EASTHAMPTON
MASSACHUSETTS

Ryan Griffin <rgriffin@easthamptonma.gov>

Go With Float Variance

7 messages

Ryan Griffin <rgriffin@easthamptonma.gov> Mon, Nov 24, 2025 at 5:24 PM
To: Irza Bigas-Melendez <ibigas@easthamptonma.gov>
Bcc: Beth Rist <bethristy21@gmail.com>, Steven Coughlin <SJCoughlin@gmail.com>, Samantha Maider <slsmith319@gmail.com>

Hi all,

First, I would like to apologize for missing the last meeting. I know I opened that Pandora's box, which is a complex/misleading issue.

For Go with the Float-

I am comfortable with the requested variance. Float Spa's according to the MA Pool code qualify as specialty pools, but that classification doesn't quite fit/make sense. After speaking with Mr. Bryla and doing some research, it does not seem reasonable or feasible to hold this establishment to the standard pool code by classifying it as a "specialty pool."

In reviewing the most recent recommendations from the North American Float Tank Standards, Mr. Bryla's log ranges are actually much more stringent. I am also comfortable with their emergency procedures/Continuation prevention.

The logs will be regularly updated and kept on file at the establishment for our inspectors to review during each inspection. The Health Department will continue to receive Go With the Float's bacterial testing results every three weeks, emailed directly to us, and no issues have been reported.

Items to Consider

- Float spas are generally lower risk than traditional pools.
- High salinity and a bitter taste make it unlikely for clients to ingest water.
- Clients are primarily adults.
- Total daily bather load per tank is very low, with no more than two users at a time.

According to the **North American Float Tank Standards (4.1.4 – Float Solution Parameters):**

> "The float solution shall be maintained in accordance with the ranges listed below at all times. Each center shall keep a daily log to record their measurements and any chemicals added to adjust those measurements."

Given this, the requested variance is reasonable and aligns with best practices for float tank operations, as long as the daily log continues to be kept and updated daily.

Let me know if you need any more info, or any questions or concerns

Also,

I attached our currect active Tobacco Regs (Which were last updated 20217) as well as the updated Model regs for you to consider. We can do all or some variations. South Hadley and Amherst just joined Belchertown as NGF communities.
The big ones I would like to see added would be a reducing/retiring cap on Tobacco permits, a limit or ban on pouches, and the NFG.
The NFG sounds a lot worse and hurtful to business owners than it actually is. 1 it just slowly bumps up the soking age by a year each year. for example if this year there are 13 kids in Eashampton who will start buying cigarettes regularly at 21. that would be one person per store per year.
Also NFG, is not to ban those who already do from smoking they are more then welcome to keep on smoking. but prevent those who have yet to start. from starting.
let me know your thoghts

Thank you,

Thank you,

Ryan Griffin
Director of Public Health, Easthampton Health Department
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4 attachments

North American Float Tank Standard (2025).docx (1)- Float Spa (1).pdf
627K

go with float .pdf
1866K

Restricting the Sale of Tobacco Products (PDF).pdf
5156K

Final-Model-Tobacco-Sales-Reg-3.26.25 (1).pdf
506K

Steven Coughlin <sjcoughlin@gmail.com> Tue, Nov 25, 2025 at 4:55 PM
To: Ryan Griffin <rgriffin@easthamptonma.gov>
Cc: Irza Bigas-Melendez <ibigas@easthamptonma.gov>

Thank you, Ryan.

No worries about missing the meeting. I am comfortable voting by email on the Spa item if the other members are in agreement.

Do you have any updates from the Tax Department regarding the revenue generated from tobacco sales? Additionally, is anyone currently lobbying the Health Department on this matter?

Thank you,

Steve

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Steven J Coughlin
sjcoughlin@gmail.com

Ryan Griffin <rgriffin@easthamptonma.gov> Wed, Nov 26, 2025 at 7:27 PM
To: Steven Coughlin <sjcoughlin@gmail.com>
Cc: Irza Bigas-Melendez <ibigas@easthamptonma.gov>

Hi Steve,

Thank you for your flexibility on the Spa variance. I'll keep an eye out for input from the other Board members—if I don't hear back, we can move it to the December meeting.

Regarding your question about revenue from tobacco sales, I spoke with the Tax Department, and the answer is a bit complicated. At the local level, Easthampton does not receive any direct revenue from tobacco sales. Municipalities in Massachusetts cannot impose their own tobacco excise tax; all tobacco excise revenue goes directly to the state's general fund. For FY26, the state projects cigarette excise revenue at approximately $262 million out of a roughly $38 billion general fund.

Revenue Source	All Budgeted Funds	General Fund	Commonwealth Transportation Fund	Other Major Funds	Other Funds
Alcoholic Beverages	98.1	98.1	-	-	-
Banks	18.7	18.7	-	-	-
Cigarettes	262.3	262.3	-	-	-
Corporations	4,078.2	4,078.2	-	-	-
Deeds	376.8	376.8	-	-	-
Fair Share Income Surtax	2,400.0	1,850.0	550.0	-	-
Income	24,240.0	24,240.0	-	-	-
Inheritance and Estate	517.0	517.0	-	-	-
Insurance	784.3	757.3	-	-	27.0
Marijuana Excise	185.9	-	-	185.9	-
Motor Fuel	742.2	-	741.2	-	1.0
Public Utilities	-	-	-	-	-
Room Occupancy	265.0	265.0	-	-	-
Sales - Regular	6,727.0	4,438.3	-	-	2,288.7
Sales - Meals	1,725.0	1,725.0	-	-	-
Sales - Motor Vehicles	1,181.0	-	779.2	-	401.8
Miscellaneous	12.6	12.6	-	-	-
Fiscal Year 2026 Base Tax Revenue Estimate	**43,614.0**	**38,639.2**	**2,070.4**	**185.9**	**2,718.5**

Cigarette tax revenue has been declining steadily, which is actually encouraging from a public health perspective—revenue in 2019 exceeded $553 million. That said, Easthampton does receive more than $10.5 million annually in state aid, most of which is sourced from the general fund.

From what I've gathered, it's unlikely that adopting a Nicotine-Free Generation (NFG) policy here would have any meaningful impact on state revenue in the next 5–10 years. I spoke with the Belchertown Health Department, which implemented an NFG policy a year ago (December 2024). They report no significant decline in retail tobacco sales so far.

From the public health perspective, the financial burden of smoking in Massachusetts is substantial.

Smoking-Caused Monetary Costs in Massachusetts	
Annual health care costs in Massachusetts directly caused by smoking	$4.74 billion
Medicaid costs caused by smoking in Massachusetts	$1.36 billion
Residents' state & federal tax burden from smoking-caused government expenditures	$1,159 per household
Smoking-caused productivity losses in Massachusetts	$7.0 billion

Amounts do not include health costs caused by exposure to secondhand smoke, smoking-caused fires, or use of non-cigarette tobacco products. Productivity losses are from smoking-caused premature death and illness that prevent people from working. Tobacco use also imposes costs such as damage to property.

Youth use remains a concern: in 2019, 5% of Massachusetts high school students reported cigarette use in the past 30 days, with many more using vapes and nicotine pouches. We also know that individuals who start nicotine use before age 21 are far more likely to develop long-term dependence. If current patterns persist, an estimated 5.6 million youth nationwide under 18 will eventually die prematurely from a smoking-related disease.

The strongest argument against NFG is simply that the long-term impact is not yet known, these policies are still new, and we don't havesignificant data yet . There are also reasonable concerns about whether restricting retail sales might push some young adults toward unregulated online or illicit markets, which we will have no regulation over. These are valid considerations for the Board to weigh.

In terms of advocacy, aside from my own belief that NFG is an important public health step, our regional tobacco coalition and MHOA are both actively promoting it. There are currently 19 municipalities in Massachusetts that have adopted NFG, including Amherst, South Hadley, and Belchertown within our own coalition region. I believe this is the direction most communities are ultimately heading and likely a precursor to a future statewide policy. I would love to see Easthampton be on the forefront of this movement, but of course it is up to the Board and I expect there will be community push back.

If helpful, I can arrange for speakers with deeper expertise to attend our next BOH meeting and provide more comprehensive data and answer questions the Board may have.

Also off topic but pretty interesting from talking to Tax. The City receives roughly a million dollars a year in cannibis tax revenue.

Thanks, and have a great Thanksgiving!

Ryan Griffin
Director of Public Health, Easthampton
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Ryan Griffin <rgriffin@easthamptonma.gov> Wed, Nov 26, 2025 at 7:28 PM
To: Steven Coughlin <sjcoughlin@gmail.com>

Cc: Irza Bigas-Melendez <ibigas@easthamptonma.gov>

Also take my numbers with a grain of salt, quick google search but I believe if not accurate fairly close.

Ryan Griffin
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Steven Coughlin <sjcoughlin@gmail.com> Tue, Dec 2, 2025 at 4:43 PM
To: Ryan Griffin <rgriffin@easthamptonma.gov>
Cc: Irza Bigas-Melendez <ibigas@easthamptonma.gov>

Hi Ryan,

Thank you for the information.

I look forward to seeing you at the next meeting.

Have a great week!
Steve
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Samantha Maider <slsmith319@gmail.com> Mon, Dec 8, 2025 at 7:21 PM
To: Ryan Griffin <rgriffin@easthamptonma.gov>

Hi Ryan,

I will likely abstain from the Go with the Float variance as I was not at the last meeting.

In regards to city tobacco regulations, I think there needs to be considerable discussion and public input prior to the board considering a generational ban on tobacco (NFG ban). I believe the public needs to be very aware & involved from the get go so that they have ample time to weigh in. As a board, I think we first need to hear from a variety of audiences about the issue - current/past/non-smokers, parents/students/teachers, tobacco sellers, local business owners, representatives from other towns that have done this, etc. It feels like mixed messaging from the BOH, and the city, to consider a NFG when there is a concurrent increase in recent years in marijuana dispensaries in town.

It might also be appropriate for something like a NFG to be considered by the City Council (elected officials) in addition to volunteer board members.

Just my two cents, though I won't be around for future discussion as tomorrow is my last meeting.

Thanks,
Sam

On Mon, Nov 24, 2025 at 5:24 PM Ryan Griffin <rgriffin@easthamptonma.gov> wrote:
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Ryan Griffin <rgriffin@easthamptonma.gov> Mon, Feb 9, 2026 at 2:41 PM
Draft To: Samantha Maider <slsmith319@gmail.com>

Ryan Griffin
Director of Public Health, Easthampton
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