeah. I'm open to a dialogue about

the ten members from specific departments and agencies that can ascertain and evaluate ACEs and other, you know, trauma-informed policies.

MR. GOODELL: I see. Thank you very much.

On the bill, sir.

ACTING SPEAKER AUBRY: On the bill, sir.

MR. GOODELL: The purpose of this task force, which is to evaluate adverse childhood experiences and make recommendations that will be helpful is certainly a valuable and worthwhile objective, something I know that all my colleagues share. I think it's also important to recognize, though, that the Minority both here and in the Senate represent several million people. And this is an issue that affects not just Majority members or not just Majority districts. Sadly, it's an issue that affects every district all across the State. And I think it's always valuable when we're looking at creating task forces that we see experts that come from a different perspective. And so while I have no doubt that the Majority appointment will be an expert, a lot of times the Minority also has experts that come from a slightly different perspective that might reflect, for example, a more Upstate perspective or a more rural perspective. And we all know that adverse childhood experiences can vary, whether you're in an urban setting or in a rural setting. And so I certainly appreciate my colleague's focus on establishing a task force focusing on adverse childhood experiences. I hope that we can reexamine this, increase the number of membership, make sure that not just the urban areas but

the suburban areas and the rural areas are represented, and that's where the Minority can be particularly helpful.

So with that I -- I will be voting for it and recommend it to my colleagues. But I also would commend to my colleague that we look at expanding the membership and include a broader and more diverse representation. Thank you, sir, and thank you to my colleague.

ACTING SPEAKER AUBRY: Mr. Fitzpatrick.

MR. FITZPATRICK: Hi. Thank you, Mr. Speaker. Would the sponsor yield for a couple of questions?

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

MS. SOLAGES: Yes.

ACTING SPEAKER AUBRY: The sponsor yields.

MR. FITZPATRICK: Thank you. Michaelle, can you define for me what an adverse childhood experience is? What -- what are these?

MS. SOLAGES: Yeah, definitely. You know, ACEs are defined as stressful and traumatic experiences that have occurred during childhood which strongly are related to the develop -- effect and are related to the development and prevalence of a wide range of problems throughout a person's lifetime. So, about 1/10th of every municipality, State, Federal dollar is spent on health-related issues, traumas that affect children at a young age.

MR. FITZPATRICK: Okay. Very good. I -- I know

you mentioned to the -- to the former questioner that you are open to dialogue. Would -- would you be willing to make a commitment to add a Minority member or Minority members to this panel?

MS. SOLAGES: You know, my first --

MR. FITZPATRICK: Would you go on the record to do so?

MS. SOLAGES: Oh, my first thought is making sure that we get, you know, health professionals, medical professionals, people within State agencies who are -- have experience and -- and in making sure that we are intelligent about trauma-informed policy. So, you know, we're definitely having conversations. We're definitely, you know, talking. But again, you know, we have to be focused on making sure that we tackle ACEs and are having trauma-informed policy because every day as a State, you know, we're paying on the back end instead of just talking about how we can be preventative. So I'm definitely open to conversation and, you know, look forward to -- to hearing more, you know, off the floor.

MR. FITZPATRICK: But -- but you're not willing to make a commitment.

MS. SOLAGES: So, definitely I'm -- I'm willing to have a conversation.

MR. FITZPATRICK: You're not willing to make a commitment.

MS. SOLAGES: You know, again, I am the Assembly sponsor so --

MR. FITZPATRICK: Okay. I'll take that as you're not willing to make a commitment. Thank you. Thank you.

MS. SOLAGES: I thank my colleague.

MR. FITZPATRICK: Thank you, Mr. Speaker.

ACTING SPEAKER AUBRY: Thank you.

Mr. Gallahan.

MR. GALLAHAN: Thank you, Mr. Speaker. Will the sponsor yield for one question?

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

MS. SOLAGES: Yes.

ACTING SPEAKER AUBRY: Ms. Solages yields, sir.

MR. GALLAHAN: Thank you. Following up on my colleague's comments about the Minority not being recognized here and being a part of this -- this committee, this task force, I brought this up in Committee. It was an objection that I had in Committee, and I was told that it would be looked into before the bill hit the floor. I don't know if it was looked into or not, but the bill's on the floor and we don't have that -- that commitment. Can you -- can you tell me what you know about my question in Committee and maybe why it wasn't addressed?

MS. SOLAGES: You know, in previous years the Legislature had various proposals related to ACEs, including expanding child care training requirements to include ACEs, to

provide information on various entities related to ACEs, and to provide guidance and -- and report on what we can do to tackle it. So, again, you know, we need to make sure that we're focused that the people within the State agencies and the people sitting on this task force are focused on ACEs. And, you know, to me ACEs is a -- is a bipartisan issue. It's an issue that, you know, I don't want someone coming in there thinking from a political lens, but more thinking about holistically, what can we do to improve outcomes for young children in New York State. And so I'm definitely, you know, open to dialogue, open to conversations. But we need to really be focused on -- on making sure that ACEs are taken care of. So if we have a commitment to really tackle and make sure, you know, we're improving outcomes, I'm all for it.

MR. GALLAHAN: Thank you.

Mr. Speaker, on the bill.

ACTING SPEAKER AUBRY: On the bill, sir.

MR. GALLAHAN: I can appreciate, you know, you being open and willing to -- to communicate. But weeks ago we voted on this in Committee and apparently there's no communication from then until now. I don't have a lot of confidence there will be communication between now and later. You know, committees and task forces are constantly being formed in this -- in this Chamber, and time and time and time again the Minority is not on these committees. There's no appointments from the Minority side. I voted for this in Committee, and seeing there's no representation from the Minority

side I will be in the negative on this.

Thank you, Mr. Speaker.

ACTING SPEAKER AUBRY: Thank you, sir.

Read the last section.

THE CLERK: This act shall take effect immediately.

ACTING SPEAKER AUBRY: The Clerk will record the vote on Assembly print 4908. This is a fast roll call. Any member who wishes to be recorded in the negative is reminded to contact the Majority or Minority Leader at the numbers previously provided.

(The Clerk recorded the vote.)

Mr. Lawler to explain his vote.

MR. LAWLER: Thank you, Mr. Speaker. It looks like we're off to a raucous start today. We could avoid these types of questions on the daily if the Majority would just agree that any time there's these type of task forces or committees that they allow Minority representation to be part of it. We represent millions of people across the State of New York of all backgrounds, and this is why people have such little faith in government. We talk often about the committee process, and go through the committee process. There is no committee process, as evidenced by my colleague's comments, that he asked for this to be amended between committee and the time it came to the floor so that the Minority was included in it. It obviously wasn't. We're going to vote at some point - maybe today, maybe tomorrow - on a budget extender because one-party rule can't seem to get together and produce a real budget. Maybe, just maybe,

we can start to get to a point where even the littlest things such as task force, we can find some way to be -- to work together in a bipartisan manner and ensure that there are appointments from the Minority to these task forces. It would probably make these bills mean something more to the people that they're supposed to help and serve, many of whom live in our districts as they do in yours.

So with that and because based on the line of questioning and the non-answers, I'm going to vote in the negative.

ACTING SPEAKER AUBRY: Mr. Lawler in the negative.

Mr. Goodell.

MR. GOODELL: Thank you, sir. Please record my colleague Mr. DiPietro in the negative. Thank you.

ACTING SPEAKER AUBRY: So noted.

Are there any other votes? Announce the results.

(The Clerk announced the results.)

The bill is passed.

Page 30, Calendar No. 359.

THE CLERK: Assembly No. A01861-C, Calendar No. 359, Dinowitz, L. Rosenthal, Galef, Abinanti, Fahy, Colton, Weprin, Lavine, Reyes, Cruz, Lunsford, Dickens, Jacobson. An act to amend the Labor Law, in relation to prohibiting an employer from requesting or requiring that an employee or applicant disclose any user name, password or other means for accessing a personal account through specified electronic communications devices.

ACTING SPEAKER AUBRY: Mr. Dinowitz, an explanation has been requested, sir.

MR. DINOWITZ: This bill would prohibit an employer from requesting or requiring that an employee or applicant disclose any user name, password or other means for assess -- accessing personal accounts through specified electronic communication devices such as computers, telephones, personal digital assistants and other similar devices. And the bill would also prohibit the employer from discharging, disciplining, penalizing, threatening or refusing to hire an employee for refusal to disclose information for accessing a personal account. And this would provide privacy protections to employees and job applicants regarding their personal electronic accounts such as Facebook or Twitter.

ACTING SPEAKER AUBRY: Mr. Ra.

MR. RA: Thank you, Mr. Speaker. Will the sponsor yield?

ACTING SPEAKER AUBRY: Mr. Dinowitz, will you yield?

MR. DINOWITZ: Yes.

ACTING SPEAKER AUBRY: The sponsor yields, sir.

MR. RA: Thank you, Mr. Dinowitz. So I know we have discussed this piece of legislation in the past, so I want to just start with -- because many of my colleagues who have been here for years may be familiar with prior versions of this bill. You know,

years ago -- I -- I read back through some of the transcripts -- we had a discussion about exemptions, and this version of the bill does have an exemption for law enforcement and I believe firefighter job applicants; is that correct?

MR. DINOWITZ: Yes.

MR. RA: Okay, thank you. So if you can just -- just walk with me through I guess the process here. This is for not necessarily -- or not an existing employee, but for an applicant for a job and whether or not that prospective employer can request access to these accounts, correct?

MR. DINOWITZ: It would include job applicants as well as employees.

MR. RA: Okay. So let me take the current employee first and then go back to the applicant. So, a current employee who may have access, say, to, you know, internal type of mechanisms for communications, be they software or hardware. What is this preventing their employer from doing?

MR. DINOWITZ: If the equipment is -- belongs to the employer, it doesn't really prevent them from doing anything, but they would have to disclose various limitations that people have. But the employer can't require the employee to disclose their own personal accounts. So if an employee had a -- like, we have passwords for our Assembly accounts. That's not my password, that belongs to the Assembly. That's different than my own password for my own e-mail.

MR. RA: Sure. So would that include, then, that

type of like an internal e-mail or even -- what about -- I know -- you know, we go into one of our computers in our district office or -- or in our offices here in Albany and there's a, you know, a log-in that the State has provided us. That would not be a personal log in, that would be something that an employer could utilize?

MR. DINOWITZ: That -- that's not a personal account.

MR. RA: Thank you. So, going back to the job applicant. So, as we've discussed in the past, you know, I -- I think one of the first things people do -- I certainly have done it with prospective employers [sic] -- is -- is, you know, see if I find them on social media because you want to know -- you might get a window into who you're hiring. If there's anything controversial -- and we've seen this -- whether it's in, you know, higher education or -- or employment situations where something comes to light after the fact and an unfortunate, you know, rescinding of an offer has -- has to be made. So I think we -- I don't know, I can certainly see both sides of this in terms of not wanting a prospective employer to be able to say, *Hey, I want your log in for your Facebook account or your Instagram account or your Twitter account.* But I can also see why a prospective employer wants to -- or an employer wants to see what's out there that may have been said by -- by an employee.

MR. DINOWITZ: Well, people want a lot of things but they can't always have what they want or get what they want.

MR. RA: So, but my -- my question with that regard,

then, is, you know, we have social media accounts, we put stuff out on the Internet, but sometimes we have the ability to say, *Hey, I want my information to be private. So only, say, my friends can -- can access it. People who I have chosen to allow access to it.* So would anything in this prevent, you know, an HR person or -- or somebody else, any prospective employer from saying -- from reaching out, making a friend request or a follower on Twitter or something like that so that they can see what's in this person's account?

MR. DINOWITZ: Well, if somebody makes a friend request, then the person whose account it is can choose whether or not to accept that request. Some people accept any requests and some people are wise enough to be selective about whose request they accept. But we're talking here about an employer or a potential employer from requiring that the person give up their -- their passwords, and that's what this would prevent.

MR. RA: So suppose -- suppose somebody interviews somebody and says, you know, *Mary Smith from our HR department is going to send you a friend request. We'd like you to accept it because she needs to just verify that there's nothing, you know, controversial on your Facebook account.* Would that violate this statute if it were to become law?

MR. DINOWITZ: Well, I think I'd have to look at the bill, but I think it -- the bill bans the employer from requiring the disclosure of the password. So, I mean, personally I wouldn't -- I wouldn't accept a friend request under those conditions, but that's not

what the bill addresses exactly. It addresses the -- the forced disclosure of passwords.

MR. RA: Thank you. Now, so it's just the password. So if suppose somebody does willingly accept, you know, that friend request or whatever, and you see something -- the employer sees something that they're not comfortable with. Is there any language in here that would prevent the employer from deciding, *I don't want to hire that person?*

MR. DINOWITZ: No. I mean, you can look up somebody on Facebook any time you want. Some people's accounts are more public than others. I -- some accounts they -- they can -- I don't know how it works, if you want to be perfectly honest. But some accounts if you put a person's name in it'll say, I don't know, private or something like that, and others is very public. But that's their choice. But we're talking about -- here about forcing somebody to provide the password to the account, which I guess would give out more information than simply looking somebody up.

MR. RA: And there's -- there's one other piece of this that I know we have discussed in the past, and I'm just going to ask again if you found any instances of this. There's an affirmative defense if a -- you know, if the person's acting pursuant to -- to some statute. Do you know of any such statutes? I mean, I -- I assume that affirmative defense is in there for a reason, but do you know of any such statutes that would require somebody to disclose this type of information?

MR. DINOWITZ: No. I think it also talks about a court order. But no, the answer is I don't.

MR. RA: Okay. Thank you, Mr. Dinowitz.

Mr. Speaker, on the bill.

ACTING SPEAKER AUBRY: On the bill, sir.

MR. RA: I appreciate Mr. Dinowitz answering the questions. You know, this is a bill that's been around for a number of years. As I mentioned, there were prior versions that didn't provide any exemptions. Many on our side of the aisle did raise the concern that perhaps some type of exemption for law enforcement or similar other types of officials might be necessary. There had been actually a piece of local legislation at the City Council level with regard to this, and I know I had had some discussion with the law enforcement unions down there about their thoughts with regard to this. Basically, the idea being you want to know or -- or -- or take advantage of anything that's out there to see what the background of an individual that you may be hiring and see if they may be engaging in, you know, nefarious activity, whether they've said things that are going to, you know, cast a bad light on the department and things of that nature. So I think it's appropriate that those exemptions have been added to the bill. I do still have concerns with this language because there are certainly reasons why you want to take a look at this information. Now, I don't think necessarily somebody should have to give over their password and log in, but I'm concerned that the language may not be tight enough to prevent a situation where somebody just wants

to be able to look at something to make sure there's no -- that there's nothing that's going to cause a situation where that company is going to, you know, be cast in a bad light. *Why did you hire this person? This person works for you.* And I think we can all think of instances in the recent past where a company found out about an individual's past statements that -- that is working for them and -- and were the subject of a lot of public scrutiny for being associated with -- with an individual who said maybe some negative things in the past or took some actions in the past that are not consistent with what that company wants to be putting out into the world.

So I know some of my colleagues, because of those concerns, are still going to be voting in the negative. But I -- I hope we can continue to look at this issue because it really is about a balancing of privacy versus making sure that our employers in this kind of digital world know what -- what people are putting out into the public. Thank you.

ACTING SPEAKER AUBRY: Thank you, sir.

Mr. Angelino.

MR. ANGELINO: Thank you, Mr. Speaker. I have a couple of questions if the sponsor will yield.

ACTING SPEAKER AUBRY: Mr. Dinowitz, will you yield?

MR. DINOWITZ: Yes.

ACTING SPEAKER AUBRY: The sponsor yields.

MR. ANGELINO: My colleague over here luckily

asked a lot of the questions that I had concerns with. First off, the exemption for law enforcement and firefighters is probably needed. Those are people who are in a position of trust that you do want to know a little bit about. I'm concerned because this has happened in a situation that I was familiar with. If a person has a locked account, it's private and only his friends can see it. If one of those friends divulges information to a prospective employer, is that fruit from a poisonous tree? Can the employer still act on it, or...

MR. DINOWITZ: Are you -- are you asking if the employer can ask somebody else?

MR. ANGELINO: No, if somebody -- if information comes from a locked account. I -- I read this, I saw where it's password protected and that's what we're protecting. But it's -- if an employer acts on information received from a third-party from that person's account, is that a problem for -- is this covered in this bill?

MR. DINOWITZ: I -- I think the bill simply addresses the employer requiring the employee or potential employee of providing -- forcing the person to provide a password.

MR. ANGELINO: Okay. Thank you very much. My questions are answered. Thank you, Mr. Speaker.

ACTING SPEAKER CUSICK: Mr. Durso.

MR. DURSO: Thank you, Mr. Speaker. Would the sponsor yield for a couple of quick questions?

ACTING SPEAKER CUSICK: Will the sponsor yield?

MR. DINOWITZ: Only if they're a couple and only if they're quick.

MR. DURSO: I have three and I promise I'll make them quick.

ACTING SPEAKER CUSICK: The sponsor yields.

MR. DURSO: Thank you, sir. So since I haven't had had a chance to discuss this with you on the floor in previous years I figured I'd take this opportunity to ask a couple of questions. Why is the requirement in place for fire, police, EMS, those type of workers that they are allowed to ask for those passwords?

MR. DINOWITZ: Well, for two reasons. I amended the bill. One is this would essentially conform it to the legislation passed in New York City. And secondly, because of my extraordinary bipartisan nature, I took to heart the suggestions that some people on your side of the aisle made the last time we debated it, and added that to the bill.

MR. DURSO: Thank you. That's a great answer. Thank you. So that was a quick answer, so I only have two more -- two more questions for you.

MR. DINOWITZ: Okay.

MR. DURSO: So obviously this is only password, correct? Password protection, anything like that. They -- the employer cannot ask you for a password. Does this then hinder employers from coming up with any type of social media policy or anything like that within the workplace? This does not hinder that at

all?

MR. DINOWITZ: It does not.

MR. DURSO: Okay, so it's only password only. And if there's any type of internal investigation done within those -- from those employers within those jobs, are they then allowed to ask for passwords or not at all?

MR. DINOWITZ: No.

MR. DURSO: Okay. Thank you, Mr. Dinowitz. I appreciate you answering my questions. Thank you, Mr. Speaker.

ACTING SPEAKER CUSICK: Read the last section.

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

ACTING SPEAKER CUSICK: The Clerk will record the vote on A.1861-C. This is a Party vote. Any member who wishes to be recorded as an exception to the Conference position is reminded to contact the Majority or Minority Leader at the numbers previously provided.

Mr. Goodell.

MR. GOODELL: Thank you, sir. The Republican Conference is generally opposed to this legislation. But those who support it are certainly encouraged to vote in favor of it here on the floor or by contacting the Minority Leader.

Thank you, sir.

ACTING SPEAKER CUSICK: 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. However, sir, there may be colleagues that desire to be an exception. They should feel free to contact the Majority Leader's Office and we'll make sure their vote is properly recorded.

Thank you, sir.

(The Clerk recorded the vote.)

ACTING SPEAKER CUSICK: Mr. Goodell.

MR. GOODELL: Thank you, sir. Please record my colleagues Mr. Brabenec and Mr. Norris in the affirmative.

Thank you, sir.

ACTING SPEAKER CUSICK: Are there any other votes? Announce the results.

(The Clerk announced the results.)

The bill is passed.

Page 32, Calendar No. 385, the Clerk will read.

THE CLERK: Assembly No. A02344-A, Calendar No. 385, L. Rosenthal, Steck, Stern, Lavine, Magnarelli, Reyes, Griffin, Brabenec, Jackson, Abinanti, Carroll, Seawright. An act to amend the Public Health Law, in relation to food allergy awareness in food service establishments and online food ordering services.

ACTING SPEAKER CUSICK: An -- an explanation has been requested.

MS. ROSENTHAL: This bill would help ensure the safety of people with food allergies by requiring restaurants to post a

food allergy notice, and -- yeah.

MS. WALSH: Mr. Speaker, will the sponsor yield?

ACTING SPEAKER CUSICK: Will the sponsor yield?

MS. ROSENTHAL: Yes.

ACTING SPEAKER CUSICK: The sponsor yields.

MS. WALSH: Thank you, Ms. Rosenthal. So I just have a few questions about this. First of all, the bill applies to food service establishments, but that is not defined. Would that -- is it fair to say that food service establishments would include everything from fine dining to fast food and everything in between?

MS. ROSENTHAL: Well, it says in the bill food service establishment shall mean a restaurant, catering hall or grocery store where food is prepared and served either on or off site. That's in the bill language.

MS. WALSH: Okay, very good. So the procedures that are going to be followed -- so there -- there is a poster requirement in the bill, as you noted.

MS. ROSENTHAL: It's a -- it's a notice.

MS. WALSH: It -- yeah, a notice requirement. But that -- it's -- it's in the form of a poster, though, isn't it?

MS. ROSENTHAL: Not necessarily. I don't think it says poster.

MS. WALSH: All right.

MS. ROSENTHAL: It just says notice.

MS. WALSH: Well, it has to be done in six languages, so wouldn't it be a poster? I mean, you're going to say it in six languages to every customer? I don't -- I don't understand.

MS. ROSENTHAL: It's -- it's to be posted, it's not to be given to every customer.

MS. WALSH: So it's notice that needs to be posted but it doesn't have to be a poster? I don't -- I don't understand. I'm sorry.

MS. ROSENTHAL: Okay. There -- there are a couple of elements to this bill.

MS. WALSH: Yeah.

MS. ROSENTHAL: One of them is that the Department of Health would create a food allergy awareness notice on the website. Another portion is that on the menu or attached to the menu should be the language, *If you have a food allergy please notify us*.

MS. WALSH: Okay.

MS. ROSENTHAL: And restaurants should post notice in the staff area in language spoken by employees.

MS. WALSH: That's the one that I was referring to.

MS. ROSENTHAL: Right. So it can be a notice. It can just be on a piece of paper. It's doesn't have to necessarily be a poster. It's not for the public that's in the restaurant, it's for the staff.

MS. WALSH: So there's that part for the staff and then there's the part on the menu, and then there's the part that's going

to be on the Commissioner of Health's website --

MS. ROSENTHAL: The Department of Health.

MS. WALSH: The Department of Health's website.

MS. ROSENTHAL: Yeah.

MS. WALSH: Yeah. And also there's another part of the bill, isn't there, that says that if food can be ordered on line, if they -- if the restaurant, for example, has an Internet presence there has to be some type of a procedure where the customer can alert the food establishment of an allergy; is that correct?

MS. ROSENTHAL: Yes.

MS. WALSH: Okay.

MS. ROSENTHAL: So when you order online you could say, *Yeah, I'm allergic to spinach*, let's say.

MS. WALSH: Okay. Great. So, now those -- those procedures, though, don't currently exist in statute or regulation, correct?

MS. ROSENTHAL: Right.

MS. WALSH: So that's something that the Commissioner of Health is going to be tasked through this legislation to -- to come up with; is that right?

MS. ROSENTHAL: Well, just the procedures to follow if a customer informs someone on the staff if they have an allergy, what to do and procedures to prevent cross-contact and what to do if there's a reaction to any of the food.

MS. WALSH: Okay. Now is this -- is this rule or

this set-up in the legislation, is this already in effect in New York City? Do you know?

MS. ROSENTHAL: I don't believe all parts of it are.

MS. WALSH: Okay. Some of it, but maybe not all of it?

MS. ROSENTHAL: It -- it might be. I have to go check my notes, but yes.

MS. WALSH: Okay. Okay. All right. Very good. Now what about if an individual -- a customer is ordering through, like, DoorDash or Grubhub or something like that? How -- how's that going to be set up so that if you're placing your order through one of those apps that the -- that the person or people preparing the food actually become alerted to the allergy that the consumer is saying that they have?

MS. ROSENTHAL: Well, just like you say, *I want extra sauce*. However that gets to the chef, the same way it would be, *I'm allergic to spinach*.

MS. WALSH: Okay. All right. And --

MS. ROSENTHAL: I don't want to say a bad thing about spinach. I love spinach. I picked a neutral vegetable.

MS. WALSH: Now the -- I agree with you, I love spinach, too. So on -- on page 2 around line 17 it talks about that the food service establishment on the -- wait a minute, I might be in the wrong section here. Oh, we're talking about staff. The staff that is going to be taking your order or -- the staff that you're supposed to be

alerting that you've got this allergy within a food service establishment could be a lot of different people. Does the bill specify who staff is meant to be? Is it everybody in the place?

MS. ROSENTHAL: Um, let me see. What line are you on?

MS. WALSH: Hold on a second.

MS. ROSENTHAL: I mean, it would certainly --

MS. WALSH: Page 1, line 17. I said page 2 mistakenly, I'm sorry.

MS. ROSENTHAL: Yeah. Okay.

MS. WALSH: So in other words, we have to come up with procedures to be followed if a customer informs staff of such food service establishment that the customer has a food allergy, and I'm -- I'm curious to know what does staff mean?

MS. ROSENTHAL: Um, that would be whoever you place the order to or sometimes people -- there's a maître d or someone who shows you where to sit. You might say, *Oh, I have a food allergy*, and they would say, you know, *Tell your server*. Like that.

MS. WALSH: Okay. So, you know, because in some instances I know that there's a whole concept in some restaurants that have, like, team service where you could have, you know, several different individuals who are actually serving you at the table for different parts of your meal.

MS. ROSENTHAL: Right.

MS. WALSH: So is it -- is it your intention that notification to one staff member would count to notification to the -- because it's the attorney in me that -- you know, my ears go up when I hear about something like that. I think about liability for the establishments if they fail to prevent against cross-contamination or -- or that kind of thing.

MS. ROSENTHAL: Well, I guess it's up to the person with the allergy, but I would say the main server.

MS. WALSH: Okay.

MS. ROSENTHAL: But, you know, if you're nervous you could tell the person who brings you the bread or -- or things like that. Yeah.

MS. WALSH: Thank you very much. I appreciate that.

Mr. Speaker, on the bill.

ACTING SPEAKER AUBRY: On the bill, ma'am.

MS. WALSH: Thank you. So I think it's a -- it's a real laudable goal to try to make sure that people who have food allergies can eat out safely. I have two kids who have terrible, terrible nut allergies and continue to have them into their 20's. And I know that it was an awakening for me to realize that there are some places that we just can't go because we can't feel -- I mean, obviously with a nut allergy you can't go to a place like Five Guys where they've got big giant barrels full of peanuts everywhere. There's just not -- you just can't safely eat there with your -- with your kids if they've got a

nut allergy like that. But I -- I don't know whether -- I have questions about whether putting up a notice that the staff can read in several different languages is really, like, the right way to go about this. And I also think that tasking the Commissioner of Health to develop a whole bunch of regulations that we haven't seen yet or really have voted on calls to mind issues where we have previously delegated responsibility to other commissioners, and instead of us really deciding what we want to see and making it part of the law. So I do have worries about delegating those types of things as well. Also, I know that the sponsor mentioned to me that she didn't believe that this notice was really a poster. But it is a posting that's going up for the benefits of employees to read and be responsible to know, posted in a number of different languages. And I would just say for the benefit of my colleagues that we already have -- I -- it's been a slow creep up year after year after year of the postings that we require restaurants to do. We have things from blood donation leave, discrimination notice, equal pay law, fringe benefits notice, New York Correction Law, New York minimum wage, New York No Smoking poster and Clean Indoor Air Act. It goes on and on and on. I think there are, like, 14. And then the Federal government has a whole bunch, too, that I won't read out loud. So I think that you get to the point where, you know, I think something like a food allergy is something that if you're the parent or an individual with the allergy, you know and you're going to make it very clear to your servers, whether you're in a fast food place or at a restaurant, about those allergies. You have to. And I think

preventing cross-contamination is important. But I also think that people who work in the food service industry, they also are very well aware of the problems with food allergies and certainly to serve the customer don't want to see anything go wrong either.

There has been no prior vote on this bill. This will be our first time. And I would note that there is opposition from the Food Industry Alliance and McDonald's, and basically what they've said is that they feel that there are already too many poster requirements and that the bill requires a food service establishment to provide a customer with procedures for cross-contamination or cross-contact, but these procedures do not currently exist in statute or regulation.

So, anyway those -- I appreciate the sponsor's goal in trying to make people be -- be safer in restaurant environments. My question is about whether this bill is really the correct way to address it. Thank you, Mr. Speaker.

ACTING SPEAKER AUBRY: Thank you, Ms. Walsh.

Read the last section.

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

ACTING SPEAKER AUBRY: The Clerk will record the vote on Assembly print 2344-A. This is a fast roll call. Any member who wishes to be recorded in the negative is reminded to contact the Majority or Minority Leader at the numbers previously

provided.

(The Clerk recorded the vote.)

Mr. Goodell.

MR. GOODELL: Thank you, sir, to explain my vote.

I appreciate the sponsor's concern about people with food allergies. Indeed, my wife is a vegetarian and she is allergic to meat. And sometimes we'll go to some place and they'll say, Oh, there's a veggie burger and we discover it's grilled on the same grill as a -- as a meat patty on either side of it, and that will make her sick. And I have friends and colleagues that are allergic to onions or garlic or a common allergy is peanuts. But believe me, those folks that are -- who have food allergies, they know it and they're quick to point it out and they're the right ones to say to the waiter what's going on. In my law firm I have about 12 square feet of posters per employee. And every year I get a letter urging me to spend a significant amount of money to update them. And of course those letters come and say if I don't I will be in violation and the Labor Department would fine me. So now in my district where we probably speak maybe three or four languages at most, we have little bit of French Canadian and a lot of Spanish, English, now we have a poster that's in multiple languages that we put on top of the posters that are already there that are next to posters that are already there. And it's an additional burden, an additional expense and additional liability for employers with virtually no ascertainable improvement in public health or safety.

And so while it's always fun to add more and more

regulations on businesses in New York State, I think we need to be careful that we just keep adding more and more without doing any cost-benefit analysis. And for that reason I will be voting against this.

Thank you, sir.

ACTING SPEAKER AUBRY: Mr. Goodell in the negative.

Ms. Rosenthal to explain her vote.

MS. ROSENTHAL: Thank you, Mr. Speaker, to explain my vote. A 2020 study by FARE, a food allergy research and education organization, found that restaurants are the second-most common location for food allergy reactions. Researchers estimate that 32 million Americans have food allergies, including 5.6 million children under age 18. The CDC reports the prevalence of food allergy in children increased by 50 percent between 1997 and 2011. Every three minutes a food allergy reaction sends someone to the emergency room, and each year in the U.S. 200,000 people require emergency medical care for allergic reactions to food. That is why it's imperative that people communicate properly so that what they are served does not -- was not in cross contact with an allergen, and people who serve food understand the customer's need to avoid certain foods. I developed this legislation with Shazia Rafi and her daughter, Dr. Zara Atal, two great food allergy awareness advocates. Zara has food allergies and has experienced allergic reactions dining at restaurants. So providing staff with clear guidance and chefs how to handle food allergy is the surest way to ensure that nobody will go

into anaphylaxis and they can enjoy their meal knowing that their food is safe for them to eat. And I vote in the affirmative.

ACTING SPEAKER AUBRY: Ms. Rosenthal in the affirmative.

Mr. Gallahan to explain his vote.

MR. GALLAHAN: Thank you, Mr. Speaker. As the owner of a food trailer, we have very little room to post notices. And they have to be posted so that the customers can see them. So we have a side window on our food trailer. With all the notices that are on the side window of the food trailer now, we have to underneath for the sign. Pretty soon we're going to be taking orders out the back door because, quite frankly, we've got so many postings on our side window, I wish I would have built that trailer with a much larger window.

And for that -- for that reason and -- and many others -- I've been in the food industry for many, many, many years. Maybe there are some -- some rogue restauranteurs out there that are not taking care of their customers or listening to their needs, but as my colleague stated earlier, his wife has a -- a beef allergy. And if someone has a beef allergy and they come to our establishment we cook it on a separate grill. We take precautions. In all the years that I've been in the restaurant business, I've never had a situation where I worked that I had -- I had a patron have an allergic reaction to the food while in the restaurant. I can't say when they went home, maybe possibly, but in the restaurant. Anyone that knows they have a food

allergy brings it to the immediate attention of their waiter or their waitress or their bus person or talks directly to the -- to the chef. I can't imagine going to a restaurant and having an allergy and not letting somebody know about it. I myself have allergies to different things and I want to know immediately what's in the ingredients. When we do chicken barbecues, I have jugs that I keep because people have different allergies. And I keep that jug there so they can read the ingredients themselves on that to make sure that there's nothing in there that is going to affect their health. So in all the years -- and it's been close to 100 that I have been in the restaurant business, I had no issues with this whatsoever, and I can't imagine that responsible people in this industry do.

And for that -- that reason I will be voting in the negative. Thank you.

ACTING SPEAKER AUBRY: Mr. Gallahan in the negative.

Mr. Goodell.

MR. GOODELL: Thank you, sir. Please record my colleagues Mr. DiPietro, Mr. McDonough and Mr. Norris in the negative.

Thank you, sir.

ACTING SPEAKER AUBRY: Thank you. So noted.

Mrs. Peoples-Stokes.

MRS. PEOPLES-STOKES: Thank you, Mr.

Speaker. Please record our colleague Ms. Pheffer Amato in the negative on this piece of legislation.

Thank you, sir.

ACTING SPEAKER AUBRY: Thank you.

Are there any other votes? Announce the results.

(The Clerk announced the results.)

The bill is passed.

Page 37, Calendar No. 464, the Clerk will read.

THE CLERK: Assembly No. A00797, Calendar No. 464, Zebrowski, Seawright, Sayegh. An act to amend the Public Service Law, in relation to requiring the Public Service Commission to develop a formula for the calculation of a residential water cost index; requiring each waterworks corporation and municipal water system serving 1,000 customers or more to calculate and submit to the Public Service Commission its residential water cost index; and requiring the Public Service Commission to publish a report on the residential water cost index of each applicable waterworks corporation and municipal water system.

ACTING SPEAKER AUBRY: An explanation is requested, Mr. Zebrowski.

MR. ZEBROWSKI: Thank you, Mr. Speaker, and good afternoon, my colleagues. This bill would require the Public Service Commission to establish a water cost index, which would be a measurement of the annual cost of water for an average single-family household served by a public or a private water supplier. The purpose

of this bill is to provide a tool for comparison of water rates. I don't know about my colleagues, I assume this to be true, but here in Rockland County we have seen skyrocketing water rates, and oftentimes are presented with rate cases before the Public Service Commission with at times double-digit increases. When you attempt to testify or dig into these rate increases to either oppose them or to analyze them, oftentimes you're met with difficulty because the way that water systems bill around the State is wildly disparate. One water system may use gallons, another water system may use thousands of gallons, cubic feet, centum cubic feet. I took a look at my water bill earlier and I used 5 -- 5 hundredths of cubic feet. Now when you attempt to compare that to any other system in gallons or thousands of gallons, it comes -- it becomes very difficult. So you're presented with these rate increase cases and you have an inability to look at what other systems are doing to try to show whether or not those rates are justifiable or not. So this would hopefully provide ratepayers, all of us, other folks around the State, with some average data so that each year we can look at what our water systems are charging and try to make sure that they are the most cost-effective for all of our constituents.

ACTING SPEAKER AUBRY: Mr. Lemondes.

MR. LEMONDES: Thank you, Mr. Speaker. Will the sponsor yield?

ACTING SPEAKER AUBRY: Mr. Zebrowski, will you yield?

MR. ZEBROWSKI: Yes, Mr. Speaker, I yield.

ACTING SPEAKER AUBRY: The sponsor yields.

MR. LEMONDES: Thank you. Just a few questions.

I recognized that the previous Governor's veto with respect to the formula used has been addressed in this version. However, I'd like to ask if whether or not you think that is problematic since it's based on a single-family home and does not incorporate commercial or industrial customers.

MR. ZEBROWSKI: So, that was -- so the Governor's veto didn't like our language last time because it recognized that there are these different types of customers. So what we thought was the best way to go ahead for a first shot at this was to focus on one type of customer. That way it will -- and they'll kind of follow, right? So if we know what an average single-family household is paying in water, we'll probably have a sense what also are the rates in those other areas. But certainly in the future if we get this up and running and it proves helpful, we could perhaps look at establishing an average index for those as well.

MR. LEMONDES: That's my point exactly. Don't you think that there could be gross errors in how those rates were used when you're taking the difference based on scale between single-family homes and then, you know, commercial or industrial customers?

MR. ZEBROWSKI: I'm sorry, I don't really understand the question. Why would providing an average cost index

for residential do anything to the other ratepayers, industrial or otherwise?

MR. LEMONDES: It -- that's -- that's my question. Would it -- would it impact them?

MR. ZEBROWSKI: No, I don't -- no, I don't think it would impact them. Look, at the end of the day right now this is just taking what is the current rate structures and the charges that our water system are levying upon customers and trying to have the Public Service Commission put them in a -- a readable and understandable way. So we'll start with residential customers here. We'll get a sense of sort of what the average rates are across the State. I know when I look at my current water system's rates, I have to go back to like the Comptroller's study from a couple of years ago where -- where he actually showed that my water system is the most expensive water in the State of New York. But I have to go to that Comptroller's report because it's very difficult to find any aggregate or other data around the State. So this will just provide that. Now, it will provide this in this one area of residential rates. I think it will probably be correct that if you have the highest residential rates, you probably have the highest water rates in the other categories as well. But in the future we could probably look at those, too, and maybe it would make sense to come up with two other indexes, too. You're always trying to balance, right, coming up with something that's efficient and simple and understandable with also being as thorough as possible.

MR. LEMONDES: So, thank you. I -- I read where

the formula can be updated at the discretion of the Commission. Does that include stakeholders?

MR. ZEBROWSKI: Well, the Commission can -- can evaluate whatever information they want to evaluate in the process, but it's the Public Service Commission that will be tasked with this. But once again, this won't be changing any rates. This is just coming up with an -- an index of the current rates.

MR. LEMONDES: So with respect to the municipalities, though, they're already required to submit an annual report to the Commission. Wouldn't this be -- or how would this not be redundant for them?

MR. ZEBROWSKI: Because I don't think that any of these annual reports provide average data. So if you're a water system and you're telling everybody what you do in hundreds of cubic feet, well, that's really difficult to compare to another water system that's doing gallons or thousands of gallons. I mean, like I said earlier, looking at my bill - and I'm sure, you know, your constituents or all of our constituents can look at their bill - it says 5 at \$5.30 -- 34 -- I'm sorry, 5 at \$5.3421 EFF. And under that is COW 5 at \$1.31 EFF. And there's a facility charge, a make whole surcharge and a reconciliation before I get my total charges. Your bill probably looks totally different. So if you and I were going to sit down and try to attempt to see what your water system charge is compared to my water system, we'd probably be sitting there all day, and that's what this seeks to fix.

MR. LEMONDES: So on that point, recognizing the opposition from the Conference of Mayors and Municipal Officials, do you think that it's valid to still go through with this recognizing that all of those officials entrusted with having to implement this are in opposition to it?

MR. ZEBROWSKI: I don't understand why the -- any -- any official would have a problem with providing the average cost based upon a formula by the Public Service Commission to their constituents.

MR. LEMONDES: Thank you. I appreciate your responses.

Mr. Speaker, on the bill.

ACTING SPEAKER AUBRY: On the bill, sir.

MR. LEMONDES: So, recognizing the sponsor's attempt here, I think the -- the attempt has -- has value. But I am personally going to vote against this based on the following reasons and urge my colleagues to do so. This will increase cost, it will increase -- it will increase the administrative burden, and it will also -- it -- it also poses a problem because those officials, as I previously cited, the bipartisan Conference of Mayors and Municipal Officials have put in writing their opposition to this.

So based on those reasons, I urge all colleagues to vote no. I don't think this is -- this is ready yet. I think with further adjustments it could be, but it is not now. Thank you, Mr. Speaker.

ACTING SPEAKER AUBRY: Thank you, sir.

Mr. Montesano.

MR. MONTESANO: Thank you, Mr. Speaker. Will the sponsor yield, please?

ACTING SPEAKER AUBRY: Mr. Zebrowski, will you yield?

MR. ZEBROWSKI: Yes, Mr. Speaker, I yield.

ACTING SPEAKER AUBRY: The sponsor yields, sir.

MR. MONTESANO: Thank you. Mr. Zebrowski, the -- in essence what we're looking for here is a uniform billing type of statement or system?

MR. ZEBROWSKI: Not a uniform bill. They'll still be able to issue the bills as they currently issue them and measure water as it seems to be most efficient for them. But this bill will have the Public Service Commission come up with a formula and then post it annually so that there's an average cost for all the systems regardless of how they measure their water usage or bill their customers.

MR. MONTESANO: But, you know, we were confronted with this issue like this out in Nassau County, that with the help of my colleagues here from the district we were able to get some -- some change. We went from a private water system, hopefully we're moving into a public water system. But still, the cost for all these water districts are significantly different, whether they be a municipal water system or a private water system. They all do have different expenses, whether it be their payroll expenses, their

infrastructure expenses, how much they charge for hydrant rentals. So I understand about the private houses. That's the one you want to zero in on first. But I -- but I think really what needs to be done is that I think the Public Service Commission needs to exert some kind of control over the water providers as to what their costs are and what they could pass on to the consumer. Right now we're going to be seeing an uptick, especially out on Long Island because of all the new infrastructure that had to be built by the municipal water systems to deal with all the new emerging contaminants that are being found, and they had to design equipment to filter them out. So in some cases they have to build new housing for those structures. The -- the equipment is very expensive. So it's driving up the cost, you know, considerably. So I don't know what this bill is going to do in the sense of that, but -- except for showing an average. But you have to talk about an average by county or by region because it's just unpredictable as to what these numbers could, you know, result in. Now, how do you anticipate when this gets done, this report, is this something that they already have at their fingertips and it's just a matter of transmitting it to the PSC?

MR. ZEBROWSKI: First let me say I agree with you, Mr. Montesano. And so this is an attempt to give us a comparison tool so we can look at all those things. Because I find it, even as a policy maker, really undecipherable at times when you go before these rate cases and try to figure it out. Like I mentioned earlier, in -- in my current water bill a facility charge, a make whole

surcharge, a reconciliation. Why these things are -- are so indecipherable is beyond me. And hopefully if we can have some more information from the Public Service Commission we'll be able to break that down a little bit. I'm sorry, Mr. Montesano. In me attempting to answer your -- your --

MR. MONTESANO: It's okay.

MR. ZEBROWSKI: -- (inaudible), I forgot your question. Could you give it to me again?

MR. MONTESANO: No, it's -- you basically answered what I was looking for. I just want to know about do these water companies already possess this information in their annual reports that they just have to transmit it to the PSC or do they have to create a whole new type of report to give to the PSC?

MR. ZEBROWSKI: Yes, sorry. I think this information is readily obtainable, if not already submitted by the water systems, just not in a way that is easily readable or digestible by ratepayers or by folks like you or me. So I think -- well, the Public Service Commission will come up with a uniform set of factors that will look at things like usage fees, taxes, seasonal rate structures, et cetera, and they'll come up with this formula so it's not like every water system is coming up with their own formula. And then it will be just a matter of somebody punching in their data into this formula. I can't imagine it'll take too long if -- if not, you know, maybe 15, 30 minutes for somebody to do. I also want to point out, Mr. Montesano, that we do limit this to water systems that are serving over 1,000

customers so as to not get involved in the small neighborhood water systems. There's a lot of different water systems around the State. So actually, I think there's -- my data shows 8,507 water systems in the State, and this bill would only apply to 768 of them. So while that's a small percentage of the total number of systems, it actually is a vast majority of the customers because most customers are served by very large systems.

MR. MONTESANO: Thank you. Thank you, Mr. Zebrowski. Thank you, Mr. Speaker.

ACTING SPEAKER AUBRY: Thank you, sir.

Read the last section.

THE CLERK: This act shall take effect immediately.

ACTING SPEAKER AUBRY: The Clerk will record the vote on Assembly print 797. This is a fast roll call. Any member who wishes to be recorded in the negative is reminded to contact the Majority or Minority Leader at the numbers previously provided.

(The Clerk recorded the vote.)

Mr. Goodell.

MR. GOODELL: Thank you. Many of my colleagues will be supporting this bill, no doubt, because it provides an additional disclosure to consumers so they can compare how their water rates are compared to other jurisdictions. And I appreciate that transparency, and -- and I know many of my colleagues will support that. From my perspective it's an expensive but meaningless comparison, because it's not like you're going to take water jugs next

door to get cheaper water. I mean, if you're in a municipality, if you want to know how much your water rate is for residential you look at your bill. That's the most meaningful rate. And the fact that the water may be more expensive or less expensive somewhere else in the State or in a different county or even in different municipality in my opinion really kind of misses the mark. But what is guaranteed under this bill is that our water companies will be incurring additional costs to prepare this report. And so those of us who have to rely on that water and have to pay the rate no matter what it's going to be I think are going to be paying higher rates so that we know how much higher we're paying compared to everyone else. And so I just don't see the purpose of the bill. But I know, you know, it does get more information that if you want to -- I suppose if you're shopping for a house in a different locale and your -- the price of water is a factor in your purchase then this would be helpful. But if you're living where you're living and you're just paying the bill it isn't going to help, it's just going to raise the cost.

For that reason I'll be a no.

ACTING SPEAKER AUBRY: Mr. Goodell in the negative.

Ms. Griffin.

MS. GRIFFIN: Thank you for allowing me to explain -- explain my vote. I commend the sponsor for bringing this important legislation forward. On Long Island we have many (inaudible), especially when it comes to private water rates. Anything

we can do to provide transparency towards our customers is key. Establishing a reporting of residential water cost indexes is a step in the right direction.

I vote in the affirmative. Thank you, Mr. Speaker.

ACTING SPEAKER AUBRY: Ms. Griffin in the affirmative.

Mr. Manktelow.

MR. MANKTELOW: Thank you. Thank you, Mr. Speaker. Just to explain my vote. Having been a former town supervisor and having our village dissolve and taking our village over, they had a water plant and we had to take over the whole -- the whole water system. And in Upstate -- I'm sorry, in rural areas the water rates are so much different. There's so many more variables. How old is the infrastructure? How old are the pipes? Where are you getting the water from? How far is it to get to where the plant is? Some -- some of our local municipalities draw from Lake Ontario, some from Canandaigua Lake. Some from wells, some need to be softened, some need other stuff added to the water. And it may be okay for a city area to look at this where you're looking at one source of water coming in with a -- with a wide -- a wide spectrum of individuals within the city. But for our rural areas, many of our small communities have, you know, a well, a backup from a -- from a neighboring town. It would be pretty tough to do this. And I think they're doing a good job and I think we as local officials back home do a good job of letting our people know how much their water is, what was the true cost, and if

not we have public hearings.

So I'd love to support this but I can't right now because it doesn't work well for -- for certain areas in my district. So thank you, Mr. Speaker.

ACTING SPEAKER AUBRY: Thank you, sir.

Mr. Zebrowski to explain his vote.

MR. ZEBROWSKI: Thanks, Mr. Speaker. I don't want to belabor the -- the debate here, but just to add an additional thing while explaining my vote in the affirmative, we have not received any memos of opposition. So I know during the debate it was suggested that NYCOM and maybe some municipal officials opposed this. Perhaps a couple folks expressed some opposition to some of my colleagues, but we have received no official opposition. I've received no phone calls, no correspondence from anybody in the municipal government suggesting that they don't support this. And this bill, as was said earlier, I think was passed unanimously, I think. And although it was vetoed by the Governor and we do believe we have addressed that veto message, it's certainly been around for a bit. So any of these associations could have availed themselves of either memoing or contacting our office.

So for all the -- that reason and all the prior reasons during the debate, Mr. Speaker, I'll be voting in the affirmative.

ACTING SPEAKER AUBRY: Mr. Zebrowski in the affirmative.

Mr. Lemondes to explain his vote.

MR. LEMONDES: Thank you, Mr. Speaker. I'd like to address the -- the statement that was just made. I have right here -- I'm reading it -- memorandum in opposition because it would create an unfunded mandate if this were to be enacted. And it is dated March 22, 2022. It was sent to Assemblyman Zebrowski and Senator Comrie, and it is signed RR -- I can't make out the name on the signature, but it is the NYCOM memorandum. Here it is for all to see.

Thank you, Mr. Speaker.

ACTING SPEAKER AUBRY: Mr. Goodell.

MR. GOODELL: Thank you, Mr. Speaker. Please record my colleagues Mr. DiPietro and Mr. Norris in the negative.

Thank you, sir.

ACTING SPEAKER AUBRY: So noted. Thank you.

Mrs. Peoples-Stokes.

MRS. PEOPLES-STOKES: Mr. Speaker, if you could please record our colleague Mr. Epstein in the negative on this piece of legislation.

ACTING SPEAKER AUBRY: Thank you.

Are there any other votes? Announce the results.

(The Clerk announced the results.)

The bill is passed.

Mrs. Peoples-Stokes.

MRS. PEOPLES-STOKES: Thank you, Mr. Speaker, for the opportunity to interrupt our proceedings very briefly

for the introducing of guests of our colleague Carrie Woerner. These are students from the TRIO Upward Bound program at SUNY Adirondack. TRIO is a college prep program for high school students from low-income families, many of whom who will be the first in their families to attend college. Mr. Speaker, we have with us today in the Chambers for their annual Leadership and Governance Day, Patrick Greene. He's the Director of TRIO. Echo Cutter is an advisor. And students. Adam Brennan, he's a sophomore at South Glens [sic] High School. Eden Gillis is a junior at Argyle High School. Payton Mattison -- Kylie Mattison is a freshman at Argyle High School. Angela Morrison is a sophomore at Glens Falls High School. Nyx Nelson is a junior at North Warren High School. And Amelia Scroggins is a freshman at North Warren High School. And Lena -- Lena Scroggins is a sophomore at North Warren High School.

Mr. Speaker, if you could welcome these scholars as well as their advisors to our floor and give them the cordialities of the House on behalf of Ms. Woerner and all the colleagues.

ACTING SPEAKER AUBRY: Certainly. On behalf of Ms. Woerner, 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 your supervisors and for the work that they do with you. Hope that you all will be successful and that you will have learned something here in Albany on your trip. And know that you're always welcome to come back. Thank you so very much, and congratulations.

(Applause)

Mrs. Peoples-Stokes.

MRS. PEOPLES-STOKES: Thank you, Mr.

Speaker. If we could continue our floor work today, we're going to go to Calendar No. 100. It's on page 13 by Ms. Simon. Followed by Calendar No. 174. It's on page 20 by Ms. Glick. And then immediately following that, Calendar No. 178. It's on page 20 as well. That one's by Mr. Englebright. In that order, sir. Thank you.

ACTING SPEAKER AUBRY: Thank you, Mrs.

Peoples-Stokes.

Page 13, Calendar No. 100, the Clerk will read.

THE CLERK: Assembly No. A02251-A, Calendar No. 100, Simon, Fernandez, Cruz, Reyes, Glick, Weprin, Burdick, Jacobson, Otis. An act to amend the Public Health Law, in relation to the closure of hospitals or emergency or maternity departments.

ACTING SPEAKER AUBRY: An 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 needs of the community, including emergency medical care, transitional care or people with disabilities as part of the Commissioner's decision to approve a hospital closure. This bill would establish a procedure for the closure of a general hospital that would include advanced notice so before the hospital closes we would

engage with community, provide an opportunity for them to have public comments. And for the hospital closure plan to reflect the needs -- the healthcare needs of the community.

ACTING SPEAKER AUBRY: Mr. Goodell.

MR. GOODELL: Thank you, Mr. Speaker. Would the sponsor yield for a question?

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

Ms. Simon yields.

MS. SIMON: Certainly.

MR. GOODELL: Thank you, Ms. Simon. First, I just want to kind of take a look at the time frame that's envisioned by this bill to make sure I understand it. So before a hospital would close, a maternity ward or emergency room or close completely, they would be required to give at least 30 days notice to the -- the Department of Health, right? Or send in their written notification.

MS. SIMON: Well, the hospital would have to apply for permission to close, and they would need to -- the Department of Health would then need to notify the public, as well as the local elected officials within 30 days of the application having been filed.

MR. GOODELL: Okay. So just as an example, let's say they -- they make that decision they have to close for whatever reason. They -- they notify the Health Department, say, January 1st. Then at the end of January, 30 -- within 30 days, it could be as late as the end of January, the Health Department then submits a written

notification to others. They then schedule a public hearing, right, and they have -- they could have as much as 60 to 75 days after that to schedule the public hearing, right?

MS. SIMON: Well, they have to -- the way this would work is they would be 30 days subsequent to the filing of an application. That notice would also need to provide a copy of what that application proposal is for the closure of the hospital. The Department of Health would have to notify the local elected officials as well as the public, and then they would need to have a community forum. So it's not a formal hearing with testimony, it would be a community forum that would have to take place at least 60 days prior to the proposed closure date.

MR. GOODELL: And that, of course, would be -- that notice could go out as late as 45 days after the original application was submitted, correct?

MS. SIMON: It could, yes. It doesn't have to wait 45 days.

MR. GOODELL: And then the public forum has to be at least 60 days prior to any closure. So you have the initial 30 days. Then you pick up another 15 to 60. I mean, 15 because the notice could go out after 45. That's 15 more. Plus 60 days it has to be in advance. Sixty days notice. And after they have the community forum they're required to accept written comments after that, right?

MS. SIMON: Well, the -- they're required to allow written comments. They're not required to -- people are not required

to comment. The whole point of this is to have notice in advance so that when a hospital may be closing or key time-sensitive departments, for example, that are often -- are not subject to a full review currently, are about to close, that the public knows and that the local elected officials know so they can also inform their constituents. And the idea is to ensure that there's actual information provided to the public. And so, for example, any proposal and the closure plan has to be provided to the public so they're not guessing. And also, the public has to be given an opportunity to -- to engage either at a public forum or separately by written comments. And that all has to be online as well.

MR. GOODELL: And I appreciate that. But just focusing a little bit on the time frame. We talked about the 30 days initial, another 15, 60. Another two weeks for written comments. After that 120 day notice, is there any time frame in this bill for the Department of Health to actually make any decision?

MS. SIMON: I'm sorry, I didn't hear the -- to making a decision?

MR. GOODELL: Right.

MS. SIMON: No. This doesn't require them to make a decision within a particular period of time. Sometimes those closure decisions take longer than others, but this doesn't mandate a particular time frame for the decision to close or to close a department.

MR. GOODELL: Now, why would a -- maybe you can bring me up to speed. Why would a hospital seek to close? I

mean, it seems kind of final if the whole hospital is closing. Why would a hospital seek to close?

MS. SIMON: You know, you got me. Hospitals close for a variety of reasons all the time. Usually those reasons are not reasons the public knows. This -- part of the impetus for this bill came out of a closure of a hospital in my district. It was a hospital that had been around for over 150 years. It was a community hospital. It served the community, including our public housing in Red Hook, for example, was their main hospital. It served our cops, the police precinct was down the block. This was a place where everybody used. And a big operator came in, kind of drained them of money. Took all that money and brought it to Manhattan. The State took over for a couple of years and did not do what it should have done. And so one of the big -- big issues that we found was that there was very little information actually provided to the public. We did know from engaging with the doctors and with other personnel at the hospital that they had a great payor mix but they weren't billing. So we would know that information beforehand because, you know, if they had billed, they might have been able to survive. But that wasn't part of the corporate plan.

MR. GOODELL: So using your example, you indicated that a payor took all the money out so the hospital ran out of money. The State stepped in, the State ran it for a few years. Now, you know, looking at our State budget -- well, I'm sorry, looking forward to seeing a State budget, I would suspect the State would have

money to run a hospital forever. Why did the State shut it down?

MS. SIMON: It's a very good question. And we would know more about why they did that if we had the information.

MR. GOODELL: What was the explanation they gave? Did they say they were shutting it down because they didn't want to keep subsidizing it?

MS. SIMON: You know, there was a whole host of reasons given. And I would have to refer back to the record. The reality is that the State did a particularly poor job of meeting its promises to the community when it took over that hospital. Spent a lot of money on signage, not a lot of money on making the -- the upgrades that they had promised. So, for example, they didn't bring in the equipment that they should have had. This was a Level 1 trauma center. This was a stroke center. This was a fine hospital, and the State kind of blew it.

MR. GOODELL: Now of course I'm hearing from all my healthcare providers, I'm sure you are in your district as well, that they have an acute staffing shortage. And many of my facilities have actually reduced occupancy in order to meet staffing ratios. And -- and including, you know, how many people they can accept at the hospital. Is there any exception in terms of allowing a hospital to close if it is unable to staff it in accordance with the ratios that this Legislature suggests?

MS. SIMON: This bill is not about staffing ratios, and it doesn't make any requirements for -- for that or any other types

of specific issues with regard to the running of the hospital. What it does require is notice. And it does require engagement. And it does require that the unmet needs of the community that maybe, for example, they have to go through an analysis. Would they be able to provide healthcare for the populations that this hospital serves in an alternative setting? We don't know that until we do that analysis. So it requires them to do that work, and it requires them to communicate that and engage with the -- the community of people who are served by the hospital. You know, we've had 41 hospitals close in the last 21 years.

MR. GOODELL: Mm-hmm.

MS. SIMON: Forty-one hospitals, complete closures. That's a really dangerous thing for -- for the people of New York.

MR. GOODELL: Is there any funding in this bill or any funding mechanism in this bill to keep a hospital open while the Health Department evaluates this?

MS. SIMON: This is about engagement and involving the local communities in the determinations as to whether the Department of Health will permit a hospital to close. Those other mechanisms that the hospital -- the Department of Health may have to address those issues are not part of this bill.

MR. GOODELL: And are you aware of other mechanisms that the Department of Health has to keep a hospital open indefinitely while they review it in terms of covering staff salaries - which of course we all think is very important - ensuring that the

nursing staffage remains high and they don't leave for other facilities, thinking that their own hospital is going to close? Do we have any mechanism to ensure that the accounts payable are being met so we get the bandages and the supplies and the disinfectants that a hospital needs to operate safely? Are you aware of those programs?

MS. SIMON: Those issues would be addressed in the closure plan. And the response to those issues would be part of what would be part of that engagement with community and also with the Department of Health.

MR. GOODELL: Now if a hospital actually declares bankruptcy, am I correct, the Federal bankruptcy would preempt any State laws?

MS. SIMON: You know as well as I do when there's an automatic stay by virtue of filing with the bankruptcy court that would, in fact, control the process. It doesn't mean there wouldn't be any process. And, in fact, as you're aware, many, many times when there's a bankruptcy filed there is a plan that works out a way for the institution to remain open and also to pay its debts.

MR. GOODELL: Thank you very much, Ms. Simon. As always, I appreciate your comments.

MS. SIMON: Thank you, Mr. Goodell.

MR. GOODELL: On the bill, sir.

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

MR. GOODELL: I not only appreciate my

colleague's comments, I appreciate her desire that hospitals provide a great deal of notice before they close and that the Health Department review any of these applications and have adequate time to do so. The problem that we run into is when a great plan runs into reality, and the reality is that oftentimes the reason the hospital is closing its maternity department or they're closing their emergency room or the reason the hospital is closing entirely is because it's run out of money and it cannot afford to stay open. And so if you have a hospital that's losing a tremendous amount of money, say, in its maternity ward but could survive otherwise, forcing that hospital to continue to lose money for months and months on end jeopardizes the existence of the health facility itself. And this is just not hypothetical. I've lived it, and I'll bet many of the other -- of my other colleagues have actually lived it. I had a hospital have two -- a hospital company that had two hospitals in my district, and they were forced to shut one of the two hospitals down or it would have bankrupted the entire facility. Both hospitals would have been forced down. Now, we know what a critical staffing shortage our hospitals are facing. So what do you think happens when a hospital sends out a public notice that says, *By the way, we're closing*. If you haven't thought about it, think about it from the perspective of the nurse. Nurses, knowing there's a critical housing -- or a critical staffing shortage have several opportunities to go elsewhere, because everyone wants to hire them. And so they then have to make that difficult choice, *Do I stay with this hospital that already told me they're going to fire me in a matter of months or do I*

look for a new job so that I can make sure my family's fed? And so as soon as the hospital announces it's closing, it starts shutting staff. And think about your suppliers. I mean, the only way a hospital can operate is if it has a steady supply of bandages and sutures and prescription medication and disinfectant and all of the supplies. So as soon as you tell your suppliers that you're facing bankruptcy and you're not sure you're going to continue to supply them, they go on COD. It's a great idea that hospitals give us months and months of notice and that the Department of Health takes months and months to review it. But there's nothing in this bill that addresses what happens when a hospital runs out of money and can't pay its employees. There's nothing in this bill that addresses the problem when a hospital runs out of staff and can't provide the level of care that we, in this Legislature, are demanding with minimum staffing levels. There's nothing in this legislation that deals with the fact that a hospital that's going into bankruptcy isn't going to continue to get supplies.

And so while I appreciate the desire to have as much notice as possible, the reality is if we're serious about -- about providing this process in a timely manner, we have to be serious about providing the State funding that enables it to happen. There's no money tree growing behind hospitals that they can shape while the State takes its time reviewing an application. So I appreciate my colleague's desire. And I would support her in getting an amendment to the State Budget that guarantees that our dedicated nursing staff that show that loyalty and stay with the hospital to the bitter end are

paid, and that our suppliers who continue to supply those hospitals get paid. But until we guarantee that our staff can be paid and that the patients have the care that they need, just adding a multi-month process to a closure approval creates horrific practical problems for the staff and the patients with no solution.

For that reason I can't support this legislation. Thank you, Madam Speaker.

ACTING SPEAKER SILLITTI: Thank you, Mr. Goodell.

Mr. Montesano.

MR. MONTESANO: Thank you, Madam Speaker. On the bill, please.

ACTING SPEAKER SILLITTI: On the bill.

MR. MONTESANO: Thank you. I -- I would like to commend the sponsor of this bill, having firsthand experience with hospital closures, especially in my district, a proposed hospital closure. But being very familiar with the situation of Long Island College Hospital, which by the way, was run by the State University of New York. So -- so you could figure why. But it's a very serious problem when a hospital moves for closure. Now, a couple of years ago in my district we had a community hospital which is owned and operated by a large network, hospital network. And by -- you know, everyone knows basically that in the State of New York every hospital is a non-for-profit. So they're not working for a profit. And they just came out of the blue and said, *We're going to close Glen Cove*

Hospital, which everybody in the community uses, any adjoining community. And where this hospital is located is in the northern eastern part of the district where -- in Nassau County where if you closed them and took away the emergency room, the adjoining villages, to get to the next hospital would have a 45-, 50-minute ambulance ride in good weather. Let's not talk about snow and ice and everything else. So we got -- I got -- me and several others, we got the community activated and involved and we got the hospital administrators, the big people that operate the hospital not locally but in the -- in the board itself, in for a conversation to see what their problem was. And they just thought there wasn't enough business for the hospital and they wanted to close it. And we explained to them what their moral obligation was to the community to keep this hospital open. We needed it there. A lot of people depended on it. All of our nursing homes fed into that hospital. It did a tremendous amount of work. The State poured a lot of money into that facility to open the first Ebola Center when we had that crisis going on. So long story short, we managed to get that hospital to stay open. We agreed that they should -- that they could close certain parts, and that was the maternity ward and the psychiatric unit. And they reduced beds by about 50. And -- and there was good reason when you learned about how hospitals operate. So incrementally, for every amount of beds that they have, they have to increase the social workers, the medical staff, the nursing staff, social -- everybody incrementally gets increased depending on the amount of beds. The psych unit only held

20 beds. And for the three different types of patients that they handled in there, senior citizens, you know, geriatric patients, adolescents and pediatrics, they required different staff, every one of them. So that could be understood why they managed -- they had an adjoining property to send them to. They decided to keep the hospital open, and that year they had made a \$400,000 net profit, keeping the hospital open. They do a phenomenal job there. It's a rehab center, emergency room's open, all the surgeries are being performed and everybody's happy. Because it was the input of the community. Because there was the input of elected officials and other concerned citizens, they saw the reason and kept the place open. St. Vincent's Hospital in Manhattan, in the heart, right, of Lower Manhattan, one of the busiest places you could find, they just closed it with no thought about where they're going to shove all these patients. They have to go somewhere. The volume doesn't change. There's not less sickness because you close a hospital. It happens. The big problem we're seeing now in Nassau University Medical Center in Nassau County, same problem. Millions and millions and millions of dollars a year to be behind the eight ball. And the problem is unique to every one of these hospitals. And you know what that is? The Medicaid system in this State holds them hostage and does not pay its bills. They provide the services. They provide the services, a lot of these hospitals are high-end use for Medicaid and Medicaid does not pay them. It nickles and dimes them. It penalizes them. It claws back money. It finds every reason it can not to pay these hospitals. So how do you think they're supposed

to operate? It's not for their failure of management that they can't function, it's because the insurance companies and Medicaid torture them. A number of years ago I was in the Appellate Division, Second Department, listening to a case before mine where a lawsuit against Oxford Hospital, by one of the large hospitals, suing them for delayed payments. And the guy from Oxford, the lawyer representing them, was chastised by the Court for saying a claim comes in to the insurance carrier, they look at it. When they find the first mistake on the claim form, they kick it back and they get another 30 to 60 days to pay the claim once the correction is made. Then they go to line number 2. Find another mistake and they do the same thing. So instead of reading the whole claim form in its entirety and bringing all the errors to the attention of the hospital at one time, they did them one at a time to draw out the time. In most cases it was a year-and-a-half before they were paid the claim. They owed this particular hospital \$10 million in payments. The Appellate Division ruled that not only what they did was wrong and they had to correct it, they made them pay the \$10 million with 9 percent interest a year, you know, as a penalty, plus the legal fees. So this is the game that goes on. Insurance companies have a very strong hand in the operation of hospitals. They dictate the services being provided, how much we're going to pay you based on the hospital next door. We had a bill about it last week about the variation in prices. What drug companies they use. They regulate -- the insurance companies have their hand in this, and Medicaid is -- is more the guilty party for this. So all this bill, the

way I read it, sees -- says is that if you're going to close a hospital, you got to give the public notice, have the public input and let the Department of Health go through the different reasons why the hospital should or should not close. Could we downsize it a little bit? Could we modify its operations? Could we eliminate -- maybe you don't need a maternity unit. They happen to be very expensive to operate, and it's cheaper when you can consolidate them in one bigger hospital. So that works that way. But for general healthcare, general medicine, surgery, geriatric care, these places are the most essential in the community. This particular hospital that's the subject matter of this bill was in the heart of downtown Brooklyn. It served a very, very, very large population. And as the sponsor noted about the closure of hospitals in the past number of years in this State, I will tell you in the '70s I was an emergency -- emergency medical technician for the New York City Emergency Medical Service, and we had hospitals all over the place - many of them small, some large - and every one of them is gone today. From Manhattan to Brooklyn to Harlem. The old Sydenham Hospital. All those places are gone for the simple reason is they were not properly supported by Medicaid or by the insurance companies. Not for a lack of patients. They had plenty of patients to take care of. The wait now in the hospital emergency rooms is phenomenal down on Long Island. You go to Cohen Children's Hospital, which is -- sits on the Nassau-Queens borderline, at any given time - this is a pediatric speciality hospital - you've got four to five hours wait in the emergency room alone, and

then try and get a bed if you're being admitted. So it's not because we have a lack of patients or the hospital administrators are not properly running their hospitals. And I know about the nurses and about the medical technicians, and they do a phenomenal job, and they're getting paid. And we should keep these hospitals open because they're dependent on their jobs. One of the biggest obligations we have as legislators in this State is the welfare of our people, especially in the healthcare sector. And that's where we fall down on the job. Our population has increased by the millions, right, and many of the people have medical issues and problems. There's mental illness, there -- there's all kind of medical problems going on with people, and yet we don't look to take care of them and provide that level of care.

So for that particular reason I will be supporting this piece of legislation, and I thank the -- the sponsor for it. Thank you, Mr. Speaker -- Madam Speaker. I'm sorry.

ACTING SPEAKER SILLITTI: Thank you, Mr. Montesano.

Read the last section.

THE CLERK: This act shall take effect immediately.

ACTING SPEAKER SILLITTI: The Clerk will record the vote on 2251-A. This is a Party vote. Any member who wishes to be recorded as an exception to the Conference position is reminded to contact the Majority or Minority Leader at the numbers previously provided.

Mr. Goodell.

MR. GOODELL: Thank you, Madam Speaker. This will be a Republican Conference generally opposed. I think we had 40 negative votes last time this came up, and the bill hasn't been changed so I anticipate we'll have about 40 negative votes again. But certainly, those who support it can and should vote in favor of it on the floor or notify the Minority Leader's Office.

Thank you.

ACTING SPEAKER SILLITTI: Thank you, sir.

Ms. Solages.

MS. SOLAGES: Thank you, Madam Speaker. The Majority members will be voting in the affirmative. If there are any exceptions we ask that you reach out to the Majority Leader's Office so that we can report you as a negative and announce your name accordingly.

ACTING SPEAKER SILLITTI: Thank you.

Ms. Glick to explain your vote.

MS. GLICK: Thank you, Madam Speaker. As one of my colleagues mentioned a hospital in my district, I would just like to tell the Body that there was a threat of a mid-year cut to Medicaid rates. That was pushed back. I got a letter in December thanking me for saving the hospitals the money that they were expecting, and they look forward to working with me on the upcoming budget. That was in December. In April, the hospital was closed. There wasn't an opportunity for the community -- we did everything we possibly could but we were given no time. And my colleague was right. Insurance

companies were paying that hospital, that was not a huge hospital, much less than it paid other hospitals for the same services. They had more Medicaid, they were a trauma one center. It's where they brought people, emergency responders. It was a terrible blow. It undermined a lot of small businesses in the community that served the people who worked at the hospital, sandwich shops and other businesses. It was a huge blow to the community. We needed and should have had more time to work out what we could do to save a hospital that had been there for 150 years, that had gotten survivors from the Titanic brought to them, and that hospital went under. We needed the time.

I support this legislation and I thank the sponsor for bringing it forward, and I withdraw my request and vote in the affirmative.

ACTING SPEAKER SILLITTI: Ms. Glick in the affirmative.

Ms. Simon to explain her vote.

MS. SIMON: Thank you, Madam Speaker. I want to thank my colleagues for their support of this bill. As we discussed, this is the outgrowth of the closure of Long Island College Hospital, which was a similar hospital to St. Vincent's. It really was part of the fabric of the community. It is where -- you know, it was opened in 1857. It was the first teaching hospital in the United States. It piloted the residency programs that are still in effect today. So it's been a real leader in the community. And I will say that in part of the impact

which we weren't able to assess because we didn't have adequate information or adequate time, although we tried very hard, and this did go to -- to litigation, one of the things that was clear is that the court found that, in fact, there wasn't a process by which New York State had to provide people with the information they needed. And indeed, unfortunately, people died because ambulances could not understand where the addresses were in the local public housing because those addresses don't -- you know, they're all inward looking to a courtyard. And so the familiarity with the area was really critical to the provision of emergency care, and it was really a very difficult situation for our community. We have really lost a valuable part of our community and a valuable aspect of our healthcare. And we could not go wrong if we had better information. With information we would have been able to determine that continuum, for example, which retained the contract for the billing (inaudible) after SUNY came in wasn't actually sending bills because they didn't want to send bills because they wanted to close the hospital. And that was their main goal, was closure of the hospital. It was the community's main goal to keep healthcare in our community for the people in our community. This legislation would allow that to happen. And I will be casting my vote in the affirmative.

ACTING SPEAKER SILLITTI: Ms. Simon in the affirmative.

Mr. Goodell.

MR. GOODELL: Thank you, Madam Speaker.

Please record my colleague Mr. Schmitt in the affirmative. Thank you.

ACTING SPEAKER SILLITTI: Thank you.

Are there any other votes? Announce the results.

(The Clerk announced the results.)

The bill is passed.

Page 20, Calendar No. 174, the Clerk will read.

THE CLERK: Assembly No. A05499, Calendar No. 174, Glick, Simon, Gottfried, Griffin, L. Rosenthal, Epstein, Otis, Rozic, Lupardo. An act authorizing the Commissioner of Health to conduct a study and issue a report examining the unmet health and resource needs facing pregnant women in New York and the impact of limited service pregnancy centers on the ability of women to obtain accurate, non-coercive health care information and timely access to a comprehensive range of reproductive and sexual health care services.

ACTING SPEAKER SILLITTI: An explanation has been requested, Ms. Glick.

MS. GLICK: Thank you, Ms. Speaker. The bill would authorize the Commissioner of Health to conduct a study and issue a report examining the unmet health and resources needed facing pregnant women in New York State, and the impact of limited service pregnancy centers on the ability of women to obtain accurate health information in a timely fashion and to access a comprehensive range of reproductive and sexual health care services. It -- the bill also identifies or establishes a definition of these limited service pregnancy

centers as primarily offering services to clients who may or may not be pregnant, is not a health -- a State health licensed facility, and is not providing services under the direction of a licensed health care provider and fails to provide or refer clients to other places where they could receive the full range of comprehensive reproductive and sexual health care services.

ACTING SPEAKER SILLITTI: Ms. Byrnes.

MS. BYRNES: Would the -- hello, Madam Speaker.
Would the sponsor yield?

ACTING SPEAKER SILLITTI: Ms. Glick, will you yield?

MS. GLICK: Certainly.

MS. BYRNES: Thank you. So talking again, twice in two weeks is all good. I do have some questions for you though and I'd like to start out very simply, as I did with the last bill, with some definitional issues. Now, obviously this bill would authorize the Commissioner of Health to conduct a study and issue a report examining the unmet health and resource needs facing pregnant women and analyze impact of limited service pregnancy centers, which appear to be defined as a facility or entity, including a mobile facility, the primary purpose of which is to provide services to clients who are or may be pregnant. My question is what constitutes an entity? How broad is this definition so that different organizations that provide services of any type would know whether or not they would fall within it? What is an entity?

MS. GLICK: Well, I think I indicated the definition of what would fall under this when I said that a facility or a location or an entity or a center that meets this definition which would primarily provide services to clients who may or may not be pregnant but is not a State licensed health care facility, or is not providing services under the direction of a licensed reproduct -- a licensed health care provider and fails to provide or refer for the full range of comprehensive reproductive sexual health care services.

MS. BYRNES: All right. So would a church constitute an entity if churches and pastors normally are charged with the role of counseling individuals who are their parishioners in all aspects of life, including those who may or may not be pregnant. So are we including a church as an entity which would fall potentially within the definition of a limited service pregnancy center?

MS. GLICK: I would not believe so. Certainly not the intention of the legislation.

MS. BYRNES: Now, do you believe that the purpose of your bill is to ensure that pregnant women have access to information on all of the legal options that are available to them, basically comprehensive prenatal care?

MS. GLICK: Yes. Well, look, what it -- the purpose of the bill is to ensure that somebody who goes to a limited pregnancy service center whether they are -- find that they're pregnant and choose to carry the pregnancy forward, they should be going to for prenatal care.

MS. BYRNES: All right, but you --

MS. GLICK: Excuse me, let me finish my sentence if you would. And they should be seeing someone who is actually a licensed health care provider for that prenatal care. Or if they find that they're pregnant and want to terminate the pregnancy, they should likewise be seeing a licensed health care provider.

MS. BYRNES: I understand and -- and no disrespect, but you're going to do your best to eat up all my time here. But don't you think that women should have access to information on all other legal options? Yes or no, ma'am.

MS. GLICK: Well, I get to -- you get to ask the question, I get to answer it. So -- and this is a discussion not a cross-examination. So with all due respect, I believe that people who are pregnant should receive information from a licensed health care provider.

MS. BYRNES: All right. Now, if the report ultimately is going to indicate unmet health and resource needs, if ultimately you find out that this report is -- demonstrates that some of the unmet health and resources needs available to pregnant women are information about services and programs that would assist a pregnant woman in bringing a pregnancy to a live birth or to an adoption, would you be willing to promote limited service pregnancy centers if they achieved this goal which the report finds is, in fact, an unmet health or resource need?

MS. GLICK: Well, I think that there are lots of

places that women can receive discussion about -- there are certainly many organizations that are involved in adoption services. I think if you go to the yellow pages, although I think you do that now online, you will see a listing of adoption services if that's something that you are interested in. But I think that if you are pregnant, you should be seeing, for medically legitimate information, a licensed health care provider.

MS. BYRNES: Okay. Let's talk about the task force for a moment. The task force will have nine members, it looks like all nine will be appointed by members of the Majority either in the Assembly, the Senate, or by the Governor's Office. It looks like one of those members will be a physician who practices abortion. One will have somebody who has experience and expertise in free speech rights. No -- there is no representation on this board from the Minority in either the Assembly or the Senate; is that correct?

MS. GLICK: Currently as it is yes, but I'm certainly, you know, willing to discuss with leadership if there should be -- and with the Executive if that's the obstacle to getting the bill passed, making that change.

MS. BYRNES: Now, I find the verbiage in the bill somewhat interesting. When it refers to the -- a abortion provider a doctor who has practiced abortions as to being -- as well as births, as to being one of the members, and it refers specifically to the fact that the individual practices, that's the operative word. But then the verbiage when you look at somebody who is involved in free speech

that we all care so much about, in free speech it only merely refers to an experience or an expertise in free speech, but no requirement that the person has to practice free speech or be a member of an organization that is devoted to making sure there's free speech in all options on this issue. Why was that particular verbiage, clearly it was chosen on purpose, but why was that done so that someone who practices abortion is on and only somebody who merely experiences free speech is on?

MS. GLICK: Well --

MS. BYRNES: It seems a little unfair.

MS. GLICK: If you will go to page 3, line 9, it says a member of the American College of Obstetricians and Gynecologists whose practice includes the provision of all pregnancy related care, including birth and termination of a pregnancy --

MS. BYRNES: Right. Inclusive. And --

MS. GLICK: -- and an individual with professional experience in the fields of reproductive rights, health, and justice. And then, a member with professional experience and expertise in First Amendment and free speech rights. Now, professional experience in that way I would think it would be someone that professional experience probably might be an attorney who has done cases around free speech. It says professional. It doesn't just say somebody who believes in free speech; it says someone with professional experience and expertise.

MS. BYRNES: Is there -- under any of your

definitions, under all of the potential members of this task force, anything that would include, because free speech, I can have free speech and believe in free speech about every issue under the sun, it doesn't mean it's something I believe in and that I advocate for. How do we know as members of the Minority that there'll be any member of this task force who in any way, shape or form has a pro-life pro-advocacy perspective? Or is it designed not to have one?

MS. GLICK: Well, it certainly talks about having somebody who is a member of the College of Obstetricians and Gynecologists, it doesn't say they have to have -- you -- you indicated that they had and limited it to abortion provision, but the bill doesn't say that. The bill says an obstetrician/gynecologist who is familiar in all aspects of reproductive health. So that includes prenatal care, birth, which is specifically stated in the legislation, as well as termination. So it's not in that regard tilted, if you will, and free speech, it could be an attorney. And we know that attorneys can always argue at least two sides of an argument, if not five, and so regardless of -- it doesn't say some -- anybody, it has to be someone who is "pro-abortion" or "anti-abortion," it says someone who is a gynecologist/obstetrician who is familiar with all aspects of --

MS. BYRNES: I believe it says, and correct me if I'm wrong, you obviously drafted the bill, but it says an obstetrician or gynecologist who practices pregnancy related care, including birth and termination.

MS. GLICK: Well --

MS. BYRNES: It's an inclusive term not an exclusive term. So somebody is definite who is going to fit that category is going to have also committed abortions, correct?

MS. GLICK: Well, who is -- whose practice is broad and I would think that there are many OB/GYNs who have delivered babies as well as terminated pregnancies for any number of reasons. Sometimes people have an abortion because it is to save the life or health of the mother.

MS. BYRNES: Couple of other questions. Thank you. (Inaudible) is obviously a key provision of this bill is empowering the Commissioner of Health to request and receive data and information from limited service pregnancy centers on an extensive list of issues and the list of information. It's more than extensive. It is an overwhelming amount of information that's going to be requested. Since most of these places, at least any that I've ever heard of and maybe you're aware of others, normally talk to individuals, women who are pregnant about what their options are as far as services that may be available to them, carrying on the pregnancy, government, private resources that they may be able to rely on if they're concerned about finances and how to do it if they're an unwed mom. These are the things they talk about and work towards; adoption is an option. I'm just wondering what is so frightening about that discussion that you, in essence, want to flood them with paperwork to a point where you shut them down?

MS. GLICK: Well, the -- the purpose of the bill is to

actual -- we've had a great deal of anecdotal information, anecdotal information from young women and not so young who indicated that they saw that there was -- they didn't have health care insurance, they thought they might be pregnant, they weren't sure, and they saw something that said free pregnancy test and so they went in and indeed the test was free --

MS. BYRNES: Ma'am, I'm not going to -- I'm just going to cut you short because I want to be heard on the bill and I only have 20 seconds I think.

ACTING SPEAKER SILLITTI: On the bill.

MS. BYRNES: Two minutes?

ACTING SPEAKER SILLITTI: Twenty seconds.

MS. BYRNES: Okay. Go ahead. I apologize. I didn't want to run myself out of time.

MS. GLICK: Well, in any event, so we -- we got this information, anecdotal information that said that, you know, they were led to go into someplace and because they thought that since they were offering a test, it was --

ACTING SPEAKER SILLITTI: Ms. Byrnes for a second 15.

MS. BYRNES: May I have another 15 minutes?
Thank you.

MS. GLICK: So they thought that the test indicated that they were going someplace where somebody could provide some additional service, so...

MS. BYRNES: Were they not provided with service?

MS. GLICK: They -- they were provided with a free test for sure, but when they wanted to find out about anything else that was medical in nature, they were not able to get that information and they felt for lack of a better word, a little snookered. So we've heard this over time and we said, you know, it's anecdotal. What we really need is to have actual information. So that's why there's this bill. I have a different bill that would say, fine, operate however you want, but the first time somebody calls you, you have to tell them that you're not a medical facility and then it's up to them whether they want to go or not. That's a different bill, but this bill is simply about trying to cut through the anecdotal information that we've had and have actual information.

MS. BYRNES: All right. And you indicated earlier that your primary -- you didn't say it was your primary, excuse me, but that a major push in your mind on any of these bills is to make sure that pregnant women talk to actual doctors, health care workers as opposed to people who may be counselors; is that correct?

MS. GLICK: Well, I think that people who are in the health care provision do, in fact, counsel people on their options and I don't see that as mutually exclusive.

MS. BYRNES: All right. You -- I thought earlier you had mentioned that you wanted to see people go to -- women go to health care professionals rather than the -- the limited service

pregnancy centers --

MS. GLICK: I did say that because pregnancy can be somewhat time-sensitive, so if you are actually some number of months -- you get a pregnancy test, you really don't necessarily know how pregnant you are. So you should go to a -- a --

MS. BYRNES: No, and I'm going to guess most people, at least women in this room and who are watching via Zoom have either talked to their mothers, their grandmothers, their pastors, their friends. We all reach out on any number of issues to people around us --

MS. GLICK: And this doesn't prohibit it --

MS. BYRNES: -- in order to get guidance.

MS. GLICK: This doesn't prohibit that.

MS. BYRNES: I understand, but you're trying to prohibit people from doing exactly the same thing somebody's friend or pastor would do --

MS. GLICK: No, I'm not.

MS. BYRNES: -- by call -- labeling them if they have a -- a specific storefront as a limited service pregnancy center and you're trying to limit them from doing the same thing that the conversation you could have with your mom, and that doesn't seem right.

MS. GLICK: Well, we're not --

MS. BYRNES: Many any of us reach out to other people, our spouses --

MS. GLICK: This isn't --

MS. BYRNES: -- you know, to talk about things.

All right. My apologies. Go ahead.

MS. GLICK: This bill doesn't limit anything. The bill is a study, number one. Number two, if someone is pregnant and -- and after a conversation with a medical professional figures out that they're actually quite a bit along, they should be getting prenatal care and that is something that is important so that they have proper nutrition and that the subsequent pregnancy is a healthy one, et cetera. So I -- yes, I believe people who are pregnant should, A, know their options but also, B, be having that conversation with a health care provider, not limiting them to not talking to their pastor, not limiting them to talk to, you know, their girlfriends or, you know, an older sibling, but this is just a study bill.

MS. BYRNES: It's a study, but it comes with such enormous cost to limited -- limited service pregnancy centers that in essence you could potentially put them out of business just by the sheer volume of information you're seeking; is that your goal?

MS. GLICK: No.

MS. BYRNES: On the bill. Thank --

ACTING SPEAKER AUBRY: On the bill, ma'am.

MS. BYRNES: Thank you.

On the bill, sir.

I do believe that this bill does place an onerous burden on lawful organizations purely to target them because

individuals in this Chamber disagree with their philosophy and their belief in the sanctity of life and their pro-life advocacy. I believe it's the intention of this bill to intimidate, silence, and to shut down opposing points of view and organizations that have a different -- again, a different philosophy and a different desire for how pregnant women should be taken care of in order to, if they want, bring them to a nice live healthy birth.

The only thing that this bill will do is to stop a lawful organization from providing people with all the information they need. I would be hard-pressed to find many women in our State who don't know that they have a right to an abortion. This will allow them to know there are other options and other people that care and can get them the services they need if they wish to bring a baby to a live birth. This bill will simply hurt the options of the women in our State and as a result, I'm compelled to vote no. Thank you, sir.

ACTING SPEAKER AUBRY: Thank you.

Mr. DiPietro.

MR. DIPIETRO: Thank you, sir.

On the bill.

ACTING SPEAKER AUBRY: On the bill.

MR. DIPIETRO: I'm very passionate about this. Full term abortion didn't seem to be enough for New York State, killing a baby at nine months at a full term pregnancy wasn't enough. Now we have to go after religious organizations, average people, professionals who want to counsel women on what they want to do with their

pregnancy and how they how -- and all of their options. But if one of the options is not abortion, then they're going to be shut down and that's the exact intent of this bill. I've debated it before. All nine members are all going to be full term abortion advocates. Of course there are no Minority members from the Assembly or the Senate on this, because I would have been one wanting to be on that board to give an offset, to give the other side of the aisle, to give the pro-life, which I'm proud to stand for.

In that bill it says that these are to be non-coercive. Are you kidding me? This total bill is coercive. This total bill tells you that you can't have pro-life. This bill tells you that you're going to get shut down. We know what the outcome of this bill is. I don't need to have technical -- technical difficulties with -- with language. The former speaker was 100 percent correct. This will open the gate to shut down any center that's pro-life.

I've had enough of it. I'm urging all my colleagues to vote against it, this is a horrible bill. This is a bill that -- that -- that basically says if you're not for abortion, you're going to get shut down and to shut up. If you're pro-life, shut up. We don't want you talking to pregnant women. We don't want you talking to women who even think they're going to get pregnant. That's disgusting to me, and I'm not going to hold it back. This bill needs to go in the trash heap where it belongs. Pro-life will not be silenced. We already have the number one abortion capital in the world right here in New York State. God help us all. Full term abortion on demand. I debated it. So I -- I

laugh when people try to tell me what's in the bill. I know the bill better than anyone. I've talked to hundreds of people, attorneys about it. I know the language. The health of a mother? When I hear this, oh, this bill would -- the health of a mother is less than 1 percent in any pregnancy, so please stop using that false narrative as if 90 percent of women are -- have -- have life or death issues at pregnancy.

I'm going to vote no. I urge this to never come back up again, that's how strongly I advocate a no-vote on this. The language in this bill speaks for itself. The way it's put together, the nine members, sorry. Can't -- I can't be fooled with the technical language, I know exactly what it means. I'm going to be voting no. I'm urging everyone else to vote for no. Stand up for life. Stand up for the sanctity of human life. Stand up for those who want to advocate for life, who want to talk to pregnant women and tell them there is an option, you don't have to go get an abortion. But unfortunately, to a lot of people abortion is their religion; I don't know, why but it is. That if you don't even take on the -- the thought of having an abortion, you're chastised, you're castrated, you're voted out of everything. I've been attacked too many times that I can imagine because of my pro-life stance. Why, because I stand with life? Because I stand that a woman should take that pregnancy to full term and have the baby? I don't get it, but I don't have to. These are my beliefs and I stand by them. I'm going to vote no.

Thank you, Mr. Speaker, for the opportunity to express my thoughts on this bill.

ACTING SPEAKER AUBRY: Thank you.

Mr. Gallahan.

MR. GALLAHAN: Thank you, Mr. Speaker.

On the bill.

ACTING SPEAKER AUBRY: On the bill, sir.

MR. GALLAHAN: For the reasons stated earlier by my colleagues and, once again, for the second time today, a temporary task force will be constructed without Minority representation. Second time today. That's 30 percent of the residents in the State of New York. That's six million people that won't have a say in what happens. This is routine in this room and I hope and pray to God it stops. I am in the negative.

ACTING SPEAKER AUBRY: Thank you, sir.

Mr. Manktelow.

Mr. Manktelow is the -- good try.

MR. MANKTELOW: Thank you, Mr. Speaker.

Would the sponsor yield for a question or two?

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

MS. GLICK: Certainly.

MR. MANKTELOW: Thank you, Ms. Glick. As I read through the bill and looked at the language, what do you see happening to a place like Care Net, Save the Storks? What do you see happening to an entity like that if this goes forward?

MS. GLICK: Well, I think that they will submit their

information and the Department will, you know, issue a report and give us some idea of how -- whether these are organizations that are widespread or -- which seems to be from the anecdotal information they seem to be quite prolific, but perhaps that's erroneous and we'll find that it's a limited circumstance that is not impeding. I will point out to you, though, that we have a serious maternal mortality rate in this State so delaying going to a licensed health care provider if you intend to carry a pregnancy forward, it's very important to get that prenatal care. We do a miserable job of providing access to that and so anything that delays women seeking actual legitimate medical attention is probably not good, but that's, you know, this is to study how widespread this is.

MR. MANKTELOW: So I was looking at some other agencies in New York State and -- and one that came across was PDL, Pregnancy Decision Line. They help women that are considering an abortion. Do you know if that agency has a medical technician on -- a licensed technician?

MS. GLICK: No, I don't. That's why the report is important. If they have a licensed medical provider that is directing the health care, that would be important to know. But the -- if it is not a State licensed health care facility or it doesn't have the direction of a licensed health care provider, then it falls under the terms of the definition. But I don't know offhand, and you could give me 20 different organizations and I couldn't tell you. That's the point of the bill.

MR. MANKTELOW: Yeah, I -- I understand the point of the bill. So an agency like this if they didn't -- if they didn't have the right individuals in their agency, they would then be required to do so? Would they be required to have a licensed health professional at that point?

MS. GLICK: No, that's not the -- this is a study bill. It has no requirement that changes how they're operating, they -- we just need to understand how they're operating.

MR. MANKTELOW: So -- so Care Net as I said earlier, this bill would not affect Care Net at all because they do have an understanding of how they should operate. Would the findings of this task force have the ability to change the way they do business?

MS. GLICK: No, this -- that would not be my understanding. This is to gather information about how organizations that fit the definition of a limited pregnancy crisis center operates and -- and, you know, how widespread it is. So that wouldn't change, but I certainly would hope that if they have women who are looking to carry their pregnancy to term that they would immediately tell them that they should see a licensed health care provider.

MR. MANKTELOW: So the goal of the -- the goal of the bill is to make sure each pregnant woman is given the option or direction of seeing a health care provider, a licensed health care provider, correct?

MS. GLICK: Well, that is certainly what we think should happen, but we also want to make certain that women don't

come out feeling that they were pressured one way or another. They should be encouraged to seek medical -- medically legitimate information regardless of whether they want to carry the pregnancy to term or terminate the pregnancy. That should be a decision that's discussed with someone who is providing medically legitimate information.

MR. MANKTELOW: Okay. So as you just said, you're talking about being pressured. When a -- when a young lady or a woman goes to an abortion clinic, are they told the other option at a clinic that they could carry the child to term? Is that something that an abortion clinic has to do?

MS. GLICK: Well, I think that when somebody has made a decision and they seek to have an abortion, they have made a decision. But I think that there certainly are times when people have gone and in their -- they discuss what the -- what their procedure is and people sometimes change their mind.

MR. MANKTELOW: Okay. So -- so what I'm hearing is many of the -- the ladies that are going to possibly do an abortion have -- have already talked to someone prior to getting to the clinic to kind of guide them in that direction. Who would -- is that a licensed health professional that would do that?

MS. GLICK: Yeah, well, I think when somebody goes to their obstetrician -- well, they go to a gynecologist probably and they find that they are pregnant, they -- sometimes that's a great happiness, they may have waited a long time to conceive, or they may

be a little bit upset. They may already have six children that they're having trouble supporting, or they may have two kids, one of whom they're spending their time with because the child has special needs, and I'm speaking based on conversations I've had with friends over a period of years. So people have different reactions, sometimes they're really happy, sometimes they're conflicted, sometimes they're not sure. And they may talk to any number of their family, friends, whatever before they make a decision about whether to continue a pregnancy or not. But once -- once they've made a decision and actually are going for an appointment for an abortion, I think they've made a decision. But I think a lot of those conversations happen before that decision is made.

MR. MANKTELOW: So -- so when they make that decision prior to going to an abortion clinic, all of the other individuals that talked with that mother, family, friends, other -- other pregnant ladies, I don't know, that's okay, they would actually need to talk to a health care professional prior to going to that clinic. Did I hear you right?

MS. GLICK: Well, they've already gotten information from their gynecologist so they have, in fact, seen a health care professional.

MR. MANKTELOW: Okay. But isn't that the point of the bill, to get them to a health professional because they haven't seen the gynecologist because they didn't know they were pregnant?

MS. GLICK: No, that's not --

MR. MANKTELOW: That's not it at all?

MS. GLICK: No. That's not the point of this.

MR. MANKTELOW: So what I'm reading up here on the -- on the wall is a report examining the unmet health and resource needs facing pregnant women in New York. Isn't that an unmet need? I'm just asking.

MS. GLICK: I think the point of the bill is to have -- authorize the Department of Health to conduct a survey and to determine the prevalence of those organizations or entities or facilities that meet the definition of limited services pregnancy center which is not, in fact, a health care facility.

MR. MANKTELOW: Okay. One -- one last question, Madam Sponsor, if you're willing. I know talking with a lot of parents, talking with schools back home, you know, we're pushing sex education earlier and earlier and earlier in our grades. You know, we're trying to get our -- our young people -- our young students, we're trying to give them knowledge way quicker than most parents would like to see. So I guess my question is, are there any programs in -- in high school that the senior year of -- of a senior female that gives them the options of what could happen if they were pregnant? Do they have an option for an abortion? Do they have an option to --

MS. GLICK: I really don't know how to answer that. I would hope that people would have age appropriate --

MR. MANKTELOW: Mr. Speaker --

MS. GLICK: -- sex education.

MR. MANKTELOW: I cannot hear.

ACTING SPEAKER AUBRY: I'm sorry. We need a little quiet, is that what the problem is? Shh.

MS. GLICK: I would hope that we would have age appropriate information to youngsters so we wouldn't get to be a senior in high school without knowing a little bit more than, you know, what your friends have told you.

MR. MANKTELOW: Okay. So -- so my very last question is, as we've talked about in your bill seeing a health care professional, is the value of the information from a child's parents relevant to this?

MS. GLICK: Well, I don't see where it fits into the bill. Obviously parents tells their kids all sorts of things and have access to their children all the time so I'm not sure what the point of the question is.

MR. MANKTELOW: But -- but the point is, ma'am, that, you know, a lot of young mothers really rely on their mothers to give them health care advice, to give them direction, understanding of what could and couldn't happen and in that situation, especially in my district where we have Amish individuals, we have Mennonites, they rely more on family than they do a health professional or a health -- a licensed health professional. Would this bill affect them?

MS. GLICK: The bill has no -- in no way interferes with people having conversations with their -- their moms, nor will the Department of Health be asking about that to my understanding.

MR. MANKTELOW: Do --

MS. GLICK: That's not the intent of the bill.

MR. MANKTELOW: Do you know what the -- do you know what the Department of Health will be asking?

MS. GLICK: Well, that's in the body of the bill. That's the substance of the bill.

MR. MANKTELOW: Okay. Thank you -- thank you, Madam Sponsor.

Mr. Speaker, on the bill.

ACTING SPEAKER AUBRY: On the bill, sir.

MR. MANKTELOW: Mr. Speaker, on the bill. Just to -- just to sum things up here. My -- my concern is, again, we're going to create a task force without bringing all the players to the table. And, again, we're going to get a lopsided bunch of numbers that will really not be a true picture of what's really going on out there. And what will we do? Who will we harm? What children will not make it to the possibility of being here? I'm just concerned about the -- the task force and really what it's aimed to do.

So I'm not going to support the bill as -- as I'm sure you know, but if we're going to do a bill like this, we need to bring every side of the -- every side to the table to make sure we have our best understanding of what young people need, mothers, parents, families, pro-life, abortion, they -- they need to all be at that table. So I guess I'm asking that if this bill passes, please look at amendments to possibly bring all of the players to the table. That way the Department

of Health, the Commissioner can see every aspect of how it affects everyone in New York, not in just one direction. So thank you, Mr. Speaker, for the time and thank you, Madam Sponsor, for answering my questions.

ACTING SPEAKER AUBRY: Thank you.

Mr. Lawler.

MR. LAWLER: Thank you, Mr. Speaker. Will the sponsor yield?

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

Ms. Glick yields.

MR. LAWLER: Okay, thank you. With respect to the study, is it primarily focused on seeing what restrictions and/or impediments there are for a woman to receive abortion services?

MS. GLICK: No. The -- the point of the bill is to get actual information about the prevalence of organizations. I know there's been a great deal of discussion about making sure everybody has all the options, but it's interesting that in most of these instances the one option that is not discussed at limited service pregnancy centers is the option to terminate. So there's a little bit of disingenuousness, if you would, sir. But I think that we've had a lot of anecdotal information from various groups that have observed that there are these centers or facilities that encourage people to come in for a free test, they get the free test, but should they want to discuss a termination then there is not exactly a free discussion about that. On

the other hand, if somebody is pregnant, they should really be referred to someone who can talk to them because somebody may have underlying health conditions that could affect a healthy pregnancy. And we do have -- we really do have a terrible record in New York State on maternal mortality and underweight babies, et cetera. So someone who wants to continue a pregnancy really should not be talking to lay people about, you know, options; they should be talking to a health professional.

MR. LAWLER: Okay. So if I heard you correctly, somebody going to a limited service pregnancy center, part of the study is to see whether or not they are fully meeting the needs and providing all of the information. If somebody goes to an abortion clinic, for instance, will this study examine whether or not they are providing the patient with information about adoptive services, for instance?

MS. GLICK: Well, presumably, if someone has not gone to a limited pregnancy center and has chosen instead to go to a medical professional, they will have a conversation with their gynecologist about how they feel about their pregnancy, how far along they are, and there certainly could be someone in the doctor's or the nurse practitioner's office who advises them if they have ambivalence to talk to a counselor. When somebody chooses to go to an abortion provider, they've already made up their mind. Presumably.

MR. LAWLER: Oh, all right. I think the presumably is an important word because I don't think necessarily that everyone

who goes to speak with a --

MS. GLICK: And I -- and I do think that there are people who sometimes change their mind and that's -- they're not forced, there are no forced abortions in the State of New York.

MR. LAWLER: Right. I -- I guess the -- my -- my point in asking that is really that if the -- if you're -- from your perspective the point of this bill is to ensure that pregnant women are getting all of the information.

MS. GLICK: Mm-hmm.

MR. LAWLER: Shouldn't that kind of apply across the board to make sure that they're getting all of the information and don't feel, potentially, that their only option may be an abortion?

MS. GLICK: Well, I -- I will say that there is both a code of ethics for medical professionals, they are licensed by the State. They are there to assist their patients in making decisions that are best for them. So there is a some oversight which is not in any way true of limited pregnancy centers.

MR. LAWLER: Will this study look at the unmet needs of pregnant women based on a number of factors such as race or ethnicity or religion and how that impacts whether or not they are getting the right services?

MS. GLICK: Well, I -- I think that this -- the point of the bill is to look at the prevalence of these particular limited service pregnancy centers and in finding out perhaps that they have very few clients. I mean, one of the things is, you know, how many people do

you see? And they may see very few people and that may be an indication that people are, in fact, choosing to go to medical professionals first and foremost.

MR. LAWLER: So --

MS. GLICK: Which would be good thing, in my personal opinion.

MR. LAWLER: And the reason I ask that is because according to statistics that were released by New York City, in 2012 there were more abortions than live births among certain races. And so my question to you is, are -- are we going to examine as part of this study whether or not women of color, for instance, are getting all of the information that they need to make a decision in what's best for them, whether that is to have an abortion or to see a -- a birth all the way through. It seems like this is very targeted towards one direction and not really trying to ensure that all women across the State have all of the information available.

MS. GLICK: Well, one of the things in -- in the study is the basic demographic information that is requested. But I would say to you that this -- my belief is that we do not have sufficient access for -- access to health care for most New Yorkers which is why I am on Mr. Gottfried's New York Health bill to ensure that there is a wider access to basic health care for all New Yorkers, regardless of whether they are pregnant or not, or planning to be, et cetera. So that to me is a different piece of legislation in terms of ensuring that everyone has access to basic health care, and I fully support that bill

and hope that we can move that as soon as possible.

MR. LAWLER: Okay. Are you familiar with the Guttmacher Institute?

MS. GLICK: Yeah, somewhat.

MR. LAWLER: Okay. So -- yeah, there are CDC statistics, there's also statistics that have been compiled by the Guttmacher Institute. According to the Guttmacher Institute in -- from 2011 to 2017, in the State of New York in 2011 there were 94 clinics that provide access to abortion; in 2017, there were 113. That is the second-most in the country behind California. California had 160 in 2011 and 161 in 2017. So we saw a -- a significant increase of 19 clinics compared to California which only saw an increase of one. Now, when you look at the actual abortion rates per every 1,000 woman -- women age 15 to 44, in 2011 New York State's rate was 34.2; in 2017 it was 26.3. Now, I guess depending on your perspective, a decline in the number of abortion cases is probably a good thing. Maybe people's needs are being met and they're -- and they're choosing to bring a -- a baby to full term. If you look at across the country the number of abortion restrictions that have been enacted, obviously it varies state to state, do you know how many abortion restrictions have been enacted in the State of New York during that time period?

MS. GLICK: Well, I don't see what -- how that is germane to the bill, but I think that we've seen in -- across the country hundreds of restrictions, so it is not -- it would not be a surprise to me

and so I actually think it's interesting that you have so much data so obviously that is not part of a study that we need to do, but I think it's interesting that there's been a diminution of abortions in the State. I suspect that at some point that may change based on the increased limitations in other places. So we haven't added restrictions because we believe in the Constitutional right of women to make choices, or barring a Constitutional right, we believe there is a moral right of women to decide what happens with their bodies. But we are quite off the germane point of the bill.

MR. LAWLER: I would disagree, and I'll get to why in a second. The -- just to answer the question for everyone, there -- there have been zero restrictions in the State of New York during the time period of 2011 to 2017 and, in fact, it predates me, but I believe you were the sponsor of the Reproductive Health Act which passed in 2019, and I believe this year marks 51 or 52 years since New York State legalized abortion to begin with, which was before Roe v. Wade. So I -- I guess my question to you ultimately is given that New York State has had zero restrictions put in place over the last decade-plus, given the fact that New York State has increased the number of abortion centers throughout the State, given the fact that you passed the Reproductive Health Act, and I'm sure you're very proud of that, is it your contention that women in the State of New York do not have access to abortion or do not have enough access to abortion?

MS. GLICK: Well, I think that in general women don't have enough access to health care. So I think that that's for sure.

And we certainly see that women -- maternal mortality and -- and other health concerns actually have been on the increase, which should concern all of us. And so the point of the bill is to see whether the anecdotal information that organizations that track some of these concerns, because women raised them with the organizations, like the National Council of Jewish Women, they have anecdotal information and I, you know, believe that it's appropriate for the Department of Health to determine if this -- the prevalence of limited service pregnancy centers is an issue or not and what the dynamics of that are. That's the point of the study bill and, yes, I think that we don't have enough access to health care for women or, frankly, for men which is why Mr. Gottfried's bill is so important.

MR. LAWLER: Okay. Thank you.

On the bill, Mr. Speaker.

ACTING SPEAKER AUBRY: On the bill, sir.

MR. LAWLER: I think it is somewhat alarming 52 years after New York State legalized abortion and nearly three years after the sponsor of this legislation passed her Reproductive Health Act, and at a time where New York State has consistently ranked at or near the top of the number of abortions provided every year in the State, that the sponsor somehow would like to indicate that people in the State of New York do not have access to abortion services in New York State. This bill is obviously intended to go after organizations that may counsel women and families about other options beyond abortion. I think generally speaking anyone who would go use those

services is probably inclined to subscribe to that position or that point of view. I think the idea that the sponsor wants to focus on that while so many abortions are being provided throughout the State of New York is unfortunate, and I think there is a lot better use of our time and State resources to help women and pregnant women throughout our State. And with that, I will be voting no.

ACTING SPEAKER AUBRY: Mr. Salka.

MR. SALKA: Thank you, Mr. Speaker. Will the sponsor yield for a few brief questions?

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

MS. GLICK: Sure.

ACTING SPEAKER AUBRY: Ms. Glick yields.

MR. SALKA: Thank you, Ms. Glick. Now, several times you've cited this anecdotal evidence coming from these groups. Would one of those groups be Planned Parenthood?

MS. GLICK: I'm sorry?

MR. SALKA: Would one of the groups that have given you this anecdotal evidence, if you will, of people not receiving the proper counseling, would one of those groups be Planned Parenthood?

MS. GLICK: No.

MR. SALKA: So Planned Parenthood has not -- not chimed in at all on this.

MS. GLICK: No.

MR. SALKA: Okay. Thank you. Now, this task force is going to be directly involved in designing the questionnaire and designing the study? Or will this be something that will be under the purview of the DOH? Just trying to get an idea about --

MS. GLICK: The Department conducts the study.

MR. SALKA: I'm sorry?

MS. GLICK: The Department conducts the study.

The task force presumably looks at the data and provides recommendations.

MR. SALKA: So who will be guiding the parameters on this study? In other words, who will be making up the -- the criteria that they will use to design the study that will -- the results that will be -- that will be presented to the task force for -- for implementation? Who's going to make up the questions?

MS. GLICK: Well, the -- the bill lists variety of areas for data collection and so that's -- the bill directs that. The report by the Department to the task force will be an aggregation of that information and the task force will presumably provide recommendations based on the data received.

MR. SALKA: Based on the recommendations of the data that's compiled by the DOH.

MS. GLICK: They will make recommendations based on the information that has been collected.

MR. SALKA: And of course it will be -- ultimately be the DOH that will decide, given that data, on what direction they

want to go with any kind of implementation of policy --

MS. GLICK: I -- I don't believe the task force has the authority to tell the Department exactly what to do, but it can make recommendations.

MR. SALKA: Okay. On -- on this task force, I noticed you have representatives from the Bureau of Social Justice, but I don't notice -- I didn't notice if there's any members that would be able to add to the discussion from like clergy, adoption services, any kind of ethical panel or any kind of input from someone who could give more of a -- of an ethical point on -- on -- on this on some of the data?

MS. GLICK: Well, I think that medical professionals have a code of ethics. So to say there's nobody who has any ethical background is a -- is -- is perhaps incorrect.

MR. SALKA: Or -- well, the other two given that adoption services and clergy, because this sometimes is critical decisions that are made by the woman and sometimes it's good to have input from all -- all aspects of how this is going to affect their lives.

MS. GLICK: With all due respect, I don't think that the clergy, which are, you know, we are a very diverse State with lots of different religions so I think that it would be very complicated to choose one or 12 people to represent the clergy.

MR. SALKA: Okay. All right. Thank you. Thank you, Ms. Glick.

Mr. Speaker, on the bill.

ACTING SPEAKER AUBRY: On the bill, sir.

MR. SALKA: What we're seeing nationwide, and I would think that the same kind of numbers pertain to New York State one way or another that as you see more and more opinion of the public that is pro-life or anti-abortion. And I'm afraid that these types of legislations are in response to that threat, that what they've been -- what they've been prioritized or what they've been trying to do by allowing this to be easier and easier to get an abortion is starting to be contrary to public opinion. So I suspect that we're going to start seeing more and more harassment of these limited pregnancy centers. My wife volunteered at one, you know, granted, they didn't discuss abortion that much but they did an ultrasound and many, many times there were professionals on staff as volunteers, some paid, and they were able to recognize if there was, in fact, an issue or a problem with a woman's pregnancy, sometimes very early in stage of that pregnancy.

So I agree that health care for women, especially poor women, is embarrassing in New York State. And I don't necessarily agree that Mr. Gottfried's bill is going to do it -- address that, but at any rate I think that what we're seeing now is that we have some concern from the pro-abortion community that the public is starting to change their mind on whether or not they think that's an acceptable practice. And I think we're going to start seeing more and more of these types of -- of harassment of -- and the opportunity or the -- the effort to -- to shut them down. So thank you, Mr. Speaker. Thank you

for the time.

ACTING SPEAKER AUBRY: Thank you, sir.

Read the last section.

THE CLERK: This act shall take effect immediately.

ACTING SPEAKER AUBRY: The Clerk will record the vote on Assembly print 5499. This is a Party vote. Any member who wishes to be recorded as an exception to the Conference position is reminded to contact the Majority or Minority Leader at the numbers previously provided.

Mr. Goodell.

MR. GOODELL: Thank you, sir. The Republican Conference is generally opposed to this legislation for the reasons that have been cited. Those who support it are certainly free to vote in favor on the floor or by calling the Minority Leader's Office. Thank you very much, 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; however, there may be colleagues that would decide to be an exception. They should feel free to contact the Majority Leader's Office, their vote will be properly recorded.

ACTING SPEAKER AUBRY: Thank you, Mrs. Peoples-Stokes.

(The Clerk recorded the vote.)

Ms. Lunsford to explain her vote.

MS. LUNSFORD: Thank you, Mr. Speaker. I'm fascinated by the concern held by some people in this Chamber over a study, over finding out objective information so we can understand how some of these crisis pregnancy centers are working. Who's impacted by them? What sort of services are being provided? Are they all same? Are they all different? What is it that we're so worried about discovering in a study? We just debated a study for like an hour. We just want to learn information. We saw this on gun violence, as well. Why are people so worried about learning about a topic? Is it that we're concerned what we're going to discover? Because if that's the case, we need the study all the more.

I look at some of these centers, there are some in Rochester, and boy, do those websites look like health care providers. I was shocked to discover that one of them wasn't an abortion provider because of the way the marketing works. If I was a health care clinic and purported to provide a medical service for, let's say, diabetes and someone walked in looking for a medical service and I provided them religious counseling, I think the Department of Health would have some kind of concern about that. So I'm very interested to discover what this study will show us, and after we have that information where we may discover there's no problem at all, then we can have this broader discussion about what the needs are of the people of New York State. I'll be voting in the affirmative. Thank you very much.

ACTING SPEAKER AUBRY: Ms. Lunsford in the

affirmative.

Ms. González-Rojas to explain her vote.

MS. GONZÁLEZ-ROJAS: Thank you, Mr. Speaker.

You know, prior to joining this esteemed Body, I served as the Executive Director of the National Latina Institute for Reproductive Justice, and I spent the last 13 years fighting for health, dignity, and justice for Latinas, their families, and their communities. And I worked to ensure that each person has access to the reproductive health care they need to determine if, when, and how to create the families they wished to create, and then to raise those families with dignity. Working across the country, I've seen the harms of policies that restrict access to the full spectrum of reproductive health care, including abstinence only education that perpetuates lies and harmful stigmas about women and LGBTQ communities, to the proliferation of these fake clinics that provide inaccurate, misleading and stigmatizing information about abortion and contraception. I have witnessed what the denial of abortion care that often forces vulnerable immigrants, working-class, and low-income communities into self-managing their care as opposed to being able to access a doctor for an abortion.

These policies don't prevent abortion, it just forces the procedure underground, sometimes at the cost of the life of the pregnant person. They are rooted in sexism, racism, homophobia, xenophobia, not science and not health care. I'm so proud of the sponsor for bringing this bill forward. This bill would simply

authorize the Commissioner of Health to conduct a study regarding the health and resources needed for pregnant people, as well as the potential negative impacts of practices by these unlicensed facilities, which I will call fake clinics. It is unconscionable that we're actually having this debate here in New York State. So we must understand the harm, we must address the harm, and we must ensure that any pregnant New Yorker can get access to the health care that they need without stigma, without shame, or without coercion. I proudly vote in the affirmative.

ACTING SPEAKER AUBRY: Ms. González-Rojas in the affirmative.

Ms. Simon to explain her vote.

MS. SIMON: Thank you, Mr. Speaker. I want to commend the sponsor for this bill. This is a bill that will allow us to study and gather data so we can make evidence-based decisions. There are many, many crisis pregnancy centers that really market themselves to look like something they are not. They are free to be what they are, but they are -- should not be free to make it look like they are something they are not. It is very basic principle about truth in advertising. If you are a medical facility and you provide X, Y or Z services, that's great. But if you are not, you should not promote yourselves as if you are a medical facility, and that is what we are hearing too much about. This certainly exists in my district, as well, and what we need to do is gather data to know whether it's our anecdotal reports are as -- complete, or that we know whether this is a

big problem or a small problem or a middle-sized problem. But we do know it's a problem when facilities are out there promoting themselves as something they are not. That is all this bill seeks to do and I'm very pleased to be able vote in the affirmative. Thank you.

ACTING SPEAKER AUBRY: Ms. Simon in the affirmative.

Ms. Glick to explain her vote.

MS. GLICK: Well, thank you, Mr. Speaker. The bill is pretty simple. It's really about to identify what the dimensions of the issue are. Anecdotally, I have heard from young women who felt snookered; that's a technical legislative term. They went into a facility and it looked like, it smelled like, it (inaudible) like, it sounded like, but when they got there and it turned out they were pregnant, there was a very hard sell that they should absolutely not seek an abortion.

So I think it very interesting that there's all of this concern that there be all of the options when, in fact, these clinics, these fake clinics, really are targeted on preventing people from having an abortion. But I also think that it delays confused youngsters who might want to continue a pregnancy from seeking medical attention when that would be very important for them. Young women, immigrant women, women without health insurance look for a cheap answer and when somebody says you can get services for free, they are attracted there. And as colleagues have said, some of the advertising is somewhat misleading, if not overly so.

And I just want to say that I thought it was shocking

to think that there was a raising the fact that maybe some of these centers might have some harassment when, in fact, for as long as I have been an adult, abortion clinics constantly have people harassing people who have made a decision about their own private health care. I don't want to see anybody being harassed whether they're going into a limited pregnancy center or whether they're going into an abortion clinic. We have too much of that bully boy nonsense going on across the country in too many ways, whether it's a school board or otherwise. I don't want to see any of these centers harassed, but I think people have to step up and say we should know what the dynamics of the problem are. The study is a study is a study. I withdraw my request and vote in the affirmative.

ACTING SPEAKER AUBRY: Ms. Glick in the affirmative.

Are there any other votes? Announce the results.

(The Clerk announced the results.)

The bill is passed.

Mrs. Peoples-Stokes.

No, Mr. Goodell, it seems.

MR. GOODELL: Thank you, Mr. Speaker. Would you call on Mr. Norris for an important announcement?

ACTING SPEAKER AUBRY: Mr. Norris for an important announcement.

Mr. Norris.

MR. NORRIS: Thank you, Mr. Speaker. There is a

need for an immediate Republican Conference in the Parlor.

ACTING SPEAKER AUBRY: Immediate
Republican Conference in the Parlor.

Mrs. Peoples-Stokes.

MRS. PEOPLES-STOKES: Mr. Speaker, would you please put the House at ease, and I would want to advise members that while we're at ease there probably will be a need for a Ways and Means and a Rules Committee meeting, so please be advised and look forward to return at the call of the Speaker. Thank you, sir.

ACTING SPEAKER AUBRY: The House stands at ease. Ways and Means and Rules to follow as we come back. Thank you so very much.

(Whereupon, the Assembly stood at ease.)

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ACTING SPEAKER AUBRY: The House will come to order.

Mrs. Peoples-Stokes.

MRS. PEOPLES-STOKES: Thank you, Mr. Speaker. Colleagues, you all have on your desk an A-Calender. I would ask that you would --

ACTING SPEAKER AUBRY: On Mrs. Peoples-Stokes' motion, the A-Calendar is advanced.

MRS. PEOPLES-STOKES: Thank you, Mr. Speaker. We will now go right to Rules Report No. 69 on that Calendar and we will take it up on debate by Ms. Weinstein.

ACTING SPEAKER AUBRY: Page 3, Rules Report No. 69, the Clerk will read.

THE CLERK: Assembly No. A09766, Rules Report No. 69, Weinstein. An act making appropriations for the support of government; and providing for the repeal of such provisions upon expiration thereof.

ACTING SPEAKER AUBRY: On a motion by Ms. Weinstein, the Senate bill is before the House. The Senate bill is advanced. Governor's Message is at the desk, the Clerk will read.

THE CLERK: I hereby certify to an immediate vote, Kathy Hochul, Governor.

ACTING SPEAKER AUBRY: Mr. Ra.

An explanation is requested, Ms. Weinstein.

MS. WEINSTEIN: So this bill would provide \$359.5 million in appropriation authority for payroll, contracts, liabilities, and Federal or State assistance of various State departments and agencies, as well as the Governor, Lieutenant Governor, Comptroller and Attorney General for the period from April 1st through April 7th.

ACTING SPEAKER AUBRY: Mr. Ra.

MR. RA: Thank you, Mr. Speaker. Will the Chair yield?

MS. WEINSTEIN: Yes.

ACTING SPEAKER AUBRY: Ms. Weinstein yields, sir.

MR. RA: So as you I thought you would, you

covered my first two questions in your explanation which was the period that this covers and the appropriation authority, so I just have two others. So can you give us some update as to where things stand and when we may see some final budget bills?

MS. WEINSTEIN: The negotiations are proceeding well and I believe that we will in the next -- over the next few days, bills will be printed and we will be in this Chamber voting.

MR. RA: Okay. And this provides financing through April 7th, as you said, so we believe we will complete a budget by April 7th, or by the end of April 7th?

MS. WEINSTEIN: That is -- that is the plan as of now; yes, correct.

MR. RA: Thank you.

Mr. Speaker, on the bill.

ACTING SPEAKER AUBRY: On the bill, sir.

MR. RA: Just quickly, this is an important bill. Certainly we don't want anybody in our State workforce to not get a paycheck or miss a paycheck because of, you know, a deadlock here. But I do want to point out we're in a State ruled by a single party, yet two years in a row we've had to do a budget extender. We have people who have worked tirelessly in all of our agencies, in our health care workforce, our mental health professionals whose paychecks were put in jeopardy by the fact that we're here having to do an extender, and I really just don't think this is the way we should operate as a government and, you know, I'm not sure any other entity or

business could get away with operating in this manner.

And just to point out, as many of my colleagues know, we have school districts throughout our State. When they file something late, we penalize them. We've tried to make that right over the years, hopefully we'll do that in this budget, but they've gotten penalized. We have the luxury right now of having budget surpluses, which is great, and we're in a better position than we have been in the past, but we need to make decisions and we need to move forward.

And lastly, I want to point out that, you know, it's 5:13, so not too bad, but we've known since last week and, really, for weeks that we had a budget party extender in place by 4 p.m. today, so I am certainly disappointed that we didn't have this bill officially introduced really until a couple of hours ago. It certainly makes the new Governor look like the old Governor when we operate in this manner.

All that being said, like I said, this needs to be enacted so that we take care of our State workforce who serve the public on a day to day basis, so I will be voting in the affirmative, but I hope that by the time this runs out at the end of the day on April 7th, we will have a full and complete budget that meets the need of New Yorkers. Thank you, Mr. Speaker.

ACTING SPEAKER AUBRY: Thank you, Mr. Ra.
Mr. Walczyk.

MR. WALCZYK: Thank you, Mr. Speaker. Would the sponsor be so kind to yield for some --

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

MS. WEINSTEIN: Yes.

ACTING SPEAKER AUBRY: Ms. Weinstein yields.

MR. WALCZYK: Thank you. Through you, Mr. Speaker, when was the New York State Budget due?

MS. WEINSTEIN: The fiscal year ended on March 31st.

MR. WALCZYK: On March 31st, and I noticed that we adjourned, Mr. Speaker, before midnight on the 31st, actually early in the afternoon with about 11 hours to spare we all left this Chamber. Through you, Mr. Speaker, why is the budget late at this point?

MS. WEINSTEIN: There are negotiations that are taking place and things were getting close on the 31st; we weren't there yet.

MR. WALCZYK: Through you, Mr. Speaker --

MS. WEINSTEIN: And we're not quite there yet either, but we're just about.

MR. WALCZYK: I, as Ranker on the Higher Education Committee and an active member in this legislative Body, I participated in every budget hearing that I was invited to, many of them with great dialogue with you, Madam Chair. How many public hearings did we have between March 31st and today?

MS. WEINSTEIN: As -- as -- as you know, the

budget hearings started the week after the Governor presented her budget. We had 13 hearings. You're right, you sat through a large number of them. They were on average ten to 12 hours each, so we had more than 100 hours of hearings on the budget.

MR. WALCZYK: I'm sorry, I don't think I heard an answer to my question there. Through you, Mr. Speaker, I asked how many public hearings did we have on the budget between March 31st at midnight, the deadline, and today?

MS. WEINSTEIN: We didn't have -- have hearings then because we held the hearings according to the Constitution and the legislative requirements after the Governor's budget is presented.

MR. WALCZYK: How many public hearings are scheduled between -- and this is, for the record, this is a bill that will extend the period from April 1st, the deadline, to April 7th, so to kick it out a week. How many public hearings are scheduled between now, April 4th, and April 7th, so that the public can know what's being negotiated into this budget?

MS. WEINSTEIN: Well, there aren't hearings scheduled because now we're having the negotiations to, based on -- in large part, based on what we heard at those hearings that we did have in January and February.

MR. WALCZYK: Through you, Mr. Speaker, and I just wonder, one final indulgence, I notice that a number of major issues, whether it be on bail reform in the Governor's leaked ten points on bail reform, or whether it be on a taxpayer-funded stadium have

been put out in the public realm as budget negotiation pieces. I was wondering at what point is the public going to hear about those negotiations before we vote on a final budget? When will their input be allowed in this process?

MS. WEINSTEIN: We -- we have had, as I said, we have had the public input during the hearings. Some of the comments were -- well, certainly all the comments will help guide us as we prepare our final budget, and they will -- there will be opportunity once the bills are printed for people to see, but certainly, as you say, there have been some issues that have been in the news in the public domain, and I'm sure many of our colleagues have heard from our constituents about those issues that are reported in the news.

MR. WALCZYK: Thank you.

Mr. Speaker, I'll go on the bill.

ACTING SPEAKER AUBRY: On the bill, sir.

MR. WALCZYK: New Yorkers obviously deserve an on-time budget. They deserve a budget where elected officials that are leading the process probably should inform them about the major issues that they're negotiating and they don't have to turn to Twitter to find out what the latest in the budget process is. They deserve a budget, Mr. Speaker, that is negotiated in good faith, has a public, open process as outlined in the Constitution. They don't deserve having a Legislature negotiate in secret with three persons and one party in a room, a budget that was due last week and we actually, if you remember, Mr. Speaker, I gave them accolades because at the

beginning of last week, there was a bill that was brought to the Chamber floor and it was the first budget bill, it was the Debt Service Bill. We talked about paying the minimum on our credit card bill as New York State, and it actually had enough age in this Chamber for the public to see it, for us to discuss it and digest it, and it was brought to this Chamber floor without a Message of Necessity of the Governor so it didn't subvert even the legislative process, which was a good thing. And then what's happened over the last week? Well, we shut down early before the budget deadline, 11 hours before the budget deadline we gaveled out in this Chamber, we quit. They sent us home. They said, *No, we're not even going to try for an on-time budget anymore*, and then we stand here today after coming back, we debate a number of bills that have absolutely nothing to do with the most pressing issue right now which is this budget, which is already beyond its deadline. And the next budget bill that we take up is one to kick the budgetary can down the road, to say, *Well, we haven't made enough decisions behind the public's back yet so we can't deliver a budget to you today*.

So we're passing this with a Message of Necessity from the Governor. I will give accolades because at 5:20 p.m., at least New Yorkers are still awake today to hear this conversation. I hope that that at least continues. I would love to see some budget bills with enough age so that the public can digest them. It would be wonderful if in the spirit of the New York State Constitution these bills also had enough public input so that the public and the legislators that

represent them in both the Senate and the Assembly have the opportunity to comment and adjust, but I understand we're beyond that. It's April 4th now, Mr. Speaker.

So I won't take up any more time in this Chamber, but I urge my colleagues to think about this long and hard and I want you to think about what happens when they miss the next deadline, which they have given themselves until April 7th. How do you vote on that bill? Do we also plan to kick the can down the road? And obviously, Mr. Speaker, I want to see New Yorkers get paid. We did the Debt Service Bill before saying we're going to pay the minimum on our credit card and now we're taking up this bill today to say, *Hey, we shouldn't stop payroll*, and I know that this is going to pass and that's a good thing because we don't want to see employees in New York State miss their payroll. It's also including a couple of bills that New York State -- are coming due for New York State in the next couple of weeks, whether it be in the Department of Health or OPWDD, and we should pay our bills. But think about what happens when the next extender comes and what that does to the process and the lack of openness and transparency when a Governor who is the same party as both Legislative Leaders took office and said, *I am going to be the most transparent*, and we haven't had a public hearing in weeks about what's being negotiated in secret in this budget.

With that, Mr. Speaker, I'll conclude my comments.

Thank you.

ACTING SPEAKER AUBRY: Thank you.

Mr. Lawler.

MR. LAWLER: Thank you, Mr. Speaker. Will the sponsor yield?

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

MS. WEINSTEIN: Yes.

MR. LAWLER: Thank you, Madam Chair. When Session was adjourned on the 31st, did you remain in Albany through the weekend into today to negotiate, or did you go back to your district?

MS. WEINSTEIN: The Speaker and our staff was here. I -- they have this miraculous thing called a telephone and computer so I was available and communicated with the staff throughout that -- that time period.

MR. LAWLER: Okay, I was just curious. It's not a problem about telecommunication, apparently the Governor's staff all had COVID so I'm sure they were not doing it in person, so that's fine. Why do you think there's been so little transparency around this budget? When the Governor took office, she promised a new era of transparency. She said she would inform the public of what's going on. Today she held a press conference for the first time in ten days during these secret budget negotiations. Why -- are you disappointed by the lack of transparency in this process?

MS. WEINSTEIN: As I said to Mr. Walczyk, and you were in many of the budget hearings also, we had over 100 hours

of budget hearings where we got to hear from the public as well as agencies. As to the agencies, as to the needs of the public on commenting on the budget and we are taking, as we do every year, taking that information and working on crafting a budget that addresses the needs of New Yorkers.

MR. LAWLER: Well, according to the Speaker, part of the reason that the budget is delayed is because the Governor tried to interject policy into the final weeks of budget negotiations. So obviously, as my colleague pointed out, there's been no hearings since the Governor interjected the policy proposals into the budget. So that's why there is concern about this lack of transparency because so many of the things that are now being negotiated or that have caused this budget to be late were not discussed in those budget hearings; they have since been introduced. So I just -- I'm concerned about that lack of transparency and I wonder if you share that concern.

MS. WEINSTEIN: I do not. The -- that's a normal process that there are issues that arise after the budget is presented and the -- since you were at the budget hearings you know that there were issues that came up that weren't in the budget, also and what -- including criminal justice issues that weren't there. So there actually was a lot of public comment. And as I mentioned, the issues have all been in the public domain in terms of news media and many -- most of us, I'm sure, have heard from our constituents in support or opposition to those various proposals.

MR. LAWLER: When we voted on the Assembly

one-House resolution, one of the things that you highlighted is that there was very little policy in the one-House resolution and that, you know, it was really dollars and cents. Do you expect policy to be in the final budget?

MS. WEINSTEIN: There probably, and as there have been over the years, some amount of policy, but I would dare say that the overwhelming majority of policy issues will not be -- that have been put forward will not be in -- in the budget.

MR. LAWLER: As the Chair of Ways and Means, are you disappointed that there will be policy in the budget?

MS. WEINSTEIN: I think that at times a budget is a negotiation and all sides -- sometimes you get your ideal situation and sometimes -- and compromise is part of it. I think there are important issues with timing that we do need to address now.

MR. LAWLER: What -- what time was this budget extender released today?

MS. WEINSTEIN: It was earlier this afternoon. There was an error in the original draft, so it took a little longer than we had anticipated.

MR. LAWLER: Okay. And as was mentioned at the beginning, we needed a Message of Necessity to vote on this right now, correct?

MS. WEINSTEIN: Yes, correct.

MR. LAWLER: Okay. Do you anticipate that we will need a Message of Necessity to vote on the remainder of the

budget?

MS. WEINSTEIN: It may be possible, but we will have to see when we can get final agreement. There's just a few items that -- small items that are outstanding, and then we will be able to print the budget, and we'll determine when we will be able to go forward. I think there's a lot of very important issues in the budget. As I said, since there has been a lot of public discussion, I think that New Yorkers would like to see this budget as soon as possible adopted and not have it -- us drag on for days to wait to avoid having a Message of Necessity.

MR. LAWLER: Well, certainly since we are already late, you know, the ship sailed and so -- and since there has been a total lack of transparency during this period after the hearings and when the Governor introduced new policy and the Speaker said that that was the hang-up, do you agree that the people of the State of New York, the taxpayers, deserve at least three days to review the budget bills?

MS. WEINSTEIN: Well, you have to go back awhile to figure out -- to understand why we actually had the three-day requirement. I think before you got here, and I -- colleagues who were here for some period of time will remember the stacks of bills that we have under our desk. The three year -- the three-day period to review bills was pre-computer, and people had to physically come to the Legislature, come to the Capitol to actually read the bills. Now, the instant we hit print on the -- and actually, we also then when we

moved away from people having to come here, bills couldn't be printed -- we'd have bills go out to the printers and it could take six hours to print education bills. And we'd hit sit here, we passed that and we'd wait another five hours to pass another bill. So people -- the public and legislators also weren't able to see the bills instantly. Now, when print is published, the bills get put online immediately. The public, legislators, anybody who wants to can see the bills immediately. So I think the issue of a Governor's Message in order to pass a bill is much less of an issue than it had been in the past.

MR. LAWLER: The issue of printed bills certainly predated me, but I do recall photos when they were on the desk. Would you say they were about yay high, or so, on the desk?

MS. WEINSTEIN: Yes.

MR. LAWLER: Okay. Do you think regardless of whether it's on the computer, on the tablet, or printed in person, do you think anyone can read the entirety of the budget in less than 24 hours?

MS. WEINSTEIN: That depends how fast a reader you are. The reality is most of the budget is repeated -- it's repeated year to year. You really can see the adds and the additions pretty -- pretty easily with some practice.

MR. LAWLER: Somehow there always seem to be a little change and a comma here and a period there and a dash over there and a number here, so I don't know. It probably makes sense for all of us to do our level best to read it in a timely manner.

MS. WEINSTEIN: I don't know if that was a --

MR. LAWLER: Yeah, more of a statement.

MS. WEINSTEIN: You can also ask some of our colleagues how many of them actually read some of the bills from beginning to end that are much shorter than that stack. I think people go to look at -- both legislators and advocates go to look at the part of the budget that relates to an issue that they care the most about, and I do believe that there is adequate time for people to do that.

MR. LAWLER: I certainly accept your premise that most legislators do not read the bills.

With that, I will go on the bill.

ACTING SPEAKER AUBRY: On the bill, sir.

MR. LAWLER: Thank you. We had numerous budget hearings, as the esteemed Chairwoman pointed out. They were very informative and I certainly commend the Chairwoman for the work that she does in helping lead those budget hearings. I know she puts a lot of time and effort into that and I certainly appreciate that.

But part of what we heard over the course of the last many weeks was that this would not be a budget laced with policy; this would be a budget about dollars and cents. And then the Governor introduced her 10-point plan to deal with some of the challenges that we are dealing with, with respect to public safety, because apparently she just became aware of these challenges only two weeks ago. But she introduced this 10-point plan that was leaked

to the press and then took a few days for her to actually acknowledge that it was, indeed, her plan; in fact, her Lieutenant Governor was running away from the press when asked about it. So it's really quite fascinating and, you know, that probably wasted a few days that could have helped speed up the budget process and the negotiations.

But there's been no transparency as to where these negotiations stand. It is still three people in a room. It is still a Governor, a Speaker, and a Majority Leader negotiating a budget behind close doors. There's a great song by The Who called *Won't Get Fooled Again*, and in it, a line that says, *Meet the new boss, same as the old boss*. There's no question that while the Governor may appear different from the previous one, she is continuing down the path of secrecy, of late budgets, and a total lack of transparency for the taxpayers.

As my colleague pointed out, it was pretty obvious we needed to pass this by 4 o'clock, but it apparently was very difficult to get it to us before then, and it required a Message of Necessity, no less. If we ended Session on the 31st without coming to a budget agreement and we were told we needed to be back here on Monday, one would have thought maybe on Friday, I don't know, we could have released this piece of paper that was given to us. Doesn't seem very long.

So this is the problem with one party rule. This is the problem when you have an accidental Governor. New York State government is broken, and it needs to change. I would note one of the

things that is included in this emergency extender is health care needs for American Indians within New York, and I'm glad we're going to pay that because the Governor just fleeced them out of hundreds of millions of dollars, so it's nice that she offers them health care. But the people deserve transparency, they deserve honesty, and they deserve better than what we're getting. They deserve a budget that was on time, but since we're already long overdue, and maybe they'll get their raincheck, as we heard last week, it would be nice if maybe we give them a few days to review the budget since we have extended this all the way through the 7th. So hopefully, hopefully the Governor and our Legislative Leaders can come to some agreement and clue the rest of us in on it sometime before this budget extender expires.

And with that, Mr. Speaker, I will vote in the affirmative because I certainly don't want to hold our hard-working employees, those with disabilities, American Indians within New York, they shouldn't be held responsible for the incompetent State government that we have. It's not their fault. So I encourage everybody to vote yes on the extender, but we should all demand better from our State government and our elected leaders. There needs to be transparency and there needs to be accountability. And so with that, I vote yes.

ACTING SPEAKER AUBRY: Read the last section.

THE CLERK: This act shall take effect immediately.

ACTING SPEAKER AUBRY: The Clerk will record the vote on Senate print 8715. This is a fast roll call. Any member

who wishes to be recorded in the negative is reminded to contact the Majority or Minority Leader at the numbers previously provided.

(The Clerk recorded the vote.)

Mrs. Peoples-Stokes to explain her vote.

MRS. PEOPLES-STOKES: Thank you, Mr.

Speaker, for the opportunity to explain my vote. I mostly rise to honor the sponsor of this piece of legislation, because what we saw her do here today is what we often have to see people do, particularly women, we just saw it a couple of weeks ago with the judge who was -- the Supreme Court Judge when she was constantly beat down on about things that are not necessarily to the issue. And I admire the way she stood up to that, told her truth, kept the facts like they were, and I think she did the right thing and I'm very, very pleased with her responses. Thank you, sir.

ACTING SPEAKER AUBRY: Are there any other votes? Announce the results.

(The Clerk announced the results.)

The bill is passed.

Mrs. Peoples-Stokes.

MRS. PEOPLES-STOKES: Could you please -- no. First, I should say do you have any housekeeping or resolutions, then after that would you please call on Ms. Hunter for the purposes of an announcement?

ACTING SPEAKER AUBRY: We can do that. We do have resolutions, no housekeeping. On the resolutions, all those in

favor signify by saying aye; opposed, no. The resolutions are adopted.

(Whereupon, Assembly Resolution Nos. 721-724 were unanimously approved.)

Ms. Hunter for the purposes of an announcement.

MS. HUNTER: Yes, Mr. Speaker, good evening. There will be an immediate need for a Majority Conference at the conclusion of our Session.

ACTING SPEAKER AUBRY: Majority Conference at the conclusion of Session.

Mrs. Peoples-Stokes.

MRS. PEOPLES-STOKES: Mr. Speaker, I move that the Assembly stand adjourned and that we reconvene at 10 a.m. on Tuesday, March -- April the 5th, tomorrow being a Session day.

ACTING SPEAKER AUBRY: The Assembly stands adjourned.

(Whereupon, at 5:42 p.m., the Assembly stood adjourned until Tuesday, April 5th at 10:00 a.m., Tuesday being a Session day.)