

**HEALTH COMMITTEE  
OF THE  
SUFFOLK COUNTY LEGISLATURE**

**Minutes**

A regular meeting of the Health Committee of the Suffolk County Legislature was held in the Rose Y. Caracappa Legislative Auditorium of the William H. Rogers Legislature Building, 725 Veterans Memorial Highway, Smithtown, New York on Thursday, February 27th, 2014 at 2:00 p.m.

**Members Present:**

***Legislator William Spencer - Chair***

*Legislator Kate Browning - Vice-Chair*

Legislator Rob Calarco

Legislator Monica Martinez

Legislator Robert Trotta

**Also In Attendance:**

*P.O. DuWayne Gregory - Legislative District No. 15*

Sarah Simpson - Assistant Counsel to the Legislature

Renee Ortiz - Chief Deputy Clerk/Suffolk County Legislature

Craig Freas - Budget Analyst/Legislative Budget Review Office

Lora Gellerstein - Aide to Legislator Spencer

Bill Schilling - Aide to Legislator Calarco

Ali Nazir - Aide to Legislator Kennedy

Greg Moran - Aide to Legislator Trotta

Tom Vaughn - County Executive Assistant

Robert Braun - Deputy Bureau Chief/County Attorney's Office

Sarah Lansdale - Director/Suffolk County Planning Department

Kevin McEveddy - Legislative Liaison/AME

Michael Kaufman - Council on Environmental Quality

Neal Lewis - Executive Director/Sustainability Institute-Malloy College

Demo Maratos - Sustainability Institute - Malloy College

Matthew Kearns - Sustainability Institute - Malloy College

Bill Schnell - Long Island Gasoline Retailers Association

Michael Watt - Long Island Gasoline Retailers Association

Iman Marghoob - Nutritionist/Stony Brook Medical Center's Department of Family Medicine Nutrition

Lillian Yang - Dietetic Intern/Stony Brook Medical Center's Department of Family Medicine Nutrition

Liz William - Dietetic Intern/Stony Brook Medical Center's Department of Family Medicine Nutrition

All Other Interested Parties

**Minutes Taken By:**

Alison Mahoney - Court Reporter

*(\*The meeting was called to order at 2:15 P.M. \*)*

**CHAIRMAN SPENCER:**

Thank you, everyone. If we could stand and give a salute to the flag led by Legislator Martinez.

***Salutation***

If we could remain standing to give a moment of silence for those who are serving this country all around the world. And also to the families of those that were involved in the carbon monoxide issue in Huntington at the restaurant this week, and our prayers go out to the family of Steve who passed away in that incident.

***Moment of Silence Observed***

Thank you. Good afternoon and welcome to the Health Committee. We are starting around 2:15, we appreciate your patience. So I don't have any correspondence. We have two cards for the public comment, and first is Michael Watt with LIGRA and addressing the smoking age. Hello. How are you, Michael? Welcome. You have three minutes to talk about anything you so choose, unless you start to call me names and then you'll have *(laughter)* --

**MR. WATT:**

I'm a lover, not a fighter, despite what you might have heard.

**CHAIRMAN SPENCER:**

*(Laughter)* Thank you. Thank you for being here.

**MR. WATT:**

How are you? My name is Michael Watt, I'm here on behalf of the Long Island Gasoline Retailers Association. We have several hundred members, many of whom conduct and operate businesses in Suffolk County, and we just want to be on record as expressing our concerns about this very well intentioned legislation.

We're concerned because, once again, societal issues are being enforced at the mom and pop retail level. And we understood when the smoking age was raised from 18 to 19 because that helped take it out of the high schools and that made a great deal of sense, but now you're talking 19, 20-year old men and women who are considered of age to go off and represent their country and fighting in wars and can vote and there's a variety of different ways that they are considered adults capable of making their own decisions, and we don't see how limiting the sales of tobacco products to these men and women would really help solve that problem and also be fair.

And then the other concern that we have is when you run a retail operation, there's just a plethora of rules and regulations that have to be followed and each and every time these rules get changed, it creates more opportunities for -- or more situations where the business owner has to retrain their employees so that they -- you know, they can stay in line with the law and increasing the age to 21 just is going to create more opportunities or more situations where the employees might not be able to fulfill their obligations and card the young men and women creating the potential for getting cited. And these citations add up, not only in the fines but then the employees and the employer have to take certification classes with the State of New York Department of Health.

***(\*Presiding Officer Gregory entered the meeting at 2:19 PM\*)***

So it just opens up a whole big can of worms that we feel the problem that it's looking to solve isn't necessarily going to be solved by this legislation. So we certainly appreciate the intention of it, but we just ask that you consider that maybe we don't have to solve this problem on the backs of the

mom and pop retail operations in Suffolk County. Thank you very much.

**CHAIRMAN SPENCER:**

Thank you, Michael. Thanks for taking the time, and I'm sure we'll see each other again soon. Thank you.

And the next speaker I have, actually, from our Director of Planning, Sarah Lansdale, and she wants to discuss with us a potential grant opportunity.

**MS. LANSDALE:**

Thank you so much for making time in your agenda today, I appreciate it. So we are going to, under the new rules of accepting grant funds, next week at the Legislative meeting propose a resolution to accept additional grant funds for a HUD Transfer of Development Rights Study that the County is currently undertaking. This study has been in process for the past two years and we're right near the completion of that study, so we're proposing to accept an additional \$120,000 to -- from HUD to complete the study.

**CHAIRMAN SPENCER:**

So this opportunity requires a Legislative -- a C of N that will come before us?

**MS. LANSDALE:**

That's right. So to amend the operating budget.

**CHAIRMAN SPENCER:**

To accept more money.

**MS. LANSDALE:**

Exactly; it's a good thing.

**CHAIRMAN SPENCER:**

We like money.

**MS. LANSDALE:**

Yes.

**CHAIRMAN SPENCER:**

Okay. Any questions from my colleagues for Director Lansdale? Tom, did you have also anything you needed to add?

**MR. VAUGHN:**

No, sir. Just that under the new pol -- the new Local Law that was adopted and effective I think January 1st of this year, we don't actually need a CN but it would come forward very much in a manner very similar to that of a CN. So it will look like a CN, it just needs ten votes rather than 12.

**CHAIRMAN SPENCER:**

Oh, I see, okay. All right. How is that possible if it doesn't go through the committee process? Anything that doesn't go to the committee --

**MR. VAUGHN:**

There was a Local Law that was passed last year to make that change, Sir.

**CHAIRMAN SPENCER:**

Because it's a hundred percent funded.

**MR. VAUGHN:**

Because it's a grant.

**CHAIRMAN SPENCER:**

Right, okay. All right, very good. I like that. Thank you. Thanks for sharing that with us and we look forward to that coming before us on Tuesday.

**MS. LANSDALE:**

Thank you.

**CHAIRMAN SPENCER:**

All right. So that's all the cards that I have. Is there anyone else that wishes to be heard from the public? If not, I'm going to close the public comment.

Moving on, today we have a scheduled presentation. We're fortunate enough to have with us Stony Brook Department of Family Medicine who will be discussing Nutrition standards for vending machines and concession stands. We have with us today -- I'm sorry, can you --

**MS. MARGHOOB:**

Iman Marghoob.

**CHAIRMAN SPENCER:**

Iman Marghoob; okay, thank you. They had it right here, I just misplaced it. Iman Marghoob. We appreciate you being here and you're here with a couple of colleagues, I see.

**MS. MARGHOOB:**

Yes, these are my interns, dietetic interns that work with me; Lillian Yang and Liz Williams.

**CHAIRMAN SPENCER:**

Thank you, Dr. Marghoob. We appreciate your --

**MS. MARGHOOB:**

Actually, not Doctor; Registered Dietician Marghoob.

**CHAIRMAN SPENCER:**

Oh, thank you, Registered Dietician Marghoob, we appreciate your presence and you have our attention.

**MS. MARGHOOB:**

Okay. So we work in the public health sector of nutrition. Some of our work in the past has been working with community gardens throughout Suffolk County, and currently we're working to -- we're proposing to work with Suffolk County managed parks and beaches and concession stands to help improve nutrition standards or create nutrition standards at these facilities.

Some of the proposed nutrition improvements for Suffolk County would include working with a beverage and snack machines, as well as the concession stands themselves. If we're looking -- if we're talking about beverages machine standards, what is being proposed is a few things. So if we look at a typical machine, typically you'll see maybe the name of a company that is promoting -- you know, where the products are coming from; Coca-Cola, Pepsi and so on. So what the proposed standards would be pushing, directing the machine to have something more like a water beverage, so it would be a Disani instead of Coca-Cola. If we're looking at the actual slots, we would like the machine to have at least two slots would be dedicated to water; water would be dedicated at the highest viewing points, so the highest eye level; reducing the portions of those drinks if it's a higher calorie drink; and then also if there are any high calorie beverages on the machine, they should be

stacked at the lowest point of the machine and they should also be reduced in size.

And what are we defining as low calorie beverages? We're looking at water, seltzer, plain seltzer, flavored, drinks that are labeled diet or zero or unsweetened iced teas. The high calorie ones, we're looking at regular sodas, sports drinks such as Gatorades, any flavored waters with added sugar, energy drinks, lemonade, fruit juice even and sweetened iced tea beverages and coffee drinks.

When we look at the snack machines, we're looking to have items that are no more than 200 calories per item, recommendations of seven grams of total fat, no more than two grams saturated fat, zero trans, which is going to be a national thing, reducing the amount of milligrams of sodium, again, and sugar. And if it is a grain product, it should have at least two grams of fiber in the packaging. Now, these -- all these standards are coming from -- originally they started in the New York City Department of Health and then the New York State Department of Health has adopted them, so we're -- we didn't come up with these ourselves. These are standards that are going to be filtering down from the top down sort of.

And what also is going to be requested is that each machine should provide you with information on the types of snacks or beverages and it will provide you with servings, caloric intake, caloric value, fat, sodium and so on, sugars, simple sugars even. So a lot of the more contemporary machines, if you push the button for the selection, you'll have a little computerized reading, but most machines are not that way and we're not going to be asking the vendors to restock all their machines but to have a panel providing this information. I hope you're eating nuts or something like that (*laughter*).

**CHAIRMAN SPENCER:**

Dark chocolate almonds.

**MS. MARGHOOB:**

Oh, okay, that works (*laughter*). And then they give the vendor a suggested way to map out or lay out their vending machine. And again, you know, identifying some of the whole grain products, you know, encouraging more multi-grain products, maybe some dried fruit, some -- instead of fried chips, maybe some baked, some trail mix and so on.

Now we switch over gears to the beach concession stands. For example, the three County beaches are Cupsogue, Smith Point and Meschutt, and those are the beaches we'll be working with. It's convenient for us because it's one vendor that mans the entire -- all these Beach Huts, so it's easier to work with one vendor, as we're finding out. But these are the standards that we're going to be looking to change. Have at least four different fruit choices on the menu. If you're looking at salads, at least one of them should be vinegar-based dressing, instead of like a caesar salad with a creamy dressing on it. When we're looking at sandwiches, salads and entrees, they should have no more than 700 calories, at least 50% of them should have no more than 500 calories. So we're not asking the vendor to change everything on their menu, but to adopt healthier standards on their menu and gradually work to an improved menu overall.

Again, at least 50% of the sandwiches should have -- should be made with whole grain products, and the same thing with the entrees and salads. When it comes to soups and sides, again, we would like to have an option of at least one steamed, baked or grilled vegetable with a limitation of sodium, because a lot of the -- obviously the soups tend to be higher in sodium. And again, all soups should have no more than 480 milligrams of sodium per 8-ounce portion.

When it comes to breakfast items, we're looking to reduce, especially on the portions. Usually the muffins and the bagels are tremendously large portions which don't need to be served to the public, and I would say at least 50% of the choices should have no more than 300 calories is what the recommendation is. And the same thing with the deserts; 50% of the deserts should have no more

than 200 calories.

And we're working with the vendors, we'll be working with a vendor to support them with changing the menu, providing them with ideas, hiring consulting chefs, because we do work on a New York State -- from New York State Department of Health grants, so we will be paying for chefs to do consulting work to teach the vendors how to change their cooking styles, insert different types of healthier options on their menu, more whole grain products, maybe a couple of vegetarian products. And we're also pushing for local products, and one of the things we're also proposing is at least one organic item on the menu.

So those are the -- and we're working with them to try to see which -- what works best for the vendors, you know, without making them feel -- you know, eventually hopefully this will be a resolution that will be passed, so eventually it will be something that's palatable to them and to the public as well. And that's it.

**CHAIRMAN SPENCER:**

Thank you very much. I appreciate that. I've got several questions, I'm sure my colleagues do also. Did you bring any samples? One of my colleagues want to know (*laughter*).

**MS. MARGHOOB:**

Yeah, the roasted corn's in the truck right now (*laughter*).

**CHAIRMAN SPENCER:**

So, again, I wholeheartedly support what you're doing. I would also like to invite you to -- I'm an officer in the Suffolk County Medical Society, I'm Vice-President; I would like to invite you to also give this presentation there.

Here's just a few thoughts with the specific items that you're doing, and then also just overall what we can do and what we can't do. First of all, Legislator Hahn did pass on her regards to this committee. She would have liked to have been here and she's been working very carefully and I applaud her efforts, and so she did want me to just really extend her regrets that she couldn't be here.

So the first thing is that I know some of the members in the {varenal or renal} community who receive dialysis on a regular basis had indicated that it was very difficult for them to eat appropriately because one of the things that isn't required on labels is the amount of potassium. And I had reached out, I know locally -- you know, I was looking at it, but I reached out to the FDA several months ago, and I don't know if you saw this morning, they have do have a press release talking about the new labels and they're making the calories a lot bigger, but they are adding potassium. Because like, for instance, decaffeinated coffee, you know, so someone just getting dialysis a couple of times a week, not knowing how much potassium is out there can be a very big struggle.

So in light of the FDA new recommended labeling, I would encourage you to consider, I don't know if it's possible, but you do give labeling standards, and if you would take a look at the potential of adding potassium as something that should be listed, I think it might be a good idea in light of the FDA action. Do you have any thoughts or comments on that.

**MS. MARGHOOB:**

We could add it. I just don't know how easy it would be for the vendors to list it on their menus as far as -- you know, if somebody's going to a -- well, for the vending machines it wouldn't be a problem, I don't think. But for example, for the concession stands it may be problem, because I think the law is if you don't have -- if there's more than 20 -- if you own more than 20 restaurants, then you're required by law to put labeling, but I think the labeling is limited, you know, so. For

example, for vending machines, if you have more than 15 vending machines then you're required to put the labels. So this -- here in Suffolk County, there's one vendor that happens to manage the 70 vending machines, so he or she will be required to place labeling. As far as potassium, it would be -- the corporations that create the manufacturers of those products would have to provide the vendor with that information. So that's the only thing I'm wondering if that would be available.

**CHAIRMAN SPENCER:**

Sure. I think with the FDA action, if these new labeling standards go into effect, they would have that anyway on product. So it's something to keep in mind, that if this is what's coming down the road, as you're moving forward with this, just something to talk about internally to see if that's something you should consider.

The other thing that -- I understand what you're saying in terms of this whole idea of putting the water up top. And this is going to sound, I don't know, maybe kind of trite, but I guess my question is is that if we're talking about kids and kids are shorter, then you have the sugary drinks down low where you have your nine, 10 year-olds, that's what's going to be eye level. It seems like you would -- you know, I don't know -- why do you feel that somehow by putting the water up higher -- I don't know if you were talking about this, but that the water is on top. Is there any study to show or anything to indicate why would that make a difference?

**MS. MARGHOOB:**

I think -- well, we're looking at Suffolk County buildings primarily, so mostly -- you're assuming that mostly it's going to be adults in those buildings. You know, a building like this, you're mostly going to have people who have the height, you know, that their eye level will meet a higher step. But I guess in the school, it would have to -- well, if there are any healthy drinks in schools, you know, that's a whole different thing. Yeah, then it would be flipped, obviously.

**CHAIRMAN SPENCER:**

Do you have any information or studies? I don't see -- if you're going to be healthy and put water there, it seems like -- I don't know if the sign should be smaller or the button should be -- but I don't know if when I'm looking at that machine and I'm looking for a Coca Cola and I see the water, I don't know if it's going to make a difference. What gives you kind of a sense that the fact that the water is on top would make a difference? And I'm just asking casually, I don't expect you to have an answer to this, just your opinion about it.

**MS. MARGHOOB:**

Yeah. My opinion I think is that it's the whole package. So you walk to a machine and you see a big sign of Coca Cola. You know, all of a sudden, you're know, you're thinking Coca-Cola, so that's one thing you're going to be trying to eliminate. Then you're going to see, you know, water as the predominant beverage, you know, of choice. So you're kind of feeling, oh, okay, it's like the influence, I think it's more about influence and the presence of something. If you're zoned and you're getting that coke, you're going to get that coke. We want to show that there's a lot more options for you in that machine besides that Coke. There's, you know, maybe some coconut water which has like 50 calories, maybe there's, you know, unsweetened iced tea. So we're going to try to work with the vendors to give them ideas to put other things. Maybe there's some hint, you know, a hint water or something like that to entice people to think differently about what their beverage options are. And that's my opinion.

**CHAIRMAN SPENCER:**

And that's valid, that's what I was looking for, just your opinion.

And then when you talk about the concession standards, and I know that when we were looking at what Bloomberg in the city was proposing, the size on the sugary drinks. Now, my personal opinion as a physician and just looking at this, great idea, support it a hundred percent. When you talk

about four different fruit choices and salads and things of that sort, there is a cost with regards to fresh ingredients, refrigeration, things that are spoiling that could cause some vendors to push back to Legislators that are looking at these standards. And, you know, you've got me, but it's a group that we're looking at and it's always been a challenge for me to say, you know, there's a significant economic impact for us to have to do these.

Are there standards that we can put in place that you can have healthy choices that doesn't necessarily require the additional expense of refrigeration and things of that sort? Are there natural grains and things that we can look at? If we have to have a certain number of fruit and vegetable choices, have you thought about the impact that it may have economically?

**MS. MARGHOOB:**

Yeah, we have. And we did -- like I said, we did start speaking with the vendors, you know, just to get a feel of the sense of how would they respond to this before legislation hopefully passes. They didn't kick back and say, *"No, we're definitely not doing it."* You know, *"This is our bottom line."* They were actually very open to it because what they felt is this is the trend, this is what the public wants, the public wants more options. And he goes, *"I can't get rid of my french fries on the menu because that's a big seller."*

**CHAIRMAN SPENCER:**

Right.

**MS. MARGHOOB:**

But he's open and receptive to amending his menu and offering different things. And they do work in very tight spaces. So perishable -- the perishable quality of fruits and vegetables is a big issue, a big topic. And we had to definitely talk with him about what would work best in those types of facilities where you're limited on space and storage space and refrigerated space, and, you know, you also can't do things that slow down the process because it's a very quick turnover. So those are all discussions that we're having with the vendors, and then also bringing consultants to help them improve their menu and make them happy, because, you know, profits is a big thing, but also keeping -- taking care of the public as well.

**CHAIRMAN SPENCER:**

Great. Are there any questions from any of my colleagues?

**LEG. CALARCO:**

Yes.

**CHAIRMAN SPENCER:**

You have questions?

**LEG. ROMAINE:**

Yeah, I have some questions.

**CHAIRMAN SPENCER:**

Legislator Calarco.

**LEG. CALARCO:**

Thank you for coming down. I just want to kind of get a better handle. What is 500 calories or 700 calories? Can you give me an example of what that would actually mean the concessionaire is offering? Just so I can kind of get a handle -- is it something they can do by simply controlling portion size or is it something they can do by they're going to have to look at providing different alternative types of foods? When you talk about 300 calorie breads, is that a mini bagel as opposed

to a full bagel?

**MS. MARGHOOB:**

Yeah, what you said exactly, portion size, the first thing is portion size. So for breakfast we're talking about no more than 300 calories. Some of the muffins are, you know, we're talking about five, six, 700 calories on these muffins; we're talking about reduced portions, number one. And then, you know, having whole grains, you know, if you're having more fiber in the food then, you know, obviously it's going to be a healthier type of food in general. And when you're talking about -- let's see, where was the 500 specifically referring to? That's for the sandwiches. So again, you're not going to -- maybe you might be reducing the amount of mayonnaise you're putting on a sandwich, or you might -- you might be substituting a type of -- maybe a thinner slice of a bread. You might be doing less -- instead of maybe like seven, 8-ounces of meat, you may reduce it to three, 4-ounces of meat. So it's, again, more about portion control, and also choosing better quality meats. So we're discussing, you know, the idea of trying to use leaner meats. The vege burgers that he uses now have basically soy products, so we're talking about, you know, creating a more vegetable-based handmade vege-burger, so it would also reduce the fat and improve the quality of the product that you're serving.

So again, it all depends on what item we're talking about. Portion control is a big part of it. Instead of, you know, a pasta size -- as we know, throughout time our dish size has gone from like a 6-inch to like a 9-inch to 12-inch since the 1930's. So our portions have gone up tremendously over time, so we're trying to scale it back and say to people, "*This is not a bad portion.*" You know, reducing the -- so there's many ways of doing it.

**LEG. CALARCO:**

So coupled with that, would you be looking at trying to get the vendor to reduce his prices on those 500 calorie meals so that it becomes a more attractive item to somebody? Because if you give me a plate full of fries for five bucks or you're going to give me just a small little portion of rice for five bucks, I'm probably taking the fries.

**MS. MARGHOOB:**

That was tried before and it failed (*laughter*). That program was tried, they tried to work with some of the restaurant owners to create a \$5 -- *Perfect Plate* was the name of the program, you know, enticing people to have a smaller plate with a smaller value and it didn't succeed. The vendors would do maybe a special every now and then or put a special menu, but it didn't succeed long-term because the vendor felt like they weren't getting what they want out of the whole transaction and the people going out weren't feeling that they were getting their money's worth. So it's more about maybe introducing things that -- so we talked about doing, you know, a quinoa salad, introducing things that aren't there already and creating them as a new item, amending it -- adding it to the menu as a new -- with fresh ingredients, and that would be whatever he decides is the value of that. So it's not like we're going to be -- so if you're having a sandwich. Let's say you have a burger and your burger was a 6-ounce burger and is now going to be a three to 4-ounce burger, but we're moving to whole grain bread instead of -- so we're also trying to market it for the public so that it's more about, you know, not that we want to cheat you out of your value, it's that we care about you enough that we'd like to encourage you to eat a better -- you're smiling (*laughter*).

**LEG. CALARCO:**

(*Laughter*) Well, I guess the question becomes a matter of just because we force the vendor to offer the food doesn't mean people are going to buy it, right? And we're not saying that the vendor has to do all of these healthy foods, just 50% healthier, right, is basically what you're saying?

**MS. MARGHOOB:**

Right, it could be both.

**LEG. CALARCO:**

So actually I think what Legislator Spencer was getting at in terms of the viability of buying these products for the vendor, if there's no way of making the product something that people are going to want to buy and then you're going to still -- you know, you're going to give them more for the same price of that other meal, then what are -- do we have any experience with this method working? I mean, if you're not giving motivation to people, are you just going to get people who are looking for that healthier option to begin to pick it and it's not going to really produce much?

**MS. MARGHOOB:**

It's to offer both choices, you know, to make it available. So that when you go into a restaurant, you have the choice of eating, you know, a Happy Meal or whatever you want to do, but there's also other choices that might be available. So it's giving people choices and giving them options.

And then also these particular vendors at the concession stands have done a lot of market testing on their own, independent of us, and they've done -- tested things through special of the day and have seen over the course of time what works well. So a lot of times we're making suggestions and they've said, "*Oh, we do that as special of the day.*" I said, "*Well, how did it go?*" "*It went well.*" "*How come it's not on your menu?*" So they've tested the market or they're constantly testing the market. I think they've been with these concession stands for 20 years and I think they have a good sense of what's going to work. They're not going to pull off the french fries. That's not going to come off their menu, you know, that's going to stay on the menu. So that's the reality of it, but maybe we can order -- you know, offer some roasted potatoes with rosemary and garlic, or maybe some sweet potato fries, baked sweet potato fries. So it's not -- we're not going to pull things out, but we're going to offer more so that the public has options. Instead of saying, "*No, these are your only options, french fries,*" we want to offer you something a little better. And then we're also working to try to create a campaign, you know, a buzz kind of, too, so that when people go to the beach they know that it's not just junk food at the beach, there's a good variety.

**CHAIRMAN SPENCER:**

You're good?

**LEG. CALARCO:**

Yes. Thank you very much.

**CHAIRMAN SPENCER:**

Legislator Trotta.

**LEG. TROTТА:**

I just have -- is there any like liability with the -- we owe them any more money? Because like in the vending machines, if they don't make as much money, does the County get less money back? Is there a contract --

**MS. MARGHOOB:**

I don't know the answer to that.

**LEG. TROTТА:**

Is it based on percentages or?

**MS. MARGHOOB:**

I don't know. I know that they do have contracts with each of the vendors, and I know that -- but I don't know the details of that, honestly.

**LEG. TROTТА:**

Because, you know, if their -- if we get a percentage of the vending machines and, you know, for some reason it doesn't sell or whatever --

**MS. MARGHOOB:**

I could look into that. I could find out about that. I didn't --

**LEG. TROTТА:**

The Beach Shack, they have good -- they have like, you know, tuna sandwiches.

**MS. MARGHOOB:**

They do, they have a good variety. But when we looked at their menu, we did a menu analysis of the Beach Hut menus, a good percentage of their menus didn't meet the criteria. A lot of them had a very high fat percentage on their items. There's a lot of, you know, fried seafood, but there is some grilled seafood also. There's salad, I think there's a caesar salad which tends to be a higher fat product. So if you look at overall over the -- you know, they do have good offerings, but it's not like 50% of all their sandwiches meet the criteria, the standards that we'd like them to meet. So they do -- for a concession stand, they do have a pretty good menu, I agree with you.

**LEG. TROTТА:**

You're not going to mess with the rum punch, are you?

**MS. MARGHOOB:**

No, we try -- we're not going there. We're not going there. And they tried to say, "*Well, we do have strawberry daqueries, does that count as a fruit?*" No, it doesn't count as a fruit (*laughter*).

**LEG. TROTТА:**

My only concern is more the vending machines, because if -- you know, I don't know if we get revenue from them, I have no idea if it's a one-shot deal.

**MS. MARGHOOB:**

I would imagine so. I know that, you know, most places that's the way it operates.

**CHAIRMAN SPENCER:**

I appreciate your balanced approach, and I'm obviously going to support you wherever I can. I can speak, you know, it's almost like the buffet example, and if you look at any buffet, you know, one of the things that you see at the end of the night is that there's a lot of salad left, you know (*laughter*). So, you know, I know that within the schools and things like that, I actually advocate that you pull out all the sugary drinks, you know, especially in schools and hospitals and things of that sort. I think adults should be able to choose what they want to, but I do have concerns that -- you know, I like the fact that you have choice, but -- and I know you're doing the education part, but a lot of times I think that you're going to have a lot of empty slots of soda and a lot of left over bottles of water and seltzers. But I think that choice is a good idea, I appreciate what you're doing and I look forward to working with you. Thank you.

**MS. MARGHOOB:**

Thank you for your time.

**CHAIRMAN SPENCER:**

Thanks for taking the time, appreciate it.

So our second presentation, we have Neal Lewis, the Executive Director from the Sustainability Institute at Malloy College, and he's going to give a presentation about carbon monoxide safety awareness. And in light of, again, the tragic events that I alluded to earlier that occurred in

Huntington, this is something that a lot of us as lawmakers, both in the County, State and Local levels, we're looking to try to see how we can really address this very preventable, toxic menace, carbon monoxide. And I do a lot of my -- a lot of people say carbon dioxide, it's carbon monoxide, and that's important because carbon dioxide is a natural part of restoration and I think it's something that we should make sure that we know as Legislators that the toxic chemical is carbon monoxide. And I think this presentation couldn't come at a better time. So Neal, thank you for being here and we look forward to what you have to say.

**MR. LEWIS:**

Thank you, Mr. Chairman. I should point out that you and I, today's presentation was a product of a meeting that you and I had on Monday, but that meeting had been scheduled before the terrible tragedy on Saturday. *(Had to fix microphone)*.

Okay. So once again, good morning. My name is Neal Lewis, I'm the Executive Director of the Sustainability Institute at Malloy College, and we've been involved in the issue of raising awareness about the hazards presented by carbon monoxide poisons. I have a presentation, there's so many things I want to say, I think the best way to do it is to sort of run through the presentation. I've handed it out for you so that I can sort of almost skip some of the slides and keep us moving along, as I'm sure you're on a tight schedule.

This presentation is revised from what was presented at the Clean Energy Leadership Task Force this past Friday. We had about 85 people representing municipalities from across Long Island. All the Legislators in this room, by the way, are always invited to those meetings, we do get some elected officials to participate on a regular basis, they're held about once every three or four months. We've been running this program for about ten years and we have as a product of these Clean Energy Leadership Task Force, meetings come up with a number of policy recommendations that have become law, whether it was the Energy Star Homes Law for new home construction or some of our efforts involving setting standards for energy audits in Suffolk County, which is very relevant to today's topic, by the way.

So as I pointed out at the task force meeting but I'll just run through it quickly, the awareness that we've gained and the reason we felt that there was a real concern with carbon monoxide issues began with the fact that we have a program to encourage people to get home energy audits and that program is part of the Long Island Green Homes, basically a consortium of seven towns on Long Island and several non-governmental organizations of which the Sustainability Institute is one. The Long Island Green Homes Program is part of the New York Statewide effort of green jobs, green New York, and we've gotten about 8,000 audits on Long Island. We'd love that number to be much higher, but at least we're making something of a dent.

The energy audits are really primarily geared towards addressing the issue of making homes more energy efficient, and there's some great things available that a lot of people just were trying to get the word out but they just don't realize how great this is. The audit is generally free. There's a series of rebates and incentives available, you can get financing where you don't have to go to the bank, you can get it on your electric bill. So really a lot of good things. And if work comes out of this, if we make a home more energy efficient, we're creating local jobs so it's good for the local economy, and of course it's good for our environment, reducing CO2 levels.

The last item, however, shouldn't be overlooked, and that is that if you have a home energy audit done, then one of the things that will result is that you will have a certain sense of security in the fact that they will do a carbon monoxide test. So for three years this consortium of Long Island towns and non-governmental environmental groups have been meeting on a regular basis, the meetings are generally held at my office at Republic Airport, and we've been discussing all the aspects of this issue, and one of the things we found is a surprising number of references, sort of anecdotal evidence of frequent carbon monoxide detections being found in the homes of people that

are choosing to have these home energy audits done.

It appears that gas stoves seem to be a particular source of the problem, and we think that that's something that people should take a careful look at. But really any combustion source in your -- on your property is a potential carbon monoxide hazard; any combustion source. And Matt Kerns is here today and he's one of the home energy auditors on Long Island and if during the Q and A, if you have a question that we want to bring Matt in as an expert, he's available to engage in a discussion. But one of the points that he'll make to people is don't make an assumption, that if you have a newer heating system that you have nothing to worry about. The new ones can have problems and old ones can have problems. But there are certain basic advice in terms of maintaining the systems properly, having annual cleanings and inspections.

I also want to point out, in the bottom corner of that slide it makes reference to a Suffolk County law. This is something that the Sustainability Institute worked with this Legislature on in 2010 and we were concerned at that time that people could advertise home energy audits, and they would often say they were free, but they would not, in fact, be a full audit. And what we said was, you know, Suffolk County, we tried to get Nassau to work with us but Suffolk was the only one that did it, we said you should establish a standard which says what has to go into a home energy audit. Well, this is relevant today because that standard includes the combustion safety test. So if anybody says they're doing a home energy audit in Suffolk County, whether it's in an ad or it's in some kind of letter that they put out to customers or perspective customers, they have to include the combustion safety test which is the carbon monoxide test. And so that's why that was very important and I thought it was worth acknowledging Suffolk's leadership on this issue and why it's such a good idea for us to encourage homeowners to get home energy audits done, because that's the one way we can find out if you have this invisible, odorless gas in your house at a level that may cause home.

So we're going to talk in a moment about the issue of levels, but one of the questions we had with the Long Island Green Homes Project was we're hearing all this about positive carbon monoxide detections in homes, is there any data. And as Matt Kerns will confirm, if asked, when the home energy auditor does the work, they fill out the report and they do write in the results if there's a positive result, anything over 25 parts per million they write it in. But we've been asking NYSERTA for months now and they've been unable to provide us with any data on the frequency of these detections. So at the most recent meeting, February 6th -- again, before the recent tragedy -- at February 6th's meeting of the Long Island Green Homes Consortium, it was unanimously agreed to put a letter, you know, put it in writing that we were requesting NYSERTA to collect the data and report it to us as to the frequency of these positive detections in homes so we can get a sense of the scope of the problem. However, as you can see on the screen, we've called around to some of the companies and asked them to look through their data. We're not suggesting this is fully scientific; again, we want the actual data, we think it does exist. But our estimates are that -- and the Sustainability Institute is reaching this estimate based on the outreach we've made to home energy auditors and we believe that perhaps there's 150,000 homes on Long Island that are making people sick today, and this is really just not acceptable.

**CHAIRMAN SPENCER:**

Out of how many total homes?

**MR. LEWIS:**

Nine hundred thousand. So it's been 20 years since a famous tennis player died on Long Island in a home. It was the result of a carbon monoxide exposure from a pool heater and it raised awareness of this issue and had to do a lot with New York State adopting a law requiring detectors in all homes and, you know, has been part of just a broader effort to educate the public about this issue. It's tragic but often it's when someone dies or some kind of terrible tragedy that government takes an issue that is important but maybe not in the front burner and brings it forward and addresses it,

and perhaps Mr. Steve Nelson's death will also result in greater action.

We have a problem here with some 20,000 people going to emergency rooms every year in the United States of America as a result of carbon monoxide poisonings; some 400 who die every year, 170 which involves home-related exposures, the others being mostly auto related. So this is a serious problem and we hope that, frankly, what I've read in the papers in the last few days is simply not adequate and as I'm going to show in our recommendations here. To simply change the law to say that residential monitor requirement should apply to commercial, and then not that I'm saying people are saying this, but it has a certain element of, okay, then we wipe our hands and say we've addressed this issue and we're done with it; I don't believe that's the case. I don't think that is adequate, this is a much larger problem than that.

So what are we talking about? We're talking about the fact that people can get sick from exposure to carbon monoxide at levels that even if they do have a monitor in their home that's properly working, it will not go off. And I would like to -- Mr. Chairman, if you would allow me, I'd like to enter into your record two articles; one is from the New England Journal of Medicine and it's dated March 19th, 2009, and the headline is *Carbon Monoxide Poisoning*; and the second one is the Journal of Medical Case Reports and it's dated originally as -- well, it's dated as April 22nd, Earth Day, of 2008, and the name of that is *Accidental Carbon Monoxide Poisoning Presenting Without a History of Exposure, Case Reports*. So I'd like to ask that these two be put in your record.

**CHAIRMAN SPENCER:**

You can pass those to the Clerk and we'll ask that that be reflected in the record.

**MR. LEWIS:**

Thank you, Mr. Chairman. So as you see with the top statement there, low level exposures or subacute exposures can cause a range of health illnesses and we need to understand, the carbon monoxide detector, the standard detector -- and I brought with me a detector, by the way. I'm going to point out how this one is better than the standard one that's in most people's homes. But the standard detector will not go off for any level of exposure below 65 parts per million -- that's the UL, Underwriter Laboratory standard -- and it's usually going to go off at about 70, so that's why you see the number listed as 65/70. But OSHA says that in the workplace, people should not be exposed to more than 50.

So again, I go back to my earlier point, to simply say that we're going to take the current law that applies to residences and apply it to commercial is not an adequate response to this problem because the current law has detectors that only go off at 70 or perhaps 65 parts per million and people can be walking around sick. And one of the questions I would ask, that this committee perhaps could look into, is we should get the report from OSHA about the tragedy at Legal Seafoods, and I'd like to know were people experiencing symptoms of illness before the day of the tragedy. And my belief is that if you have levels above the numbers you see here -- so 50 is above what OSHA says you should be exposed to in an 8-hour workday, but you can have symptoms at 35 or 30 dependent upon the nature of the population. So more vulnerable populations are going to have exposure, you know, are going to have symptoms, and these symptoms can cover a range of things that make them a challenge to be diagnosed. That's why I handed in those two medical articles, because basically what the New England Journal of Medicine is trying to say is doctors need to be educated to ask, when they have a patient that has severe headaches, to, you know, question them; *"Is it possible that you have a problem in your house that your house is making you sick,"* and doctors may not think to ask that question. So that's why I wanted to put that medical advice in there.

The World Health Organization, by the way, believes that it should not exceed nine parts per million, so that's the lowest standard. When a home energy audit is done, they will report anything over 25 parts per million, but that recognizes a big jump, from 25 to 65 or 70. And in that in between area,

lots of people are walking around with migraines, dizziness, nausea. You know, when we think about nausea, again, you think about the tragedy that happened, the person is experiencing these kinds of symptoms and people just think, "*Oh, they're not well,*" when, in fact, they're being poisoned is what's going on.

I want to thank the Suffolk County Legislature for declaring January, 2014, I think it was former Presiding Officer Wayne Horsley that introduced the legislation and many of the Legislators, including the Chairman here and other members of this Legislature have been helping to get the word out, and quite a few others have been doing reporting on this issue.

So now I would like to just say an extra word about the digital monitors. And in so doing, I would like to ask, Mr. Chairman, that we could put into the record this OSHA fact sheet and the OSHA fact sheet has on the back of it the 50 parts per million standard that I just referenced.

**CHAIRMAN SPENCER:**

Thank you, and please pass that to the Clerk. Please let the record reflect the OSHA fact sheet also.

**MR. LEWIS:**

So part of the point I wanted to make, and if I can just stand for a moment, this is the kind of monitor I think should be the standard that Sustainability Institute is recommending for all of New York State, and certainly if we can do it here locally and make a case for the rest of the State. The point about the plug-in is that people are going to tell you they're expensive, you can get this for 35 bucks and there's cheaper ones even less than that with the digital readout, so they're not that expensive. So then they're going to tell you, "Well, it's expensive to run the line and make them hard-wired." Well, for new construction they should be hard-wired, but for existing construction you can buy this today at Home Depot or Lowe's all across Long Island with the digital readout for 30 something dollars.

If you have a digital readout, it could tell you that a series of people in an office, in a retail establishment, in a restaurant are saying, "*Gee, we're not feeling well. Should someone take a look at the carbon monoxide monitor and maybe it's showing a reading that could be causing our illness,*" and then people can take action on their own. You know, unlike the previous discussion that you just had about food and food choices and whatnot, here we're talking about an insidious poison that people can't see, can't smell, they can't make a choice about, so we think people need to be educated. And I think if you work in a workplace where the Federal government is telling us there's a standard, we should know whether or not that standard's being exceeded, especially when the evidence -- although the numbers haven't been provided to us, the evidence is that this is a very common problem. And almost every time I give a presentation, I gave a presentation to 25 people yesterday, two of them had horror stories, including one who was hospitalized, the other one who had two different leaks in her house who got a home energy audit, had young children in the house, so this is a very common problem.

Our recommendations are as follows; one is we'd like to get formal opinions on the records. We all know how it is in government where people say, "That's their level of responsibility. That's level of responsibility." I think that's part of the reason we have County and Town attorneys, is to take formal positions and put it on the record, you know, written opinions on the record. I would encourage this committee to request such an opinion on the record as to the jurisdiction of different levels of government over the range of policy items that we're going to run through in this presentation. So, you know, that's one of my suggested items for what this committee could do as we run through this today.

And I'm asking the same thing of towns; should point out as a result of the task force meeting that I mentioned in our work with local government. Two towns, the Town of Brookhaven and Town of Huntington, had already scheduled hearings for March 4th, so just a week or so away, on creating an aware -- dedicating an awareness month, and of course now they're looking to do something perhaps more than that and they're all sort of struggling with this question of what level of government has the right authority.

So, you know, as an attorney, I'm not telling you that my legal opinion is that the County has the jurisdiction on each of these items. I think it may be the case, but just for the record, I'm asking that we get an official opinion. I'm not saying that it's definitely our authority. I do think the Chair of this committee or the committee as a whole, you know, it doesn't have to be a formal vote of the Legislature, I don't think, to request the data that are our Long Island Green Homes Group has asked for which is we have this Statewide program, Green Jobs and Green New York, we have had 8,000 home energy audits on Long Island in the last three years. How about we get a report from the State of how many of those 8,000 have come back positive? My understanding is the data has to be there because it's in the reports that the auditors submit, and yet for many months now we've been asking for it and have been unsuccessful and maybe if you guys asked for it we would be able to get that.

Separately, perhaps it's the Fire Marshal, I'm not exactly sure of the right person within the County level but I'm thinking it's the Fire Marshal, could give us a report on the frequency of carbon monoxide calls that take place in the County. Again, I think we may be surprised on how common this problem is, how wide it is and, you know, let's start with the data. You know, you're a doctor, we believe in science, let's have data, right? How can we address an issue without having a good sense of the scope of the problem? So I strongly urge us to get this kind of information. If it can be broken down by building types, CO sources so we know how many times it's the stove, how many times it's the heating system, that kind of thing.

So separately, we get to the monitors. And as I've already stated, it's our opinion, very strongly, that we should have the monitors that have the digital readout. You can see this right now says that there's zero parts per million in this work environment of carbon monoxide right now, it does have a battery backup so it's able to work while I'm sitting here. This is the kind of monitor, again, as I said, widely available, whether on-line or at local Home Depots and Lowe's, we've checked, I can tell you that, and they're not that expensive. So we believe -- and again, the argument about having to wire them, they have a plug, you just plug it in. It's not inappropriate to put it down by where the outlet is, unlike a smoke detector where you need to put it at the high points, you can put it at a lower point in the room, that works fine. It should be on either every level of the house or certainly, you know, about ten feet away from the combustion sources and on the floor above the combustion sources. We believe it should apply to all buildings. The logic of distinguishing between commercial and residential simply doesn't hold. There's no rationale for that. We understand that was a State action, but there is a procedure where local government can petition the State Board when it wants a rule to be stronger than the State code, so we do understand Senator Marcellino has introduced a bill. But again, I don't think that bill is adequate and I also think that we should get an opinion of the attorney as to whether or not some local action could be done, regardless of what happens at the State level.

The other thing that could be done in terms of information gathering and getting a better understanding of this is to establish a lifespan recommendation regarding carbon monoxide detectors. What I think many people would be surprised to learn is if they put one in their house ten years ago and haven't touched it in ten years, it's very possible it's not working anymore. So I think that that's an easy point that we could perhaps address.

As we work up the ladder of recommendations that involve more action, one of the issues that we learned was that we've encouraged homes to adopt stricter standards for new home construction. There is an Energy Star Homes code, that code says that a high efficiency energy boiler or burner that's put into your house, the efficiency ones would never have what happened in the tragedy at Legal Seafood this past weekend. Because they are sealed off from the air inside the living space and they're sealed off with an outside air source to provide oxygen for the combustion source. That's really what we should be getting to.

So again, it's inadequate. It's really inadequate to simply say we're going to put monitors that only go off over a certain level and which can die after only five years and can die if they go off more than once and many homes are not putting them in anyway, widespread non-compliance with the law as it currently exists. It's inadequate to say we're going to simply extend that law over to commercial. We need to do more with that and one of the things is to make it so combustion sources will not have as a possibility that they're going to kill people in the space in which the combustion source is providing the heating for. So we think all new, you know, installations of new burners and boilers should comply with the state-of-the-art and we really think the old, inefficient boilers and burners should be done away with and let's meet this higher standard.

And we think we're eventually moving towards a further standard which basically says that mechanical air exchange should be the standard for homes. Where we're at with building science at this point, we know it makes a big difference in how quickly people recuperate in a hospital, if they have fresh air, we know that the people do better in school if they have fresh air. That fresh air should be pulled in in such a way, in an efficient way so that it's heated as it comes in, so it's not cold air coming into the house, but relying on a house to have cracks in the walls and cracks around the windows as your source of fresh air, which is essentially the design we have, is simply not acceptable in the 21st Century. And we need to move to mechanical systems that draw in fresh air, that will make it so our air is a higher quality in the workplace, people will be more productive, they'll be safer and we could have more energy efficient systems. That's where I believe we're headed and that we strongly recommend that.

We also believe that there should be personal monitors on anybody that does combustion repair or maintenance work. And this might -- again, I'm asking for the attorney to give an opinion, but I think this might be very much in the ballpark of the regulation of the County, because we do have rules that govern plumbers and contractors and people of that nature. And what I'm saying is if someone comes into your house and works on your combustion system, they're not done until they do a carbon monoxide test to assure you that the system is safe that they just worked on, because you're not going to smell it, you're not going to see it if it went wrong. If you bring your car to a mechanic, they typically would do a test ride before they're done and give the keys back to you, and yet here we have something that can kill you that they're not required to do a carbon monoxide test? A cheap device, the better quality ones might cost a hundred dollars? Why not? This is crazy.

Now, the story of the person that was sitting next to me yesterday where his wife spent three days in a hospital after doing a lot of cooking because the stove was giving off carbon monoxide, which is, again, one of the things that's troubling about this issue, is other people in the house did not get the problem that she got, but it was very high levels when they finally did tests for it and they got a new stove as a result of it all. But it was a Verizon -- or I shouldn't say the company name, but it was a person that was not really the combustion maintenance guy, it was someone coming in to work on the phone line who adjusted the flue in such a way that he knocked it off tilt. They shouldn't be allowed to do that. You shouldn't be allowed to touch a combustion system unless you're going to do a carbon monoxide test when you're done. I think that should be the law; I would love to see Suffolk County be the first County in the country to establish such a law.

Similarly, in this I take from the suggestion of Chairman Spencer from our meeting on Monday, is that when the EMTs arrived at the tragedy at Legal Seafoods, they started being overcome; they did not realize when they were called in that there was a carbon monoxide leak. We think that the personal monitors should be right on their belt so that even when they don't know it's a carbon monoxide leak problem because people may not know that when they call the ambulance, they would know it the moment they got in.

Lastly, we believe that we need to establish a standard which says that this is a purely preventable problem, that these combustion systems need to be tested on an annual basis, they need to be cleaned, tuned up, inspected, and it needs to be an annual maintenance requirement. It's not a surprise to me that the tragedy that occurred occurred towards the end of a really bad winter. It's all the heating efforts that were going on by the system is going to cause soot to build up and you're going to get the potential of the kinds of problems that occurred. So the way to catch that is to make sure you at least start the winter with a good, clean system. All the reputable organizations, like the Oil Heat Institute who's been a cosponsor of our fliers. Kevin Rooney, who I'm sure many of you know, very knowledgeable on these issues, believes very strongly in promoting the idea of annual cleanups and tunings. So we think Suffolk County could establish a policy that all of its buildings are going to be subjected to annual tune-ups and cleanings at the beginning of the heating system and get that out as a message, and we think that policy then should also carry over to the income-based relief programs that exist like {REAP} where we, as a society, help people, particularly this winter where it was such heavy costs for maintaining your heating, but you can get money to buy fuel for your heating system but they don't cover doing a check-up of the system, so they don't cover doing a quick carbon monoxide test or a tune-up and a cleaning. They used to years ago, that program has ended, we think it should come back.

So lastly, we're going to work on putting all these recommendations into a formally written out what we call a green paper and we have a goal of getting that to the people of Long Island in the next two months, before Earth Day of this year. We do engage in a process when we do the green papers where we set out the recommendations and ask for input, and so I'll definitely keep you up-to-date as we go through that.

That's the last of what I had to present. I'm very much willing and interested to answer any questions you may have. And as I said, I do have one expert here in the audience in the event that you have a tricky question, maybe we can pull him into the discussion.

**CHAIRMAN SPENCER:**

Neal, that was incredible. Thank you. Really couldn't have been more timely and informative and there's a lot of work that we could do, and I think that there are a lot of questions. I have questions, but when the Presiding Officer indicates he has -- he always goes first. So, Presiding Officer Gregory.

*(\*Laughter\*)*

**P.O. GREGORY:**

Thank you, Mr. Chair. Just a quick question. From your stats, it says that 150,000 homes, you estimate, need energy audits. How did you come -- how does that number -- how did they derive that number?

**MR. LEWIS:**

Well, again, you know, I'm putting sort of, you know, qualifiers on it by indicating we'd like to get the real number, but from interviewing people that do home energy audits, we found that there was a big difference between natural gas and oil systems. And with the natural gas systems, they were indicating, again, just by looking at a couple of months of data, that perhaps more than one out of every three homes that have natural gas have a carbon monoxide exposure problem. And by the

way, sometimes we use the word *leak*. I'm trying to avoid doing that because it's kind of a misnomer in this context. It's usually not a leak. Leak implies a pin hole in a pipe or something like that, but it's really more of a build-up of residue, soot and whatnot that prevents complete combustion. So it's a problem of incomplete combustion, so you don't necessarily find a physical leak, but nonetheless, whatever we call it.

You know, I don't know that it's 150,000, I would like to know the number. I presented that number to someone in the industry and they told me they thought it was a conservative number, that in fact it might be a lot higher than that. But our indications were that it was more common with natural gas, heat systems than oil, and that appears to perhaps be because oil systems have more regular cleaning and tune-ups done, whereas with gas people can go years without having someone come in. But also, again, it's these gas stoves seem to be a big source, propane stoves, other different potential problems. So, you know, I'm just going to say on behalf of the Sustainability Institute, based on our outreach to professionals in the field, asking for numbers after several months of being basically turned away in our effort to get numbers from the State, this is what we've concluded is a possibility.

**P.O. GREGORY:**

Okay. And then if I read your numbers correctly, you estimate about 8,000 energy audits have been done out of that number?

**MR. LEWIS:**

That's right. Well, there's 8,000 that were done and, you know, some of them were things that might not have made it into the system, so sometimes they do a walk-thru where they don't do the full audit. But if it's a full audit under the Green Homes where materials were filed, which I think then should include -- you know, so we know at least 8,000 carbon monoxide tests of homes have been done; and of them, if we can get the statistics on what percentage are coming back positive, we can then extrapolate that to the Long Island statistic and figure out how many homes out there may have this problem. But we do know in three years under Green Jobs, Green New York, approximately eight -- we lead the State, by the way, Long Island has been very aggressive in promoting these, but still, it's a far cry from what we'd like to see in terms of total numbers.

**P.O. GREGORY:**

Now as far as -- last question. What do you attribute the -- I guess, you know, if I can use the term *low number* of energy audits to; is it just awareness? I mean, because they're free energy audits.

**MR. LEWIS:**

Right.

**P.O. GREGORY:**

And people think that they can't afford, you know, to do the renovations. They may be aware of what the problems are, they just can't afford to --

**MR. LEWIS:**

Right. I think people have a hesitancy about bringing someone into their home that's a contractor that they don't maybe have a relationship with. So I think a lot of people have concerns of am I going to get ripped off, is this part of -- like going to be a high pressure sales kind of thing? The work, when recommended, could involve thousands of dollars of repairs, so a lot of people are like, "*Oh my gosh, I can't spend more money on anything right now.*" So we have to kind of -- when we do the outreach, you have to sort of walk them through step by step and explain that all the professionals that are a part of this program are licensed and insured, there is a quality control component to the program, NYSERTA does send out people to check up on a certain percentage of the work done, particularly the newer guys that are in their program get their work checked more

frequently. So there's no heavy sales pressure, they get a report at the end and it's their choice as a homeowner whether or not to pursue the work. And if they do have the work done, they can have on-bill financing through their electric bill, which means they don't have to go to a bank to get a loan. So a lot of people are concerned about their credit rating and whether they'd be able to get the money.

A typical repair could be in the \$10,000 range if you have a heating system changed and insulation in the attic, and we estimate about 900 a year can be saved based on Babylon's analysis of the program. So there's opportunities for good savings, you can really improve your home, but a lot of people are hesitant that it's going to be a big expense and am I going to get into situation with a contractor where he promises things and doesn't get the work done. Unfortunately, you know, I have contractors in my family, there's lots of contractors on Long Island, I don't mean anything by this, but unfortunately they do perhaps have a reputational problem on Long Island. So I think a lot of people are hesitant for that reason, that's the kind of feedback we get. The good thing is in three years of running the program, no one's given us a complaint yet. So from the 8,000 that had the work done, none of them are unhappy with it that we're aware of. So once we get them in it's a great program, it's just tough to kind of get them over that hurdle to be motivated and that, you know, it sounds boring or something. It's things you don't see, insulation in your attic, so it's a tough sell, unfortunately, but still a good program.

**P.O. GREGORY:**

Thank you.

**MR. LEWIS:**

Thank you, Mr. Presiding Officer.

**CHAIRMAN SPENCER:**

Neal, with -- there's a couple of questions I had with regards to carbon monoxide detectors in terms of things that are myths or not, and maybe you can help me. Once a carbon monoxide detector is exposed to a large level of carbon monoxide, is it true that that detector needs to be replaced once it -- you know, if it's exposed to a high concentration because of carbon monoxide binding to whatever internal sensors that are within that device, that that device is no longer functional? And then the other questions is with the carbon monoxide detector, I understand the electronic components, but if anyone knows how they work, and why do they expire? And do they all expire?

**MR. LEWIS:**

Well, part of my recommendation to you is if we could move forward with this, perhaps we can get someone from Underwriter's Laboratory to come, perhaps we can get -- you know, because they're not that far from here, maybe they'll come to one of your hearings. You know, I think you're asking great questions. I'm not going to pretend to have the answer if I'm not sure.

I have read in various blogs and other website postings that really it's recommended that once the detectors, the standard ones we're talking about that are stationary in a home, that once they've gone off once or twice you should replace them. I have read that, and I have read that their life span is only like five to seven years, which I don't think most people are aware of, that's why I suggested that perhaps we should establish a policy to recommend people to change them, because I think many people put them in their house once and never think about it again.

But while I've read some of those things, I can't say that I have any expertise to speak to the question of why do they wear out, why do they -- the ones that the professionals carry around, clearly they can get positive readings every day and go back to continue to work. So I think there's a distinction between the \$30 unit and the 100 or \$200 unit that has to do with this durability and life span.

But there is real concern, frankly, that the monitor can give you a false sense of security. You can sort of think, *"Oh, I don't have to worry about it, I have this thing,"* when, in fact, you could have, you know, 60 parts per million in your house and it's not going off. And you could have a back draft effect that has to do with the flue getting kind of, you know, filled up with soot and then you have an issue where someone opens the door and closes it quickly and there may be backup of materials around the combustion source where it's supposed to have a good flow of air. You're not supposed to put stuff in that room, you know, that burner room as we used to call them in my house when I was a kid. You know, you're not supposed to store boxes and things in there, but many people do. You know, basements, many people put a whole bunch of things in there and that could be blocking oxygen to the heat source.

So there's a lot of things that can cause the carbon monoxide at different points of the day to have different levels of readings, and I just think as a general rule, to rely on a device that sits there and says nothing all day long and only goes off after you cross a level that could cause you to die is not adequate. At least with the digital you would be able to see readings that might be fairly low, but it would tell you something's going on. And again, I think in terms of the recent tragedy involving Mr. Nelson, it's very possible that he was sick for a number of days. I don't know this, I'm just saying what I'd like to find out, and he could have checked a monitor and said, *"My gosh, look at how high this is."* Of course we know there was no monitor at all, but the point is a monitor normally will not go off until it hits 70 parts per million, and I think it typically doesn't just happen overnight; typically it's at a low level for a period of time before it gets to that higher level and so we should be trying to capture the low level exposure problems and take action.

**CHAIRMAN SPENCER:**

Well, are there any other questions? Legislator Browning.

**LEG. BROWNING:**

Thank you. I know we had to cancel our little event because of snow, so we actually talked to the fire departments about, you know, scheduling it when they have their open house day. But, you know, I had a neighbor that their carbon monoxide alarm went off and, you know, she would never had known there was anything going on. A little scary.

**MR. LEWIS:**

Yeah.

**LEG. BROWNING:**

But you mention here about first responders, and actually, Legislator Hahn, we were talking about it yesterday and, you know, she was saying about the Police Officers, you get a call for somebody possibly having a heart attack and you're walking into a home that may not have monoxide detector. So are you going to be trying to survey the first responders? I mean, that's certainly something that she talked about us working on, helping the Police Officers. Because I guess there is some kind of detector and there are some, maybe ambulance companies, fire departments that have them?

**CHAIRMAN SPENCER:**

I'm actually --

**LEG. BROWNING:**

Are you aware of that?

**CHAIRMAN SPENCER:**

We are and we've worked -- I'm working with Legislator Hahn and FRES and the Police Department. That right now our Fire Inspectors, as well as our Chiefs, they do have a portable detector --

**LEG. BROWNING:**

Okay.

**CHAIRMAN SPENCER:**

-- sometimes on their bags, sometimes on their lapels. And what --

**LEG. BROWNING:**

Do all of them have them?

**CHAIRMAN SPENCER:**

No, and that's where there's something -- a place where we can take action, where we're looking to make them available to our Police Officer and there is technology where they can be on key chains or on lapel clips where when they are responding to a potential situation, poison situation, this would have alerted them. And apparently, at Legal Seafoods it was at 1560 parts per million. So when you have levels that high, when you're looking at 65 being toxic, you have immediate effects. And so our officers, when they would have gone into that building, these detectors could have gone off and maybe have helped to protect them. So we are, and if you would like to work with us, we're trying to get the Police involved so that we can do something that's effective and bring in our Public Health Nurses; Legislator Hahn had suggested expanding that, I had already put in a request for legislation. So we can do that together, I'd like to do that.

**LEG. BROWNING:**

Right. Now, do all of our fire companies and ambulance companies have them; do you know? I mean, because --

**CHAIRMAN SPENCER:**

All fire departments have them. All fire, but not necessary -- all the Chiefs and fire departments, but not ambulance and first aid squads, no.

**LEG. BROWNING:**

What if, say, the Legal Seafoods, if they had had even a home-type carbon monoxide detector; would that have helped? I mean --

**MR. LEWIS:**

Well, I think it probably would have. The -- I don't deny that. First of all, we have to recognize that, again, there can be problems with the detectors. And if they don't have a digital readout, you kind of don't know if they're -- when they stop working.

So, you know, with that caveat, which is a significant one, if you have a unit sitting there for ten years, you do have to wonder if it's still working. But assuming that it was in working order and it just would trigger when it hit 70 parts per million, then clearly it probably would have saved lives, just as I believe there are units all over New York State that are saving lives. So, in that respect, that would have been a positive.

However, again, you can have the situation where people are getting sick for long periods of time before it crosses that level. And I think we should -- I think we have a right as workers, we're being told by OSHA, to protect ourselves and that there's a standard out there, but we're not being given tools to enforce the standard. And frankly, we're talking about a law that's a couple of decades old. As I said, this problem really was exactly 20 years ago that Vitas Gerulaitis died. And, you know, in that time, the technology has advanced, and I think we need to demand better technology because I just don't think it's -- like I said, it can give even a false sense of security because you're staying to yourself, "*Oh, I got the monitor. I don't have anything to worry about here.*" Well, do you know if it's working?

Do you know if you have a low level leak that's making people sick? So, certainly just expanding the law as has been proposed so that it only -- so that the same law applies to commercial that currently applies to residential would be a big improvement. I just think we should -- if we're going to revisit the law, we should use the opportunity to really improve the law more than that.

And, you know, similarly, I do think it would be interesting to do a survey of homes on Long Island as to how many homes have carbon monoxide detectors. It's the law, but there's very little being done to enforce that law. In fact, I can't recall any real significant enforcement efforts. Certainly new construction, but we know the vast majority of homes are not new construction. So I think it's reasonable to ask, could we be doing more to make sure that -- and again, this is a problem that's not just a few incidents a year. It's really quite surprising how common this is. And if you do -- if you set up one of those Google searches for carbon monoxide, it will click on your computer almost every day. This is really a problem that we need to get our hands around. That's why I think we should be starting by requesting information. I think that the State should give us the information that I suggested we request from them. I think the Fire Marshal should give us information so we know how frequent these alarms go off.

One of the concerns that existed with the monitors over the last several years was they actually made it so they don't go off at the lower level because they were going off too frequently. Well, you know, there's some analogy we could use there where we're not really solving the problem, we're just changing the technology, but they shouldn't be going off through low level either. So what I'm saying is the digital, it would not necessarily buzz and make a noise at the lower levels, it would just give you the digital readout so that you could take action as an individual. But the fire department would still only be called when it crossed that 70 parts per million level where you have the potential of death resulting. So that's, I think, the way to go forward with this.

But at this point, they actually had to make sure the technology was calibrated so that it does -- the rule is it doesn't go off at anything less than 65 parts per million. Because the problem was they were getting too many calls for fire departments to come to houses for carbon monoxide leaks, which just tells you this is a pervasive problem that needs a more comprehensive response. And I don't think taking 20-year technology and simply expanding that into the workplace is a sufficient response.

**LEG. BROWNING:**

Good. Thank you.

**CHAIRMAN SPENCER:**

Neal, thank you so much for your presentation. I really appreciate it. Again, as I said, it couldn't have come at a better time, and we'll be working together. We appreciate the recommendations. This committee and my colleagues will be working together to make some important changes. Thank you.

**MR. LEWIS:**

Thank you very much. Thank you all.

**CHAIRMAN SPENCER:**

With that being said, we're going to move on to our agenda.

**Tabled Resolutions**

***IR 1039-14 - Adopting Local Law No. -2014, A Local Law to raise the legal age for the sale of tobacco products in Suffolk County (Spencer).*** I make a motion to table; our public hearing is still open.

**LEG. CALARCO:**

Second.

**CHAIRMAN SPENCER:**

Second, Legislator Calarco. All those in favor? Opposed? Abstentions? Motion is carried.  
***Tabled (VOTE: 5-0-0-0).***

**Introductory Resolutions**

***IR 1042-14 - Establishing guidelines for the use of Methoprene in Suffolk County (Schneiderman).***

**LEG. CALARCO:**

Motion to table.

**CHAIRMAN SPENCER:**

Motion to table.

**LEG. BROWNING:**

Second.

**CHAIRMAN SPENCER:**

Second the motion. All those in favor? Opposed? Abstentions?  
Motion is ***tabled (VOTE: 5-0-0-0).***

***IR 1091-14 - To extend deadline for Tick and Vector-Borne Diseases Task Force (Schneiderman).***

**LEG. BROWNING:**

Motion.

**CHAIRMAN SPENCER:**

Motion by Legislator Browning. Second by Legislator Calarco. All those in favor? Opposed? Abstentions? Motion is ***approved (VOTE: 5-0-0-0).***

***IR 1096-14 - Adopting Local Law No. -2014, A Local Law to establish healthy food standards at Suffolk County Facilities (Hahn).*** This needs to be tabled for a public hearing. I'll make the motion. Second by Legislator Browning. All those in favor? Opposed? Abstentions? Motion is ***tabled (VOTE: 5-0-0-0).***

***IR 1113-14 - Amending the 2014 Adopted Operating Budget to accept and appropriate 100% Federal Aid passed through the New York State Office of Mental Health for Family Service League for the purpose of expanding Community Mental Health Family Support Services and Respite Services for Children and Youth (County Executive).*** I make a motion to approve and place on the Consent Calendar.

**LEG. CALARCO:**

Second.

**CHAIRMAN SPENCER:**

Second by Legislator Calarco. All those in favor? Opposed? Abstentions? Motion is ***approved (VOTE: 5-0-0-0).***

***IR 1114-14 - Requesting legislative approval of a contract award for Oral Surgery Services for the Department of Health Services, Division of Patient Care Services (County Executive).*** Motion, Legislator Trotta.

**LEG. CALARCO:**

Second.

**CHAIRMAN SPENCER:**

Second, Legislator Calarco. All those in favor? Opposed? Abstentions? Motion is ***approved (VOTE: 5-0-0-0).***

***IR 1115-14 - Requesting legislative approval of a contract award for Optometry and Optical Goods Services for the Department of Health Services, Division of Patient Care Services (County Executive).***

**LEG. CALARCO:**

Motion.

**CHAIRMAN SPENCER:**

Motion by Legislator Calarco. Seconded by Legislator Browning. All those in favor? Opposed? Abstentions? Motion is ***approved (VOTE: 5-0-0-0).***

***IR 1120-14 - Reappointing member to the Suffolk County Board of Health (Christine M. Doucet, M.D.)(Spencer).*** If I make a motion to approve.

**LEG. CALARCO:**

Second.

**CHAIRMAN SPENCER:**

Second by Legislator Calarco. All those in favor? Opposed? Abstentions? Motion is ***approved (VOTE: 5-0-0-0).***

***IR 1149-14 - Amending the 2014 Operating Budget to accept and appropriate 100% Federal grant funds passed through the New York State Department of Health for the Maternal and Infant Community Health Collaborative Initiative (County Executive).*** I make a motion to approve and place on the Consent Calendar.

**LEG. CALARCO:**

Second.

**CHAIRMAN SPENCER:**

Seconded by Legislator Calarco.

I'd like to ask, is Barbara Musacchio --

**MR. NOLAN:**

Call the vote.

**CHAIRMAN SPENCER:**

Oh, I'm sorry. Motion. All those in favor? Opposed? Abstentions? ***Approved (VOTE: 5-0-0-0).***

If Barbara could come to the horseshoe, please? All right. And before -- as Barbara is coming in, CO2 -- Carbon Monoxide, CO, this is an important issue. And a lot of times we look at it from just being an issue of toxicity, but it is also something that can occur at low levels for many, many years,

and it is something that we have to look at, both the acute and the long-term effect. But Barbara, we wanted to wish you a happy birthday and --

*Applause*

-- we're going to -- I'm going to sing to you.

*(\*Laughter\*)*

*"Happy Birthday" Sung to Barbara Musacchio*

*Applause*

**MS. MUSACCHIO:**

Thank you.

**CHAIRMAN SPENCER:**

Thank you, Barbara, for really many years of fantastic service, of helping us. You've helped me and I thank you for all the water and chocolate and all the other things that you do.

*(\*Laughter\*)*

**MS. MUSACCHIO:**

Thank you.

**LEG. BROWNING:**

Doc, can I ask a question?

**CHAIRMAN SPENCER:**

Legislator Browning has a question --

**LEG. BROWNING:**

-- before we leave?

**CHAIRMAN SPENCER:**

-- of new business. Legislator Browning. For the Administration?

**LEG. BROWNING:**

Before we close, I know that Dr. Tomarken was not able to be here. However, you know, we all learned about the Medford Multi-Care and the occurrences there. And, you know, I know that there's been talks about closing it and I say I'm concerned because of, you know, transfer trauma, but I know that there were four residents from John J. Foley that were sent to the Medford Multi-Care. I would like to know when they will come to present. The Patient Advocacy Group has met. I know this was a bill that was passed well over a year ago, and I believe they have had some meetings. I'd like to find out what they're doing, what they're planning to accomplish. And also, I'm curious if our Health Department has tried to do a follow-up on the people that were sent to the Medford Multi-Care.

**CHAIRMAN SPENCER:**

The Health Committee would formerly request of the Administration, as Legislator Browning has requested, information on the Medford Facility, and we're going to reach out to the Chair of Health and the Administration. If you could give us some sort of update at our next committee meeting; can we request that, Tom?

**MR. VAUGHN:**

Request duly noted.

**CHAIRMAN SPENCER:**

Thank you so much. Appreciate it.

Is there any other business before this committee? No. If not, I'll ask for a motion to adjourn.

We are adjourned. Thank you.

*(\*The meeting was adjourned at 3:41 PM\*)*

*{ } - Denotes Spelled Phonetically*