

Department of Health and Mental Hygiene-Board of Health Meeting  
June 10, 2015

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THE NEW YORK CITY  
DEPARTMENT OF HEALTH AND MENTAL HYGIENE  
BOARD OF HEALTH MEETING

Held on Wednesday, June 10, 2015  
Gotham Center  
42-09 28th Street, 3rd Floor, Rm:3-32  
Long Island City, New York 11101  
Time 10:02 a.m.

Transcript of Proceedings

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Department of Health and Mental Hygiene-Board of Health Meeting  
June 10, 2015

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2 A P P E A R A N C E S:

3 MARY T. BASSETT, M.D., M.P.H., Chair

4 SUSAN KLITZMAN, Dr., P.H., Board Member

5 THOMAS MERRILL, ESQ., General Counsel

6 PAMELA S. BRIER, M.P.H., Board Member

7 DEEPTHIMAN K. GOWDA, M.D. FACEP, Board Member

8 KAREN B. REDLENER, M.S., Board Member

9 RAMANATHAN RAJU, M.D., Board Member

10 LYNNE D. RICHARDSON, M.D., Board Member

11 ROSA M. GIL, D.S.W., Board Member

12 GAIL B. NAYOWITH, M.S.W., Board Member

13

S P E A K E R S:

14

DR. SONIA ANGELL, Deputy Commissioner for  
Prevention and Primary Care

15

16 CORINNE SCHIFF, Director of Special  
Projects, Environmental Health Division

17

CHRISTINE JOHNSON CURTIS, Assistant  
Commissioner for the Bureau of Chronic  
Disease Prevention and Tobacco Control

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DR. GRETCHEN VAN WYE, Assistant  
Commissioner, Bureau of Vital Statistics,  
New York City Department of Health and  
Mental Hygiene

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opposed? No? It was unanimous. Thank  
you. Thank you to the team.

We now move on to the next item  
which is the proposed resolution to add a  
new Section 81.49 to Article 81 Food  
Preparation and Food Establishments. I  
think, Dr. Angell, you will remain with  
us. And please introduce yourself again  
for the record.

DR. ANGEL: Sure. Dr. Sonia Angell,  
Deputy Commissioner of the Division of  
Prevention and Primary Care.

MS. JOHNSON-CURTIS: Christine  
Johnson Curtis, I'm the assistant  
commissioner for the Bureau of Chronic  
Disease Prevention and Tobacco Control.

DR. ANGELL: So thank you again for  
this opportunity to introduce yet another  
crucial amendment to support the health of  
New Yorkers. As mentioned, my name is  
Sonia Angell, I'm the deputy commissioner  
and I'm here with Christine Johnson  
Curtis, Assistant Commissioner.

Today we are proposing an amendment

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2 to add a new section to Article 81 of the  
3 health code to introduce sodium warning  
4 labels in food service establishments.

5 So as you know, heart disease is the  
6 leading killer nationally as well here in  
7 New York City. Nationally one in three  
8 adults has high blood pressure, also known  
9 as hypertension, which contributes to  
10 approximately 1,000 deaths a day. Here in  
11 New York City one in three deaths is due  
12 to heart disease. Staggering disparities  
13 in morbidity and mortality exists,  
14 36 percent of black adults have been told  
15 by health professionals that they have  
16 high blood pressure, which is nearly  
17 50 percent higher than whites. And  
18 premature death, defined as death before  
19 65-year old -- age -- excuse me -- from  
20 heart disease is more than 80 percent  
21 higher in blacks than in whites.

22 High dietary sodium is an important  
23 contributor to heart disease and stroke.  
24 Decades worth of scientific evidence shows  
25 an excess sodium intake is dangerous. It

1 Proceedings

2 can lead to high blood pressure,  
3 interferes with proper blood pressure  
4 control, and increases the risk of heart  
5 disease and stroke.

6 Warnings about the sources of excess  
7 sodium can help New Yorkers. There is  
8 little public awareness about sodium  
9 intake recommendations and the major  
10 sources of dietary sodium. Because of  
11 this, most New Yorkers eat too much  
12 sodium. More than 80 percent of adult  
13 New Yorkers consume more sodium daily than  
14 is recommended for the entire day.

15 Disparities also in consumption are  
16 also reflected in the health disparities  
17 that I described before, black New Yorkers  
18 consume more sodium daily than white  
19 New Yorkers. Nationally too few consumers  
20 understand that high sodium intake is a  
21 serious health hazard, and there is only  
22 limited awareness of the link between  
23 sodium, heart disease and stroke.

24 Consumers lack information about the  
25 risk related to excess sodium intake.

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2 Many would never imagine that there are  
3 many options in restaurants today that  
4 contain more sodium than a person should  
5 consume in an entire day. In addition,  
6 the variability of sodium content between  
7 similar products based on formulation  
8 makes it difficult for consumers to make  
9 reliably healthy choices, even items that  
10 sound healthy, like a salad entree or turkey  
11 sandwich can contain more sodium than the  
12 daily recommended limit, undermining  
13 consumer efforts to heed health  
14 professional's advice to avoid excess  
15 sodium.

16 This chart shows two menu items  
17 currently offered at a restaurant chain  
18 doing business in New York City. The  
19 sodium content of the smokehouse turkey  
20 panini is nearly three times as high as  
21 the sodium content as the roasted turkey  
22 and the BLT sandwich. A consumer might  
23 mistakenly believe that both of these  
24 choices are relatively healthy choices and  
25 containing similar amounts of sodium.

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2 Today we're proposing an amendment  
3 to Article 81 of the health code that is  
4 designed to address this issue. The  
5 sodium warning label regulation will  
6 require that items containing 2300 or more  
7 milligrams of sodium be identified on  
8 menus and menu boards with the warning  
9 label icon displayed here. Language  
10 defining the warning label would appear at  
11 the point of purchase and read: "Warning"  
12 -- and show the symbol -- "indicates that  
13 the sodium (salt) content of this item is  
14 higher than the total daily recommended  
15 limit, 2300 milligrams. High sodium  
16 intake can increase blood pressure and the  
17 risk of heart disease and stroke."

18 This regulation would affect chain  
19 food service establishments with at least  
20 15 locations nationwide. A university  
21 account for approximate one third of  
22 restaurant traffic in New York City.

23 So it is important to outline our  
24 rationale for key elements of this  
25 proposal. First of all, why restaurants?

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2 So people are consuming more and more of  
3 their food away from home. Processed and  
4 restaurant food makes up the majority of  
5 dietary sodium intake. Evidence shows  
6 that restaurant food is more sodium dense  
7 than food prepared at home. As you can  
8 see from this chart, naturally occurring  
9 sodium and sodium added at the table  
10 and/or in cooking, which is primarily  
11 added salt, represents a small fraction of  
12 the overall dietary sodium intake.

13 Why restaurants? Well, in 2014 from  
14 data from MenuStat, the national database  
15 of thousands of foods served by the  
16 nation's largest restaurant chains,  
17 demonstrates that very high sodium items  
18 are currently offered in chain food  
19 service establishments in New York City.  
20 This graph illustrates the results of an  
21 analysis of more than 8,500 menu items  
22 offered in more than 50 local chain  
23 restaurants. It shows roughly 10 percent  
24 of menu items across a variety of  
25 restaurant-type contain at least



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2 2300 milligrams of sodium, the daily  
3 recommended limit.

4 Why warning label? Well, there is  
5 evidence that health warnings can increase  
6 knowledge and decrease consumption of  
7 certain products. Most importantly,  
8 warning labels facilitate education. They  
9 can inform customers of the risks consumed  
10 in certain products. Additionally, more  
11 than one million New Yorker see calorie  
12 labels daily in New York City restaurants  
13 and a vast majority of them find calorie  
14 labels useful as mentioned prior.

15 So why 2300-milligram limit?  
16 Leading scientific bodies, including the  
17 Institute of Medicine, United States  
18 Department of Health and Human Services  
19 and the USDA, recommended that no one's  
20 daily limit should exceed 2300 milligrams.  
21 The proposed regulations designed to  
22 identify items that contain more sodium  
23 than a person should consume in an entire  
24 day. These items are incompatible with  
25 recommended daily sodium limits, and the

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2 icon warns consumers about the health  
3 risks.

4 Adopting the sodium warning label  
5 requirement is a sanction to action of  
6 this Board of Health. Federal labeling  
7 laws allow localities to require warnings  
8 about dangerous food. Additionally, the  
9 New York State Court of Appeals recently  
10 recognized that warnings and instructions  
11 are valid exercises of this board's  
12 authority.

13 We anticipate that this regulation  
14 will pose a minimal compliance burden for  
15 the impacted restaurants. Chain food  
16 service establishments will already be  
17 required to maintain information on the  
18 sodium content of menu items per the  
19 federal calorie label requirement that we  
20 just discussed to provide complete  
21 nutrition information upon request. In  
22 addition, menu items in these restaurants  
23 are typically standardized, which also  
24 facilitates compliance. The regulation  
25 will go into effect December 1st, 2015, to

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2 coincide with other menu and menu board  
3 changes required by the calorie labeling  
4 amendments. Inspections for guidance and  
5 compliance will be incorporated into the  
6 regular inspection process, and violations  
7 would incur at \$200 fine, but would not  
8 impact a restaurant's letter grade or the  
9 frequency of inspections going forward.

10 To summarize, this amendment would  
11 require sodium warning labels on menus and  
12 menu boards identifying items with at  
13 least 2300 milligrams of sodium, the daily  
14 recommended limit. The warning label will  
15 be accompanied by language explaining both  
16 the meaning of the label and sodium intake  
17 recommendations that will be required by  
18 chain restaurants in New York City with at  
19 least 15 locations nationwide.

20 Thank you for your time and  
21 consideration and I'll be happy to address  
22 any questions that you may have.

23 COMMISSIONER BASSETT: Thank you. The  
24 presentation is open for discussion.

25 DR. GOWDA: I just want to make a

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2 comment. I want to thank you for that  
3 very clear presentation.

4 What's evident in your presentation,  
5 as well as in my practice as an internist,  
6 is that hypertension is a major risk  
7 factor for stroke and heart disease. We  
8 know that, with my own clinical practice  
9 so many my patients have ended up with  
10 strokes and heart attacks, and resulted in  
11 disability at a young age, and disability  
12 in situations that could have been  
13 prevented.

14 We also know that the sodium intake  
15 elevates your blood pressure, and that's a  
16 risk factor for heart disease. We also  
17 know there is good evidence that reducing  
18 salt intake reduces blood pressure. And I  
19 think we're at a place in public health  
20 now where we're really giving consumers  
21 information. It is a really important  
22 phase that we're seeing, where we're  
23 empowering consumers. But at the same  
24 time, information itself is sometimes not  
25 enough. We have to give information in a

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2 way that is accessible and is  
3 understandable to the public.

4 And I think that this proposal moves  
5 us in that direction. This is not about  
6 losing choice for consumers or for  
7 restaurants. I think this proposal really  
8 is about empowering consumers to be able  
9 to receive nutritional information in a  
10 way that is both accessible as well as  
11 understandable so they can make better  
12 decisions about their food choices. So I  
13 just want to applaud you on this proposal.  
14 I think if we move forward with this, this  
15 is a real good win for public health as  
16 well as for consumer rights and for  
17 New York City. Thank you.

18 COMMISSIONER BASSETT: Thank you, Dr. Gowda.

19 Did you want to say something  
20 Dr. Gil?

21 DR. GIL: No.

22 DR. RICHARDSON: Yes, I would also  
23 like to thank you for your clear  
24 presentation and for your work on this.  
25 And I like the idea of the icon as opposed

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2 to adding more text to the labeling  
3 boards. But I just wonder if you can talk  
4 a little bit about your decision to use  
5 the maximum daily recommended amount as  
6 the threshold. I could certainly see that  
7 if this moves forward, and I see this  
8 little icon, that now I have something  
9 that I don't want to order clearly laid  
10 out. But you're not giving me any  
11 information on the items that don't have  
12 an icon as to whether they have  
13 2250 milligrams of sodium or  
14 500 milligrams of sodium.

15 And so I just wonder if you can talk  
16 a little bit about why you took this  
17 approach. Did you consider either a lower  
18 limit for the icon, because that's like it  
19 for the day, if you eat that one item.  
20 But I might eat two other items which  
21 actually total more than the recommended  
22 limit for the day, so I don't have that  
23 information on how much sodium is in  
24 those. Can you just talk a little bit why  
25 you decided on this approach and did you

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2 consider alternatives?

3 DR. ANGELL: Sure. It is an  
4 excellent question, thank you.

5 One of the challenges is to identify  
6 what level you want give to consumers  
7 information, and if that information would  
8 be valuable to most, if not all, consumers  
9 that come into the restaurant. It is  
10 absolutely irrefutable that 2300  
11 milligrams are above, at one sitting, is  
12 absolutely not compatible with anybody  
13 maintaining the recommended limit. So  
14 there is no question that level is one of  
15 concern.

16 We looked very closely at menus and  
17 other data resources that we have to  
18 understand how many other products  
19 actually contained more than 2300  
20 milligrams. I think we were all a bit  
21 surprised to realize that 10 percent of  
22 items estimated amount would actually end  
23 up with these labels on there. We felt  
24 that was an important level to set out for  
25 consumers to understand this.

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2 I think your second question about,  
3 what about all the other products, how can  
4 people get that information? That's also  
5 a very important question. Our goal here  
6 was not only to identify high sodium  
7 products, but to link it with that  
8 knowledge of why it is important to act,  
9 that's why there is a warning label. Also  
10 concurrent with this, as presented before  
11 us, is the calorie labeling requirements  
12 will also be going into effect at the same  
13 time and they will require all restaurants  
14 to have information available to consumers  
15 at the point of purchase, upon request,  
16 information about sodium. So those  
17 consumers who do want that information it  
18 will be accessible to them.

19 DR. RICHARDSON: If I can just have  
20 a followup. I'm trying to imagine being  
21 online in a fast food restaurant, and  
22 before I select my sandwich I would like  
23 them to tell me how much sodium is in each  
24 version of the items on their menu board.  
25 It being available on request, I don't



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1 think is a very effective alternative.

2 I'd like to make a suggestion. Might it  
3 not be possible to have perhaps two icons,  
4 one at the daily limit and one at  
5 50 percent of the daily limit? So maybe a  
6 yellow and a red, so that at least I can  
7 now pursue making choices that are not  
8 only don't sodium limit for the whole day,  
9 but are amongst the lower sodium items on  
10 the menu. Maybe give me just a little bit  
11 more information with the icon approach.  
12 I just wondered if that is a thing to  
13 considered.  
14

15 DR. ANGELL: I think it is a  
16 question of how much information you're  
17 putting on the menu board. I think what  
18 you're illustrating, it is a complicated  
19 environment when people walk in to either  
20 see the menu board above, or look at the  
21 menu board to get information in a way  
22 that allows them to quickly process it,  
23 and use it for decision-making at that  
24 time.

25 But I thank you for that proposed

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consideration and we can certainly consider it as we move forward.

MR. MERRILL: The requirement that the information is given upon request is a federal requirement. We could not -- we can't do label. We can't require to put sodium content on the board, it would be inconsistent with federal law. We do have authority to do a warning, and we picked this because these items are clearly beyond the daily recommended dose.

DR. RICHARDSON: Maybe a couple of levels more?

COMMISSIONER BASSETT: That's the sort of thing that will come up in a public comment period. Ms. Brier?

MS. BRIER: Same question as Dr. Richardson.

COMMISSIONER BASSETT: You did. Some of you may remember, who are on the board, that initially that this kind of question came up on why not put more information, when we talked about calorie posting. And at time we decided that was probably the

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2 single most important piece of  
3 information, and that is the issue of  
4 clutter of the board. People who eat too  
5 much salt have a lot of company.  
6 40 percent of adults eat above the  
7 recommended amount. So this is a way to  
8 start to help people identify things that  
9 really have an indisputably excessive  
10 level of sodium. And of course, we'll get  
11 ideas from the public comment period that  
12 the board believes this should go forward,  
13 and are we ready too.

14 MS. BRIER: Yes.

15 COMMISSIONER BASSETT: All right. Motion to  
16 move to publication?

17 DR. NAYOWITH: Second it.

18 COMMISSIONER BASSETT: All in favor?

19 (Chorus of ayes.)

20 COMMISSIONER BASSETT: Any opposed?

21 (No response.)

22 No abstentions. The motion passes  
23 unanimously. I thank you for an elegant  
24 presentation.

25 And we now are going to give an

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