

HTH-JDL HEARING

LATE TESTIMONY

HB399, HD1 & HB399, HD1 PROPOSED SD1

April 2, 2013

Testimony in Support: HB 399 HD1

To: Chair Josh Green, Vice Chair Rosalyn Baker, and Members of the Senate Committee on Health
Chair Clayton Hee, Vice Chair Maile Shimabukuro, and Members of the Senate Committee on
Judiciary and Labor

From: Katie Reardon Polidoro, Director of Public Affairs and Government Relations, Planned Parenthood
of Hawaii

Re: Testimony in Support of HB 399 HD1 Relating to Health

Planned Parenthood of Hawaii (PPHI) supports HB 399 HD1 Relating to Health, and we thank the committee for hearing this bill. HB 399 HD1 requires that public schools in Hawaii offer students sex education that is age appropriate, medically accurate and comprehensive. It also sets up mechanisms to ensure that sex education curriculums are implemented and comply with Hawaii's existing laws regarding sexual health education. We find this bill to be a crucial step toward ensuring the health and safety of Hawaii's youth.

Hawaii's youth deserve the best and most effective sex education. Earlier this year, the Hawaii Youth Risk Behavior Survey revealed disturbing data. It found that of Hawaii's teens who are sexually active, 56% are not using condoms and 79% did not use birth control.¹ In addition, the data shows that the number of teens failing to use a condom during sex is steadily increasing, from 46% in 2007, to 52% in 2009, to 56% in 2011.² Nationally, 40% of teens fail to use a condom during sexual intercourse.³ Hawaii has the lowest rate of condom use among teens in the nation.

As a result, we see high rates of teen pregnancy and sexually transmitted diseases. The teen pregnancy rate was 71 per 1000 teens ages 15-19 – giving Hawaii the 17th highest teen pregnancy rate in the country.⁴ Nationally, gonorrhea rates are on the rise and other STDs such as Chlamydia and syphilis continue to significantly impact the young population.⁵ In fact, one in four new STDs occur in adolescents. And in Hawaii, a 2004 study found that youth aged 15-24 bore the highest burden, experiencing 67% of all Chlamydia infections.⁶

¹ Centers for Disease Control and Prevention. "HIV, Other STD, and Teen Pregnancy Prevention and Hawaii students" Accessed from http://www.cdc.gov/healthyyouth/yrbs/pdf/hiv/hi_hiv_combo.pdf on December 10, 2012.

² Centers for Disease Control and Prevention. "Youth Online: High School YRBS." Accessed from <http://apps.nccd.cdc.gov/youthonline/App/Results.aspx?LID=HI> on December 10, 2012.

³ Ibid.

⁴ US Teenage Pregnancies, Births and Abortions: National and State Trends and Trends by Race and Ethnicity, January 2010, accessed from <http://www.guttmacher.org/pubs/USTPtrends.pdf> on January 29, 2010

⁵ American Social Health Association, "STD Statistics", www.ashastd.org

⁶ Hawaii Department of Health. "Case Rate of Reported Cases of Chlamydia, Hawai'i and US, 1986-2004." Accessed from <http://hawaii.gov/health/healthy-lifestyles/std-aids/data-statistics/figures/stats-chlamydia.pps> on August 15, 2008.

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In 2009 Hawaii made a big step forward when it passed HRS §321-11.1, requiring that state funded sexual health programs be comprehensive and medically accurate. However, we can do more to ensure that all students receive age appropriate and effective sexual health education and receive it more often. Department of Education (DOE) Benchmarks require that students receive health education in elementary (grade 5), middle school (grade 7) and high school. For some students this means that they receive in-depth, accurate and effective sexual health education at least three times between the ages of 11 and 18. However, there is little consistency and accountability between schools. Too many students receive inadequate sexual health education. With no standard curriculum for sexual health, teachers are often left decide what to teach on their own.

HB 399 will help ensure that effective sexual health education is taught in all schools and proposes a system for implementation and accountability. Ensuring that Hawaii's youth receives comprehensive and accurate sexual health education will not only reduce our rates of sexually transmitted diseases and teen pregnancy, but it will empower our youth with the necessary tools they need to keep themselves safe and healthy. Accordingly, we encourage the Committees to pass HB 399 HD1. Thank you.

April 2, 2013

Alison Rowland-Ciszek
Kailua, HI 96734

To: **Senate Committee on Health**
The Hon. Josh Green, Chair
The Hon. Roslyn Baker, Vice Chair
Senate Committee on Judiciary and Labor
The Hon. Clayton Hee, Chair
The Hon. Maile Shimabukuro, Vice-Chair

Testimony in strong support of HB 399 HD 1

Aloha Chairs Green and Hee, Vice Chairs Baker and Shimabukuro, members of the Committees.

Most parents wouldn't dream of allowing their child behind the wheel without a thorough course of drivers' education, which the state also requires now, so should parents and schools team up to provide comprehensive, factual, sexual health education.

As a parent I know it can be tough to discuss issues of sexuality with children. However, I feel strongly that the more they know the better off they'll be. Our kids should be armed with information so that they don't enter into sexual relationships too early and too ignorant. Their futures are at stake, because of the long-lasting effects that premature sexual activity, teen pregnancy, or emotionally unhealthy relationships can have on a young person's life. All these reasons, and the research that supports evidence-based approaches, point to the need to enlist the help of trained teachers to present factual sex education with the support of the parents and the state. Sex is a really important part of human life, I don't think anyone feels differently, so isn't it our responsibility to make sure our children are well educated about it? There's so very much at stake.

There is one aspect of this bill that I think is especially valuable, and that is the section that deals with teaching young people about healthy, respectful relationships. The Centers for Disease Control and Prevention recognizes teen dating violence as a growing problem in the United States and Hawaii is no exception. In fact, research published in the Hawaii Medical Journal in May of 2011 showed that more than 20% of the youths surveyed reported being either the victim or the perpetrator of physical and/or sexual violence in a relationship. Girls reported being perpetrators at a rate almost equal to boys. This study called for schools, clinics, and the community to unite for better education about the development of healthy relationships.

Patterns set early in life can persist for decades and the opportunity to strengthen our youth's ability to form healthy, respectful relationships will benefit all of us in the long run. Unhealthy relationships result in troubled individuals, children placed at risk, and high social costs associated with violence and trauma.

This is really important for the future of Hawaii's young people. Please retain this bill's original intent and pass it. Thank you for this opportunity to testify. Aloha to all.

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April 2, 2013

Testimony on Original Version of HB399 Requesting the Board of Education to Develop a Uniform Sexuality Health Education Program for All Public Schools

Committee on Health

Wednesday, April 3, 2013, 1:30 pm, Conference Room 229, State Capitol

Testimony Submitted by: Cara Sadira of Child & Family Service

To: Senator Josh Green, Senator Rosalyn Baker and Members of the Committee on Health

My name is Cara Sadira, and I am a Program Director for a Teen Pregnancy Prevention program for Child & Family Service on Kauai. **Child & Family Service strongly supports the original version of HB399 requiring the Board of Education to Develop a Uniform Sexuality Health Education Program for All Public Schools.**

Child & Family Service teaches an age-appropriate, evidence-based teen pregnancy prevention curriculum to at-risk youth. Our program provides education to teens on how to avoid high-risk behaviors that lead to pregnancy and sexually transmitted infections (STIs). We prepare youth to develop coping skills for responding to emotionally charged situations in a manner that keeps them safe from STIs and pregnancy. We work to help youth to define goals and dreams, and show youth how pregnancy and STIs will significantly alter those dreams.

Although our curriculum has a very high success rate for promoting abstinence and safe sex practices, only a small percentage of the total Kauai's youth are able to take our curriculum, as it is currently not offered in the schools. The teens of our local island families that are most at risk for pregnancy often come from families that lack the available resources to enable their children to take part in our classes. They may come from single-parent families that work long hours, or from families that work several jobs. Often, youth are needed at home afterschool to care for younger siblings. Often the youth have jobs or extracurricular activities that serve as a barrier for participation in our afterschool 6-week program.

It is very difficult for young teens to navigate the difficulties of puberty, adolescence and pregnancy prevention. They need preparation for such difficulties through a uniform sexual education curriculum that has the support of island parents. Additionally, many of the STIs prevalent on our island can affect a young person's health for life. Some of those STIs have no cure. It seems that we are doing a great disservice to our youth to have proven successful curriculum to prevent the tragedy of the spread of STIs, yet we withhold it from health classes in the schools.

Sexual health education using age-appropriate, evidence-based curricula reduces the risk of unplanned pregnancies and sexually transmitted infections. Young people who complete these programs are more likely to practice abstinence, delay initiation of sex, have fewer sexual partners, and use protection when, and if, they begin having sex. Child & Family Service feels strongly that it is our responsibility to educate all youth on this important topic.

Thank you for this opportunity to testify.

Sincerely,

Cara Sadira

Cara Sadira, Program Director

Teen Pregnancy Prevention Program, Child & Family Service

Our Mission: Strengthening Families and Fostering the Healthy Development of Children



April 2, 2013

COMMITTEE ON HEALTH

Senator Josh Green, Chair

Senator Rosalyn H. Baker, Vice Chair

COMMITTEE ON JUDICIARY AND LABOR

Senator Clayton Hee, Chair

Senator Maile S. L. Shimabukuro, Vice Chair

From: Teri Ann Kuroiwa

Date & Time of Hearing: 1:30pm, Wednesday, April 3, 2013

Re: Testimony in support of HB 399, HD1 (Proposed SD1) RELATING TO HEALTH

My name is Teri Ann Kuroiwa. I am a kidney dialysis patient employed with the National Kidney Foundation of Hawaii. I am passionate about the need for organ donation and especially for the need for living donors. Approximately 90% of all people awaiting a transplant are waiting for kidneys. I have been on dialysis since 1999 and been on the transplant waiting list since 2001. Due to the great shortage of kidneys in Hawaii, I ended up putting my name on the transplant list in Las Vegas and eventually getting a kidney transplant in Las Vegas. Unfortunately the kidney I received was too old by Hawaii standards and due to many complications, I ended up having to stay in Las Vegas for 2 months. If I had been able to get the transplant in Hawaii and not miles away in Las Vegas, I would have been spared the huge financial expense of living in Las Vegas as well as the emotional heartache of being separated from my daughter and the rest of my family who reside in Hawaii.

Thru my work at the National Kidney Foundation, I see the results a transplant can have on the life of a transplant recipient and the members of their families. Transplantation does not lead to people merely surviving. Rather, the gift of transplantation results in lives filled with health, gratitude and most often, a meaningful contribution to their communities and families.

I strongly support HB 399,HD1(Proposed SD1) which requires certain private employers to allow employees to take paid leaves of absence for organ, bone marrow or peripheral blood stem cell donation. With the many considerations a donor must face, it is comforting not to have to think about that issue. I believe it is imperative to give assistance to someone willing to donate an organ to save someone's life. As a worker in the Programs Department of the National Kidney Foundation of Hawaii, I cannot tell you how many times someone has called me for information or assistance to help pay their bills while they were out of work after donating an organ to their child, family member or friend. It is heart breaking to have to tell them there is not an avenue to pursue. I have talked to several people who have said that they would be willing to donate an organ, but didn't have sick leave or couldn't afford to go without pay for the time it would take to recover.

I urge the committee to pass HB 399, HD1(Proposed SD1). It is an important step toward removing another barrier to organ and tissue donation and saving lives in Hawaii.

Thank you for your serious and thoughtful consideration of the bill and submitted testimony. I can be reached at 589-5906 or Teri@kidneyhi.org for additional information or questions.

Sincerely,

Teri Ann Kuroiwa
Programs Assistant
National Kidney Foundation of Hawaii

April 2, 2013

Testimony in Support of HB 399, HD 1 (Proposed SD1) Relating to Health

To: Senator Josh Green, Chair
Senator Roz Baker, Vice Chair
Members of the Senate Committee on Health

Senator Clayton Hee, Chair
Senator Maile Shimabukuro, Vice Chair
Members of the Senate Committee on Judiciary and Labor

From: Rachael Wong, DrPH

Re: Testimony in Support of HB 399, HD1 (Proposed SD1)

I serve as the Vice President & COO of the Healthcare Association of Hawaii (HAH), which represents health care providers from across the continuum of care. However, I am writing to you as an individual who received a life-saving kidney transplant in 2002. I support this bill, which increases access to life-saving organ, bone marrow, and peripheral blood stem cell transplantation, and also recognize the potential costs for employers. The precedent for this bill is set on government (federal, state, and city) law. Based on that, the number of donors is not expected to be that big, but the impact will be significant for the individual lives saved.

I also sit on the United Network for Organ Sharing (UNOS manages the national organ transplantation waiting list) Kidney Transplantation Committee, which has been working on changes to the national kidney allocation system for the last eight years with the improved and fair distribution of a scarce resource (kidneys from deceased donors) in mind. We know that the result of a kidney transplant procedure not only saves an individual's life, but it improves one's years and quality of life, saves the health care system money, and can lead to people returning to the workforce in meaningful ways.

I was fortunate to receive a kidney from a deceased donor nearly 11 years ago, which means the national waiting list system worked for me. However, we also know that as of March 29, 2013, there were 102,409 people waiting for a kidney in the U.S. and 360 in Hawai'i.* There are not enough organs to meet our growing need, and living donation is a viable option for life-saving transplantation.

This bill addresses one of the barriers to living donation and can add productivity back to our workforce, decrease health care costs, and save lives. Thank you for your thoughtful consideration of this legislation.

* HRSA's Organ Procurement and Transplantation Network database: <http://optn.transplant.hrsa.gov/latestData>

April 1, 2013

Committee on Health
State Capitol, Room 229
Honolulu, Hawaii 96813

Aloha Chair Josh Green and Vice Chair Rosalyn H. Baker of Committee on Health and Chair Clayton Hee and Vice Chair Maile S.L. Shimabukuro of Committee on Judiciary,

I am writing this letter in Support of HB 399 HD1.

My name is Shellyann M.K. Osby, I am a wife, mother, and former caregiver. My husband Willie Maurice Osby, was diagnosed with Chronic Myelogenous Leukemia in 1998. With the support of programs like the Hawaii and National Bone Marrow Registry my husband was given a second chance in life, through the donation of stem cells from someone we had never met. I am a former caregiver because my husband has been in remission for the past seven years.

We knew from the very beginning of this journey that my husband had a five year life expectancy without a successful stem cell transplant. So the only option we were working toward was finding a compatible stem cell donor. Our drive to find a available donor was heightened because three months prior to my husband's diagnosis, we had become new parent's to our only child, Shemaaur.

After a three year waiting period on the National Registry a donor was found, the greatest news we could possibly receive. This wonderful news came with constant worry and anxiety, because this news meant we were transplanting to Washington State for the transplant. We were not prepared for what was expected nor were we financially ready for the expense of what was about to come. Within the one month period we were given to prepare for the move to Washington State, we scheduled several small fundraisers and we asked for community support to help offset our cost of living. This was necessary because we would not receive a regular paycheck after our "leave" began.

The news of an available donor was met with celebration and congratulations from our employers, with the guarantee that we would still have a position within the organization when we returned. This type of generosity was offered because of the employment policies set by our employers for employees with situations like ours. I can not imagine what our lives would be like today, if my husband's stem donor was not able to donate because of a barrier like "her employer not allowing her the leave of absence to save my husband's life."

I am writing this testimony in support of HB399, HD1.

Sincerely,
Shellyann Osby

My Name is Willie Maurice Osby and I am in support of the Living Donation Leave Bill, HB 399, HD1 (proposed SD1)

I am a 15 year Cancer survivor of Leukemia -CML. In 1998 I was given a life expectancy of 3 years unless I had a Bone Marrow Transplant, later changed to a Stem Cell Transplant, from a donor.

After 2 years of extensive searching, education, and support from the Hawaii Bone Marrow Registry, I was able to find an unrelated donor living thousand of miles away in Massachusetts.

In September of 2001 I successfully had a transplant due to the generosity and sacrifices of an unknown and unrelated individual, in Seattle Washington.

This process required the donor to be available for weeks at a time in preparation, testing and harvesting of the stem cells.

I feel if all employers supported this bill many other lives may potentially be saved. To force donors to choose work or employment can easily discourage generous donors, who have registered, but does not take the next step in the process because of time away from employment.

Today I am Cancer free with excellent quality of life. Thanks to my generous donor who made the sacrifices in order to enhance the quality and longevity of my life. Thanks to the Hawaii Bone Donor Registry, my wife and son.

I strongly feel employers of donors should allow their employees to take paid leave of absence for the organ, bone marrow, or peripheral blood stem cell donation. Require employers to restore an employee returning from leave to the same or equivalent position. Establish a private right of action for employees seeking enforcement of provisions.

Sincerely,

Willie Maurice Osby

From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: annsfreed@gmail.com
Subject: Submitted testimony for HB399 on Apr 3, 2013 13:30PM
Date: Wednesday, April 03, 2013 9:35:51 AM

HB399

Submitted on: 4/3/2013

Testimony for HTH/JDL on Apr 3, 2013 13:30PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Ann S. Freed	Hawai'i Women's Coalition	Comments Only	No

Comments: The Coalition strongly supports the HD1 Sex Ed bill, not the gut and replace SD1 proposed. It is very sad that this very good bill is being tossed aside for another issue. Ann S. Freed Co-Chair, Hawai'i Women's Coalition

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