

BUILDINGENERGY NYC

True Affordability: Centering Health, Resilience, and the Human Experience

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Whose Affordability?

Health, resilience, and comfort: centering the human experience in building decarbonization

NESEA 2026 | Grant (New Buildings Institute) · Jodic(2bGreener, LLC, FAIA) · Michael (

Climate goals retreating — for “affordability”

New York

Considering delaying targets under the Climate Leadership and Community Protection Act (CLCPA).

Rhode Island

Considering delaying targets under its Act on Climate law.

Vermont

Rolled back its energy code.

Affordability is a legitimate concern. So the real question is: affordable for whom?

Who's actually paying?

The builder	Affordable — up-front costs avoided
The tenant	Higher bills, less comfort, less protection
The neighbor	Worse local air quality
The ratepayer	Grid and energy system costs
Medicaid budget	Public health costs

**Rollbacks don't
remove costs.**

**They re-allocate them
to somewhere nobody
counts.**

Three arguments the industry isn't playing

System-wide cost avoidance

Decarbonizing communities avoids real healthcare costs.

Hard to capture project- by-project, but community-focused work can make the case.

Indoor air quality

Switch to induction cooktops to cut benzene exposures - these rival the hazards of living with an in-the-home smoker.

Direct beneficial impacts from one discreet change!

Thermal resilience

Tight and well-insulated buildings hold survivable temperatures without power.

Added cost is not required. Better detailing and construction are.

Played: parts of New York and Massachusetts. **Sitting unused:** almost everywhere else.

Summary of Cumulative Avoided Health Costs (Total & Grid Associated), Cumulative SCC, Cumulative Energy Cost Savings, & the Annual Operational Energy Costs of our Proposed building Code

One years construction worth of buildings across 25 years

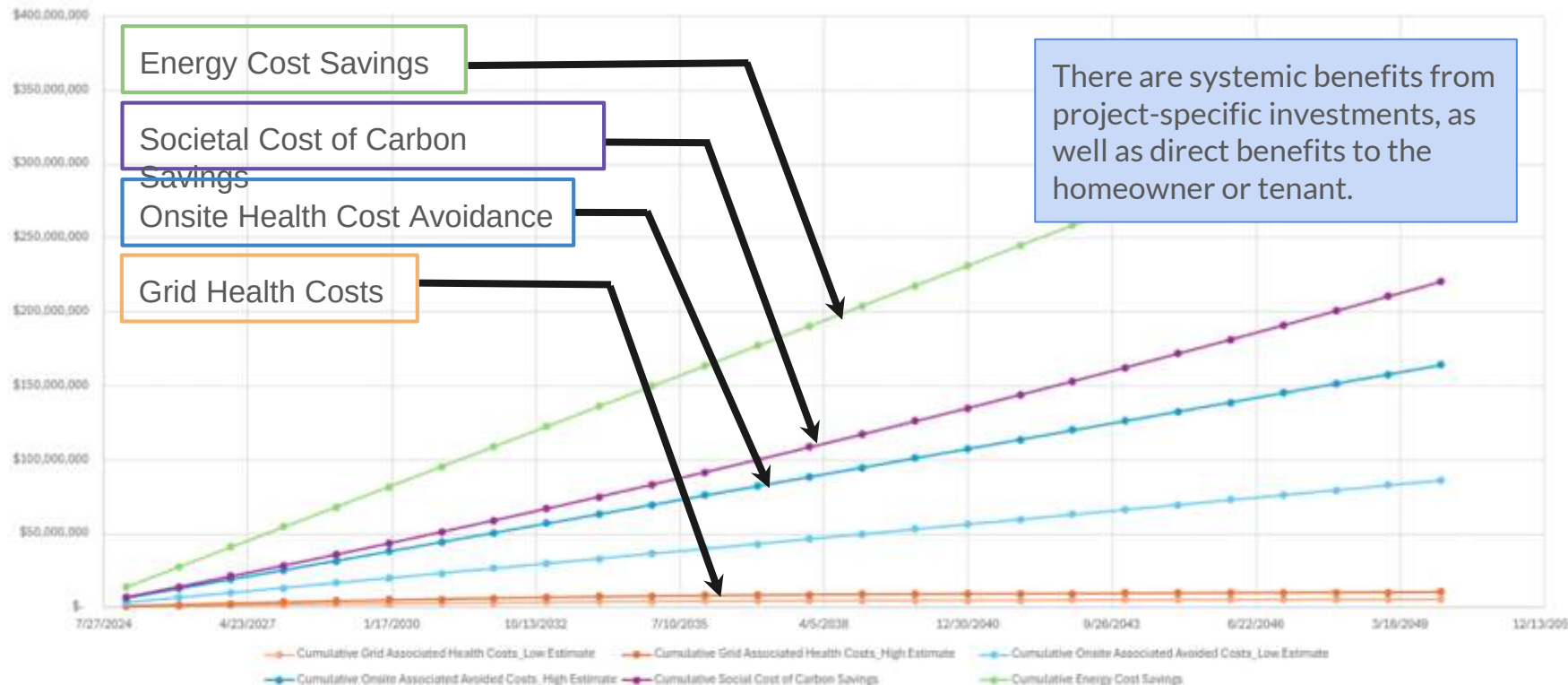


Figure 1. The Cumulative Health Cost Impact of One Year of NY construction activity: Grid Associated Health Costs and Onsite Associated health cost alongside the Cumulative Energy Cost Savings & Social Cost of Carbon Savings from 2025 to 2050.

Making Connections

This is what we
need to reveal.

The intersections.

The impacts.

Cost Savings
and Resilience



Health
Improvements



The split incentive

The costs are community-paid

- Public health burden and healthcare spending
- Grid and energy system costs, borne by ratepayers
- Emergency response when buildings fail in heat or outage
- Medicaid and other public budgets

The benefits are privately gained

- Up-front cost avoided at construction
- Asset value realized at sale
- Quarterly returns to investors
- Accountability ends at the closing table

The party who decides is neither the party who pays nor the party who benefits.

How do we flip the script?

Make the cost visible

A cost nobody counts is a cost nobody pays. Name the party and the number.

Put it where decisions happen

Not a new report — the cost-effectiveness analysis already on the desk.

Let each side feed the other

Find the line where private profit funds public benefit, and where public benefit recognition funds private investment.

Incremental changes that compound — the ones that actually add up to systemic change.

Uncaptured benefit

The benefit is real. It is captured by no one. **So it changes no one's decision.**

Who could capture it — and why would they want to?

Healthcare systems & insurers

Avoided admissions, claims, and chronic disease cost

Medicaid & public budgets

Spending avoided across a whole population

Utilities & the grid

Peak relief, deferred capacity, outage resilience

Owners & operators

Tenant retention, comfort, liability, asset durability

Policy, government, and systemic linkages

Energy codes

Could be a resilience and health instrument, not only an energy one.

Cost-effectiveness tests

The gate code changes pass through. Whatever counts here, counts.

Climate laws & BPS

CLCPA, Act on Climate, state BPS frameworks — targets that only hold if the ledger holds.

Public budgets & programs

Medicaid, health agencies, utility programs — where avoided costs actually land.

How can codes activate larger system impacts in updates — and where are they already doing it?

From a qualitative argument to a number

Co-benefit

Health, air quality, resilience —
until now, argued qualitatively

NBI Public Health Calculator

Monetizes criteria air pollutant
reductions from on-site and grid
energy

Cost-effectiveness report

The document already on the
client's desk, in a format they
act on

We're not asking anyone to care about a new thing. We're asking them to finish the arithmetic on something they already do.

Price Fuel Adders: PH-CAP

Low to high public health cost by source	NATIONAL \$/MWh	NATIONAL Price Per Common Unit	NEW YORK \$/MWh	NEW YORK Price Per Common Unit
Electricity	\$11.77-\$19.05	\$0.01-\$0.02 \$/kWh	\$6.85-\$13.86	\$0.01-\$0.01 \$/kwh
Natural Gas	\$29.69-\$39.30	\$0.87-\$1.15 \$/therm	\$9.34-\$13.88	\$0.27-\$0.41 \$/therm
Heating Oil (Distillate)	\$46.26-\$66.54	\$1.88-\$2.71 \$/gal	\$20.42-\$33.68	\$0.83-\$1.37 \$/gal

The right language for each audience

Policymakers

Public health cost avoidance;
ratepayer and Medicaid budget
impacts; Leadership.

Owners

Monetized benefits in the cost-
effectiveness report; resilience
and occupant comfort.

Community boards

Cleaner air, healthier homes,
survivable temperatures when
the power goes out.
Service to your community.
Tangible leadership.

Framings that backfire: tech as savior · “plug-and-play” fixes · efficiency as the only goal · reactive “fix” responses · money as the only part of the answer

OPEN QUESTIONS

The cards we're still holding

These are the questions we all still are struggling with. And we welcome you to struggle with them as well.



Whose affordability?

Where would the full ledger have flipped the decision?

Share a project. Let's count every cost — and who pays it.

Whose affordability?