

CITY COUNCIL  
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON FIRE AND EMERGENCY MANAGEMENT

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April 15, 2019  
Start: 1:12 p.m.  
Recess: 1:35 p.m.

HELD AT: 250 Broadway - Committee Room  
16<sup>th</sup> Fl.

B E F O R E: JOSEPH C. BORELLI  
Chairperson

COUNCIL MEMBERS: Justin L. Brannan  
Fernando Cabrera  
Chaim M. Deutsch  
Alan N. Maisel

## A P P E A R A N C E S (CONTINUED)

Steven Rush, Assistant Commissioner for Budget &  
Finance, New York City Fire Department, NYCFD

Rich Fremm (sic), Director of Revenue Management,  
New York City Fire Department

2 [sound check] [pause] [background  
3 comments/pause] [coughs] [gavel]

4 CHAIRPERSON BORELLI: Good afternoon.  
5 I'm Council Member Joe Borelli, and I'm Chair of the  
6 Committee on Fire and Emergency Management. I want  
7 to thank the public for attending today's hearing  
8 while I'd like to also acknowledge the Committee  
9 members who are present, just Council Member Chaim  
10 Deutsch who has more of that. (sic) Regarding the  
11 subject of today's hearing, the Committee will  
12 conduct an oversight portion related to the FDNY's  
13 ambulance costs in addition to the oversight portion  
14 of the hearing, we'll introduce—we'll—we'll hear  
15 Introduction 1475, which seeks to amend the  
16 Administrative Code of the City of New York in  
17 relation to requiring the department of—report on  
18 ambulance transportation costs. During today's  
19 oversight portion of the hearing, the committee will  
20 examine the cost breakdown of EMS ambulance service  
21 for our city. Specifically, the committee wants to  
22 explore the FDNY's Charitable Care policy whereby  
23 individuals qualifying under the Federal Poverty Line  
24 can apply for relief from financial obligations  
25 arising from ambulance transportation an FDNY EMS

2 vehicle. We will take a look at how the department  
3 addresses the number of requests received, the  
4 reasons for denial and the rate upon which such  
5 applications are granted. Additionally, we look for  
6 further examine—we look to further examine the  
7 financial burden the Emergency Medical Services place  
8 on New Yorkers above the Federal Poverty Line, but  
9 for whom medical expense can strain financial  
10 stability. In addition to the oversight hearing, we  
11 will hear Introduction 1457. Which I discussed  
12 earlier in my remarks, we anticipate the department  
13 will provide testimony in this legislation allowing  
14 us to gain a better understanding of their position  
15 on the proposed reporting requirements. I would now  
16 like to ask those members of the Administration who  
17 plan on testifying please state your name for the  
18 record, and raise your right hand as the Committee  
19 Counsel—I don't know where he is—administers the  
20 oath. [background comments] Oh, oh, I'm sorry.  
21 [laughter]

22 LEGAL COUNSEL: Do you affirm to tell the  
23 truth, the whole truth and nothing but the truth in  
24 your testimony before this committee, and to respond  
25 to honestly to the Council Members' questions?

2 ASSISTANT COMMISSIONER RUSH: [off mic] I  
3 do.

4 CHAIRPERSON BORELLI: Thanks. You can  
5 begin.

6 ASSISTANT COMMISSIONER RUSH: Good  
7 afternoon, Chair Borelli and all of the Council  
8 Members present. My name is Steven Rush. I'm  
9 Assistant Commissioner for Budget and Finance in the  
10 New York City Fire Department. I'm joined by Rich  
11 Fremm (sic) who is the Director of Revenue Management  
12 at the New York City Fire Department. Thanks for the  
13 opportunity to speak on this legislation. Intro  
14 1475, which was introduced by Council Member Ulrich  
15 and Chair Borelli would amend the Administrative Code  
16 of the City of New York to require the Fire  
17 Department to make quarterly reports on a variety of  
18 information related to ambulance transport costs. It  
19 would require that such reports include the ambulance  
20 transports conducted by EMS, the number of times the  
21 department has sought reimbursement from a third  
22 party entity for an ambulance transport, the number  
23 of ambulance transports resulting in the patient  
24 receiving a bill and the average of the bill. The  
25 number of allocations that the department received

2 for patients seeking relief under the department's  
3 Charitable Care Policy, and the number of such  
4 Charitable Care policy applications that were  
5 granted. For the majority of our transports, where  
6 we were able to bill close to 90%, the department  
7 seeks reimbursement of transport costs—costs from a  
8 third-party entity such as public and private  
9 insurers. This can sometimes be a lengthy process as  
10 some patients do not or are not able to provide  
11 sufficient insurance information at the time of  
12 transport. In these cases the department follows up  
13 with patients and/or the destination hospital to  
14 obtain the correct information and seek reimbursement  
15 from the insurance provider. For some patients who  
16 are unable to identify any type of insurance and,  
17 therefore, the patient is a primary responsible  
18 party. Among patients for whom insurance is not  
19 available, a small number apply for the department's  
20 Charitable Care Policy, or others refuse to  
21 negotiate—to settle their bill for a reduced amount  
22 in accordance with terms that we have addressed with  
23 the New York City Comptroller's Office. The Fire  
24 Department does not object to the reporting required  
25 by Intro 1475. One comment we do have is on the—the

2 time frame for reporting as to give it quarterly. We  
3 think annually would be a better way of providing  
4 information. As I stated early in the process, the-  
5 the-as I stated earlier, the process of collecting  
6 can take some time, and as a result bills for  
7 transport are generally not resolved within a  
8 quarter. Reporting over a year long period rather  
9 than a single quarter would likely prevent-present a  
10 more accurate picture of cost collection activity.  
11 It would also provide an expanded universe of data  
12 reducing the chances that an anomalous spike in  
13 activity skews the data and lead to mistaken  
14 conclusions. We're open to discussion about this and  
15 we'd be happy to answer any questions to have at this  
16 time. I'd just like to also note that over the years  
17 we have worked with your office on budget pre-hearing  
18 testimony, and we've always provided revenue data  
19 whenever it was necessary. That offer is always  
20 available to the Council.

21 CHAIRPERSON BORELLI: Thank you. We've  
22 been joined by Council Member Brannan and Cabrera who  
23 had to leave. Can you give us an idea of how many  
24 requests for financial relief through Charitable Care  
25 Policy the department receives in a calendar year?

2 ASSISTANT COMMISSIONER RUSH: Very few.  
3 Probably less than two dozen.

4 CHAIRPERSON BORELLI: So, in your  
5 estimation it doesn't affect at any rate the overall  
6 department's budget or—revenues in any way?

7 ASSISTANT COMMISSIONER RUSH: Well,  
8 obviously there is a portion of the population that  
9 does apparently from all our efforts does not have  
10 insurance or who does not have the means to pay in  
11 both cases, and—and—and so we do not get responses  
12 from those patients despite—despite our best effort,  
13 and so we're not able to collect on those patients.

14 CHAIRPERSON BORELLI: How—how many  
15 Charitable Care requests were denied out of the—the  
16 two dozen or so?

17 ASSISTANT COMMISSIONER RUSH: I think  
18 there were two that were denied.

19 CHAIRPERSON BORELLI: Okay, so, it's—it's  
20 infrequently that they happen and infrequently that  
21 they get denied?

22 ASSISTANT COMMISSIONER RUSH: That's—  
23 that's correct.

24

25



2 CHAIRPERSON BORELLI: And just by  
3 comparison, what are the total number of ambulance  
4 transports during that same calendar year?

5 ASSISTANT COMMISSIONER RUSH: So, in a  
6 year we do approximately 700,000 transports.

7 CHAIRPERSON BORELLI: Does the department  
8 use a charge scale for specific types of ambulance  
9 personnel and ambulances? In other words, was it all  
10 on cost?

11 ASSISTANT COMMISSIONER RUSH: We—we have  
12 a one cost negotiated that we put out through rule  
13 making. The last time we raised our rates was  
14 approximately 2015, and there's a rate for VOS, and  
15 there's a rate for ALS, and there is a—Medicare also  
16 allows an ALS Level 2 rate that we also apply in rare  
17 circumstances.

18 CHAIRPERSON BORELLI: And is that the  
19 determined by the unit that responds or by the level  
20 of care required?

21 ASSISTANT COMMISSIONER RUSH: It's the  
22 unit that—well so, it's a—it's a—it's twofold. It's  
23 obviously if an ALS call goes and it's ALS type  
24 incident, we're going to bill at the ALS level of  
25 service.

2 CHAIRPERSON BORELLI: Okay, are there any  
3 instances where an ALS unit responds and they don't  
4 need advance support or just--

5 ASSISTANT COMMISSIONER RUSH: That may  
6 happen, yes, then we're allowed to bill at the BLS  
7 level of service.

8 CHAIRPERSON BORELLI: Okay. What is the  
9 total amount or total number of cases that are in  
10 arrear for ambulance services?

11 ASSISTANT COMMISSIONER RUSH: So, there  
12 are approximately, of the patients we're gain-obtain  
13 demographic data either through our crews getting  
14 information or through the hospitals providing us  
15 information because we do want to follow up with the  
16 hospitals, we're able to, you know, there are about  
17 10% of that population that we're not really able to  
18 collect. So, of the total of that--of the total  
19 700,000 transports, it's roughly 10%.

20 CHAIRPERSON BORELLI: How-how do you-how  
21 do you collect? Do you use a third-party collection  
22 agency?

23 ASSISTANT COMMISSIONER RUSH: Yes, we do.  
24  
25

2 CHAIRPERSON BORELLI: Yes, and—and what  
3 is the sort of percentage that—that just gets  
4 uncollected in—in the total amount?

5 ASSISTANT COMMISSIONER RUSH: The  
6 percentage?

7 CHAIRPERSON BORELLI: Yeah, what is it?

8 ASSISTANT COMMISSIONER RUSH: It's  
9 roughly about 10%.

10 CHAIRPERSON BORELLI: Okay.

11 ASSISTANT COMMISSIONER RUSH: Ten percent  
12 of those we're able to identify bills for.

13 CHAIRPERSON BORELLI: And how does that  
14 compare to private hospital providers who-

15 ASSISTANT COMMISSIONER RUSH:  
16 [interposing] Well, I can only compare what H-HHC and  
17 HHC, and don't forget there's a different audience  
18 here. We are capturing the patient, so to speak, in  
19 an ambulance where the person may not be conscious.  
20 The person might be in an altered state. There might  
21 be languages issues. There are all sorts of  
22 barriers. Unlike a hospital setter where someone  
23 will come in and greet you, and collect all your  
24 data, demographics whether you have insurance or not.  
25 We don't always have that luxury. You know, our main

2 goal for EMS is to get them safely to the hospital  
3 and so what whatever information they get is is-is  
4 good and it's helpful, but not in all cases do we get  
5 information. There be--there can be homeless people  
6 being treated--transported, you know, prisoners being  
7 transported. There's a whole variety of patients  
8 that would not qualify.

9 CHAIRPERSON BORELLI: Okay, before I turn  
10 it over to questions, I want to acknowledge Council  
11 Member Maisel who's here wearing a lovely red tie.  
12 Good morning.

13 COUNCIL MEMBER MAISEL: [off mic] It's a  
14 good day. It's National Red Tie Day.

15 CHAIRPERSON BORELLI: Good, good, and I  
16 just want to state for the record that I know we  
17 don't have operational people here, but at the next  
18 hearing it will--perhaps at the next hearing with the  
19 budget hearing, but at some hearing in the  
20 foreseeable future we'd like to talk more about the  
21 ambulance service and the response at Hudson Yards,  
22 which was in cranes a couple of weeks ago. You know,  
23 we have some questions. We got some different data  
24 from the hospital than that, which was provided by  
25 the department and we would hope to make that a--a

2 specific point of an upcoming hearing. So,  
3 gentlemen, do you have any questions?

4 COUNCIL MEMBER DEUTSCH: [off mic] I  
5 have.

6 CHAIRPERSON BORELLI: Thank you, Council  
7 Member Deutsch.

8 COUNCIL MEMBER DEUTSCH: You twist my  
9 arm. Yeah. Thank you, Chair and—and first of all,  
10 I'm excited to be appointed to this committee. Today  
11 is my first committee hearing. [background comments]  
12 Yes, that's sometimes how it is. Okay. [laughter]

13 CHAIRPERSON BORELLI: Weighing in at 220--

14 COUNCIL MEMBER DEUTSCH: And it's also my  
15 birthday. Yeah.

16 ASSISTANT COMMISSIONER RUSH: Congrats to  
17 you.

18 COUNCIL MEMBER DEUTSCH: Thank you.

19 CHAIRPERSON BORELLI: Happy Birthday.

20 COUNCIL MEMBER DEUTSCH: Don't forget to  
21 file your taxes. [laughter] So, my question is thank  
22 you for being here today. So, if someone is—is not  
23 on—is not low-income, and they're above that  
24 threshold the income threshold of receiving Medicaid  
25 or any type of insurance, they don't have any

2 insurance, how many—what happens? What is the  
3 procedure if you don't collect the cost of the  
4 transports?

5 ASSISTANT COMMISSIONER RUSH: So, we  
6 provide different mechanisms for patients who do not  
7 appear to have the means to pay including obviously  
8 charitable care, which is rarely used and there are  
9 settlements that are offered where we can reduce the  
10 bill to the patient. We also allow a period of time  
11 to pay the—pay off the—the debt in installments.  
12 Again, for the patients in this group largely we do  
13 not have much success because, you know, despite  
14 several bills going out, including a bill from our  
15 law firms outside collection firm, they have legal  
16 collection firm, we do not have lot success in that—  
17 in that area.

18 COUNCIL MEMBER DEUTSCH: Do you have a  
19 number of how many people are in collection?

20 ASSISTANT COMMISSIONER RUSH: Well,  
21 everyone is in collection—when you define—you mean  
22 like are in arrears beyond three year—beyond the—the  
23 bill.

24

25

2 COUNCIL MEMBER DEUTSCH: [interposing]

3 First in Cap A. So they're in collections. So, then  
4 what happens?

5 ASSISTANT COMMISSIONER RUSH: So, this--

6 COUNCIL MEMBER DEUTSCH: It' goes--does it  
7 goes to the credit bureau? It gets reported?

8 ASSISTANT COMMISSIONER RUSH:

9 [interposing] No, no we will not do that.

10 COUNCIL MEMBER DEUTSCH: So, so what  
11 happens if someone is in collection?

12 ASSISTANT COMMISSIONER RUSH: So--

13 COUNCIL MEMBER DEUTSCH: [interposing]  
14 What is the procedure and it's 3 years, 4 years, 5  
15 years and you're still going after them?

16 ASSISTANT COMMISSIONER RUSH: No, we're--  
17 it's-it's we--we send several bills, and I think it's  
18 three, and then after--after those attempts aren't  
19 satisfied, we basically write the claim down.

20 COUNCIL MEMBER DEUTSCH: So, you write  
21 the claim down. So, why--why is it that you've given  
22 it to a law firm, and you have to obviously pay the  
23 law firm, right?

24 ASSISTANT COMMISSIONER RUSH: We've, you  
25 know, we've been doing this for quite a long time,

2 and we've done lots of different things. When we  
3 first took over AMS from HHC in '96, we were—we were  
4 concerned with the low level of payment. The number  
5 of people do not have insurance who—or the means to  
6 pay, is obviously a large number, and so, we were  
7 trying to be selective when going to the courts  
8 because you could not—you would overwhelm the civil  
9 courts if you had to have hearings on \$400 to \$800  
10 bills, that's \$800 now. So, we tried to do that in a  
11 limited fashion. Actually, our cost for subpoenas,  
12 and indirect costs to do that operation cost us more  
13 money than we were actually able to collect. We then  
14 tried to outsource the debt. We sold the debt to a  
15 third-party collector. That worked for a couple of  
16 years, and then they said they were no longer  
17 interested in this type of collection effort. So,  
18 we've done different things to try to collect, you  
19 know, and we're always looking for new opportunities,  
20 but our best issue is really trying to settle the  
21 claim for a reduced amount, and that has some limited  
22 success, but, you know, overall we have to write off  
23 a lot of claims.

24 COUNCIL MEMBER DEUTSCH: So, do you have  
25 the cost of what it costs to save New York to pay for



2 the lawyers, which are--which those--if that's the  
3 given for those people? Do you have a cost of those?

4 ASSISTANT COMMISSIONER RUSH: Those--  
5 that's--that cost is a continued based fee if they  
6 collect the money, and that is obviously--

7 COUNCIL MEMBER DEUTSCH: [interposing]  
8 What is the cost to the entire to those that are  
9 forgiven and you have to pay a law firm?

10 ASSISTANT COMMISSIONER RUSH: So, if  
11 you're--you're again looking at 10% of the population  
12 where we potentially should be able to collect, but  
13 are not able to because of whether they don't have  
14 the means their insurance, you're talking--and the  
15 average collection being probably under \$250 on  
16 70,000 transports, you're talking that number that's  
17 relatively in the greater scheme of our collections  
18 less than 10%.

19 COUNCIL MEMBER DEUTSCH: So, what would  
20 that be?

21 ASSISTANT COMMISSIONER RUSH: About--or  
22 probably less than \$20 million or like \$18 million.

23 COUNCIL MEMBER DEUTSCH: So, the \$18  
24 million that the city's paying to a law firm--

2 ASSISTANT COMMISSIONER RUSH:

3 [interposing] No, we're not paying--no the law firm is  
4 not--this \$18 million that we're writing off--

5 COUNCIL MEMBER DEUTSCH: You're writing  
6 off.

7 ASSISTANT COMMISSIONER RUSH: --as bad  
8 debt.

9 COUNCIL MEMBER DEUTSCH: And after three  
10 years, it's forgiven, correct?

11 ASSISTANT COMMISSIONER RUSH: The--the  
12 debt is usually written off after two years.

13 COUNCIL MEMBER DEUTSCH: After two years.  
14 Now, how does one get a hold of the department's  
15 Charitable Care policy. You said it's supposed to be  
16 online?

17 ASSISTANT COMMISSIONER RUSH:

18 [interposing] The policy is on--online.

19 COUNCIL MEMBER DEUTSCH: So, you're  
20 saying--so why is it rarely used?

21 ASSISTANT COMMISSIONER RUSH: And just  
22 two things. The--the policy is online and when we  
23 send a bill to the patient, it's--it notes if you're--  
24 if you think you're eligible for Charity Care, please

2 contact us. When then get information from the  
3 patient to see if they qualify.

4 COUNCIL MEMBER DEUTSCH: And how—what  
5 makes them qualify?

6 ASSISTANT COMMISSIONER RUSH: What makes  
7 them qualify they have to show some proof of income  
8 that is below the standard of the—the Federal  
9 Poverty. It's up to 400% of—of the Federal Poverty  
10 Level.

11 COUNCIL MEMBER DEUTSCH: And who funds  
12 the Charitable Care?

13 ASSISTANT COMMISSIONER RUSH: There is—  
14 there isn't funds. I mean the Fire Department is  
15 basically taking a reduced payment in these cases.

16 COUNCIL MEMBER DEUTSCH: Oh, so it's not  
17 funded. So, you just take—so you take the reduced  
18 payment?

19 ASSISTANT COMMISSIONER RUSH:  
20 [interposing] Right.

21 COUNCIL MEMBER DEUTSCH: But if someone  
22 does not go to the Charitable Care, they end up—it—it  
23 gets with more fining. (sic)

24 ASSISTANT COMMISSIONER RUSH: Yes, I  
25 think the—I think you are thinking of the hospitals

2 in-in the city and the state. Actually there is a  
3 Charitable Care pool that they participate in that's  
4 not available to us.

5 COUNCIL MEMBER DEUTSCH: Okay, thank you.

6 CHAIRPERSON BORELLI: Just-just to circle  
7 back around some of the costs, can we go into how the  
8 department they reimburse or collect or involve  
9 themselves with some the voluntary ambulance  
10 services?

11 ASSISTANT COMMISSIONER RUSH: We do. We  
12 don't have any collection efforts related to the  
13 voluntary ambulance services.

14 CHAIRPERSON BORELLI: Are-are they  
15 eligible for-for charity care?

16 ASSISTANT COMMISSIONER RUSH: The what-we  
17 don't know what the voluntary hospital's policies may  
18 be. They-they probably do, but I can't-I can't  
19 attest to that.

20 CHAIRPERSON BORELLI: Okay. Thank you. I  
21 think there's no questions. Thank you.

22 ASSISTANT COMMISSIONER RUSH: Okay.

23 CHAIRPERSON BORELLI: We do have one  
24 speaker, Mr. Oren Bozelli from Local 2507. [pause] I  
25 just got another question. See, look at that, and

2 that's you sir. Get him next time. [background  
3 comments] Thank you, again. [background  
4 comments/pause] Oren, you may begin whenever you are  
5 ready.

6 OREN BOZZELLI: Good afternoon. Thank  
7 you for allowing me to speak today. Last year the  
8 FDNY's Year Budget was \$321 million. This was offset  
9 by \$189 million in collections from insurance  
10 companies, Medicare and Medicaid. However,  
11 additional stress was placed on the budget by paying  
12 private companies and voluntary hospitals \$12 million  
13 a year to contract the ambulances into the 911  
14 system. These entities account for 30% of the  
15 current daily tour account, or 160 shifts per day at  
16 a rate of \$75,000 per unit. These units often  
17 operate a level well below what is expected of FDNY  
18 EMS units. These units like all ambulance services  
19 are permitted to bill for services provided. They are  
20 also able to fill empty hospital beds generating  
21 additional revenues to these hospitals at their  
22 respective institutions. Thus, we pay for inferior  
23 service while sacrificing potential revenue. This is  
24 conducted under the shadow of 07 Massive Departure of  
25 Units as witnessed by Trans Care. Surprisingly,

1 these units tend to be located and are more to be in  
2 a-to be located in the more well-to-do neighborhoods  
3 such as Astoria, Howard Beach, Bayside and the Upper  
4 East Side where the rate of people with health  
5 insurance is much higher in the areas typically  
6 covered by FDNY ambulances such as Beddy-Bed-Stuy,  
7 East New York and South Bronx. These results in a  
8 higher pro rata percentage of payments actually  
9 collected. The current situation strikes me as a bit  
10 odd. We're in a situation where the department pays  
11 a large sum of some order to forego an increase in  
12 their billing capability while accepting substandard  
13 unit capability. We-we also further subsidize the  
14 participation by providing dispatch data, medical  
15 control oversight and routine daily supervision at no  
16 charge. It seems that the revenue stream should be  
17 revised if not reversed. The FDNY should assess a  
18 charge to each private entity for the dispatch data  
19 that earns them the direct as well as indirect  
20 revenue. The costs associated with medical control  
21 and daily supervision should be paid upfront. The  
22 resulting revenue that would flow to the department  
23 could be used to add additional tours to the FDNY  
24

2 ambulance metrics without increasing the budget  
3 allocations.

4 CHAIRPERSON BORELLI: Thank you. I just  
5 have a question. You—you—you included some data in  
6 your remarks on paper? Can you just tell us where  
7 this is a record.

8 OREN BOZZELLI: Those are the voluntary  
9 units location where there—the area of coverage as it  
10 continues. Some of them are in prime neighborhoods  
11 where people have insurance.

12 CHAIRPERSON BORELLI: Do you think the  
13 department would turn a profit or at least spend less  
14 money should the FDNY take over ambulance services in  
15 the say—or wherever the 160 shifts per day are?

16 OREN BOZZELLI: I believe the department  
17 will show a positive inflow.

18 CHAIRPERSON BORELLI: Do—do you think the  
19 department—why do you think the department is  
20 choosing not to operate these potentially—these  
21 potential shifts that might generate more revenue  
22 that those that they already do?

23 OREN BOZZELLI: Well, they—they get into  
24 contract with those entities for—for whatever reason  
25 that's not being given to us. We have tried in the

2 past to get copies through a FOIL request as to why  
3 these contracts were given, and what were the details  
4 of those contracts.

5 CHAIRPERSON BORELLI: Can you just  
6 explain how and why the FDNY still has to pay costs  
7 for voluntary ambulance services through dispatch?

8 OREN BOZZELLI: That's a good question.  
9 We've been asking them again for years about  
10 generating revenue through a dispatch. Ten percent  
11 of our service—of our service is allocated to  
12 dispatch. We have approximately 400 dispatchers and  
13 call takers. That's 10% of our service.

14 CHAIRPERSON BORELLI: And—and to your  
15 knowledge the voluntary ambulances do not pay for  
16 that service?

17 OREN BOZZELLI: That's correct.

18 CHAIRPERSON BORELLI: Okay. Any  
19 questions? Okay, thank you for both again.

20 OREN BOZZELLI: Thank you.

21 CHAIRPERSON BORELLI: Are there any  
22 questions from anyone else before we adjourn for the  
23 day? No. Thank you all. [gavel]

24

25



C E R T I F I C A T E

World Wide Dictation certifies that the foregoing transcript is a true and accurate record of the proceedings. We further certify that there is no relation to any of the parties to this action by blood or marriage, and that there is interest in the outcome of this matter.



Date May 12, 2019