

SB 1085

TESTIMONY

SB 1085
RELATING TO OBESITY PREVENTION

Senate Committee on Health and Committee on Judiciary and Labor

Public Hearing – February 6, 2013
1:15pm., State Capitol, Conference Room 229

By
Jay Maddock, Ph.D.

I am writing to **support** SB 1085. This bill will impose a fee on sugar-sweetened beverages and establish an obesity prevention special fund to support obesity prevention programs.

I am a professor of public health at the University of Hawai‘i at Mānoa and have served as director of the Office of Public Health Studies since 2006. I also served as a member of the Childhood Obesity Taskforce that submit a draft of this bill as part of our comprehensive approach to address obesity in Hawaii. My statement on this measure does not represent an institutional position of the University of Hawaii.

Obesity is a major public health problem in Hawaii. It contributes to premature death and disease and contributes significantly to the health care costs in the state which are paid for by businesses and tax payers. Comprehensive approaches are necessary to combat the obesity epidemic. There is no one magic bullet or thing that can be done to change the doubling of the obesity rate over the past two decades. However, sugar sweetened beverages are one of the leading culprits especially among children. Research has shown that children consume between 10-15% of their calories from sugar-sweetened beverages. There are also the most price sensitive. Several studies have shown that increases in tobacco taxes have led to an immediate and substantial reduction in smoking among youth. A similar effect would be expected for sugar sweetened beverage consumption.

A random digit dial telephone survey I conducted indicated that almost 2/3 of adults in Hawaii support a tax on sugar sweetened beverages if that money is used for obesity prevention programs. The proposed fee will help reduce consumption of sugar sweetened beverages in Hawaii. The funds should be directed towards making sure our keiki have a state where they can be active safely and have access to healthy, affordable foods.

From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: bbrody1@hawaii.rr.com
Subject: Submitted testimony for SB1085 on Feb 6, 2013 13:15PM
Date: Friday, February 01, 2013 8:17:48 PM

SB1085

Submitted on: 2/1/2013

Testimony for HTH/JDL on Feb 6, 2013 13:15PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Bev Brody	Individual	Support	No

Comments: My name is Bev Brody and I am writing to urge you to vote in favor of SB1085 for the sake of our children, kapuna and everyone in between! Approximately 1 in 3 children entering kindergarten are overweight or obese! Childhood obesity increased 29 percent from 1999 to 2011 and it's still rising!!! In Hawaii, approximately 1 in 4 adults are obese! From 2000 to 2010, the percentage of adults considered obese increased 48 percent! This is crazy! Especially since we have an opportunity to do something about it! Research shows that consumption of sugar (sugar sweetened beverages) has increased over time, as has the prevalence of obesity among both children and adults. Reducing consumption of SSB has been shown to reduce weight and weight gain. Increasing the price of SSB has the potential to reduce consumption of these beverages. It's time we really started to put our focus on prevention. As someone recently asked; "Do we want to pay now or later for our health?" I vote NOW! And urge you to do the same. Please vote in favor of SB1085. Thank you for your time and the opportunity to testify. Sincerely, Bev Brody

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Subject: *Submitted testimony for SB1085 on Feb 6, 2013 13:15PM*
Date: Friday, February 01, 2013 1:58:29 PM

SB1085

Submitted on: 2/1/2013

Testimony for HTH/JDL on Feb 6, 2013 13:15PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Javier Mendez-Alvarez	Individual	Support	No

Comments:

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Testimony to oppose Bill SB 1085

I feel if the State truly wished to combat obesity in Hawaii, then it would propose a bill to cover all prepared foods and beverages that exceed a certain calorie intake. At the same time the State should also propose a bill to enforce mandatory exercise daily...kind of outrageous! It is sad when our own government feels its people need to be guided towards a life style that they deem appropriate. What happened to free will...now it comes with a price!

Also to go after the beverages again after increase in bottle taxes...seems the State found a money maker to fill its coffers in the guise of Health Care! Why not, it already did it in the guise of Environment! And where did all that money go!!!

If our State truly believed that our Health Care is their responsibility, then it should do something about reducing Health care cost. Then maybe people will go to the doctors more often and be educated from the experts on how to live a Healthy lifestyle.

From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: maceyj001@hawaii.rr.com
Subject: Submitted testimony for SB1085 on Feb 6, 2013 13:15PM
Date: Saturday, February 02, 2013 2:21:28 AM

SB1085

Submitted on: 2/2/2013

Testimony for HTH/JDL on Feb 6, 2013 13:15PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
James W. Macey	Individual	Oppose	Yes

Comments: I can hardly believe what I am reading in this bill. The federal government subsidizes sugar growers and this bill is going to tax sugar. This seems to me to be a double tax on the poor taxpayers. Especially when just about every drink has sugar in it. This bill would better be served by banning High Fructose Corn Syrup as that probably has more of an impact on health. Also, what does this mean: "Support of prenatal surveillance and assessment, home visitation, early childhood oral health prevention, and coordination for families, infants, and children at highest health and domestic violence risk. These programs shall screen, coordinate, enroll or refer families prenatally or at birth to resources to meet their needs to achieve good beginnings through a holistic approach;" Does this mean some Nazi is going to visit people's houses to measure how many sweet drinks they drink? That will not happen! Who wrote this nonsense?

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Cc: adamlipka@hotmail.com
Subject: Submitted testimony for SB1085 on Feb 6, 2013 13:15PM
Date: Friday, February 01, 2013 3:07:07 PM

SB1085

Submitted on: 2/1/2013

Testimony for HTH/JDL on Feb 6, 2013 13:15PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Adam Lipka	Individual	Oppose	No

Comments: Anything is harmful when consumed in excess even water can kill you if you drink to much of it. While obesity is harmful and everyone knows it. It is not the governments place to tell me how to live my life if I'm not infringing on others rights or breaking a criminal law. There are far to many taxes on commodoties as it is already and we must look into more responsible spending of our current tax dollars rather than dreaming up a new tax every time we want to try another program.

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TO: Members of the Committee on Judiciary and Labor

FROM: Natalie Iwasa
Honolulu, HI 96825
808-395-3233

HEARING: 1:15 p.m. Wednesday, February 6, 2013

SUBJECT: SB 1085 Beverage Tax - **OPPOSED**

Aloha Chair and Committee Members,

Thank you for allowing me the opportunity to provide testimony on SB 1085 which would create a new tax on sugar-sweetened beverages to fund an obesity prevention program. I oppose this new tax.

Rather than creating more bureaucracy with a new fund, taxing people who aren't obese or even overweight and making it harder for retailers to do their business, why not create *incentives* for people to maintain healthy lifestyles? Why not make it easier for people to get from point A to point B by using their own energy, e.g., walking or biking?

Please vote "no" on this bill.

From: mailinglist@capitol.hawaii.gov
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Cc: bull41@msn.com
Subject: Submitted testimony for SB1085 on Feb 6, 2013 13:15PM
Date: Monday, February 04, 2013 6:21:55 PM

SB1085

Submitted on: 2/4/2013

Testimony for HTH/JDL on Feb 6, 2013 13:15PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
William Hughes	Individual	Oppose	No

Comments: I oppose this bill as this will effect a lot of jobs in many industries here in Hawaii.

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ALEXIS A P CHAPMAN
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808 358 6753
1655 MAKALOA ST., #1514
HONOLULU, HI 96814

Testimony in strong opposition to B1085

Dear Chairs, Vice Chairs, and members of the committees;

There are a number of problems with SB1085, and its counterpart HB854, I've outlined some of these issues below. For these reasons I strongly encourage you to not allow this bill, in any form, to move any further through the legislative process.

The majority of sugar sweetened beverages sold are sweetened with corn sugar or corn syrup. Corn is a heavily subsidized crop. We all pay taxes which go towards funding the production of corn and thereby making corn sweetened products cheaper. If the low cost of corn sweetened beverages is in fact contributing to obesity, does it make sense to add another government fee to make them more expensive? Rather than trying to counter act the subsidies we all pay for by adding another cost, we should address subsidies themselves. To put it another way, **if this fee is imposed and I buy a soda sweetened with corn syrup, I will have already paid some taxes that went towards making that soda cheaper, and then an additional fee put on to make the soda more expensive again** (this is in addition to the GET, handling fee, and deposit). This seems illogical and wasteful of taxpayer funds.

Studies* have shown that consumption of artificial non-caloric sweeteners may play a role in weight gain and cause other health issues. If artificially sweetened non-caloric beverages are suddenly cheaper than their sugar sweetened caloric counterparts people will be encouraged to increase consumption of artificially sweetened non-caloric beverages as they decrease consumption of sugar sweetened caloric beverages. This could potentially have even more negative effects on the health of Hawaii residents than the current consumption of sugar-sweetened beverages.

***<http://www.health.harvard.edu/blog/artificial-sweeteners-sugar-free-but-at-what-cost-201207165030>**

Sugar sweetened beverages may play a role in obesity, but so do many other things. **Is the government going to start imposing fees on all foods that may increase obesity? Will I have to pay a fee if I don't go the gym often enough? Will the government start forcibly mandating our behaviors in order to decrease obesity?** Where does it end? If it has been determined that Hawaii residents are making food choices that are costing us too much money as a state it makes sense to give people the information they need to make better choices, and to make those choices easier. **Drinking lots of sugar sweetened beverages is just one of many choices that can have long term negative health effects. Educating people on those choices, and working to make sure healthy foods and drinks are affordable and available in our state will have much more positive and long term benefits** than raising the price of one type of product. It is not the government's job to try and paternalistically control people's diets, or to punitively tax us if we make choices they don't like.

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This bill makes a number of comparisons between this fee and taxes on cigarettes, these comparisons are not really accurate. Tobacco is a controlled substance. The drop in teen usage of tobacco was precipitated not just by added taxes, but also by enforcement on the ban of tobacco use by minors, changes in advertising regulations, education, and changes in cultural attitudes towards smoking.

It seems that fees and taxes designed to regulate behavior can, by their nature, only forcibly change the behavior of the people who cannot afford the fees and taxes, i.e. the poorest segment of the population. **Is the intent of this bill to make sugar sweetened beverages cost prohibitive to people in the lowest income brackets?**

This bill provided a lot of information about the negative weight and dental effects of drinking certain kinds of drinks. However, it did not give a lot of information about exactly that programs it is intended to fund, how much they will cost, how much the implementation and enforcement of this fee will cost, and how much income for the government it is expected to generate. **Will this fee be sufficient to cover the implementation, administration, and enforcement of the program, let alone additional obesity prevention programs?** If the fee is not sufficient where will the balance come from? What will happen to programs funded by this fee if the consumption of sugar sweetened beverages drops?

This bill seems to ask distributors and retailers (rather than manufacturers) to do most of the work in terms of calculating the fee, pricing it out for their products, collecting it, documenting it, and paying it. **This could add up to significant number of extra man hours for retailers and distributors.** It would seem that in order to cover these added man hours retailers will either have to just absorb the costs themselves, which will could be financially infeasible, especially for small retailers, or raise the costs of products. **Retailers may make up this difference by charging even more for the beverages in question but they could also cover their extra work by raising food prices across the board.** In a state where food prices are already high, this seems like the last thing we need.

For these reasons I ask that you please **vote no** on this measure.

Thank you for your time and for your service to the people of our state.

From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: friendofyours@unforgettable.com
Subject: Submitted testimony for SB1085 on Feb 6, 2013 13:15PM
Date: Wednesday, February 06, 2013 9:52:51 PM

SB1085

Submitted on: 2/6/2013

Testimony for HTH/JDL on Feb 6, 2013 13:15PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Alicia Wills	Individual	Oppose	No

Comments: Enough with the Nanny State!

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**Written Testimony of
David Thorp
American Beverage Association**

**Before the Senate Committee on Health and
Senate Committee on Judiciary and Labor
Opposition to S.B. 1085 – Obesity Prevention; Sugar-Sweetened Beverage Fee
February 6, 2013**

Good afternoon, Chair Green, Chair Hee and members of the Committee. Thank you for the opportunity to comment in opposition to S.B. 1085 – Obesity Prevention; Sugar-Sweetened Beverage Fee.

I am David Thorp, senior director of government affairs for the American Beverage Association (ABA) in Washington, D.C. The American Beverage Association is the trade association representing the non-alcoholic beverage industry. ABA represents hundreds of beverage producers, distributors, franchise companies and supporting businesses that employ more than 233,000 people across the country.

ABA members offer consumers myriad brands, flavors and packaging choices and a full range of drink options including soft drinks, diet soft drinks, ready-to-drink teas, bottled waters, water beverages, 100 percent juice, juice drinks, sports drinks and energy drinks.

Beverage Industry's Impact on Hawaii's Economy:

The beverage industry is an important part of Hawaii's economy – and one of the few remaining industries still manufacturing in the Islands. Unlike most consumer products, many beverages are manufactured and distributed in Hawaii – and by local workers.

Non-alcoholic beverage companies in Hawaii provide more than 1,100 good-paying jobs across the state and help to support many thousands more workers in restaurants, grocery stores and more that depend, in part, on beverage sales for their livelihood.

Obesity is a Complex Problem with No Simple Solution

Many factors contribute to obesity and related health problems. Singling out one particular product for taxation isn't going to make a dent in a problem as complex as obesity. To treat obesity effectively, we need to encourage a balanced diet with sensible consumption of all foods and beverages and promote more physical activity and exercise for all citizens.

Beverage Industry Supports Impactful Programs Such as S.B. 646 – School Vending

Limiting calories in elementary and middle schools is a sensible approach that acknowledges our industry's long-standing belief that school wellness efforts must focus on teaching students to consume a balanced diet and get plenty of exercise. The beverage industry has already voluntarily prohibited the sale of full-calorie soft drinks in schools nationwide, which has helped to lead to a 90% reduction in school beverage calories.

We agree with parents and educators that schools are special places and play a unique role in shaping our children's health. S.B. 646 provides help to kids to build healthy habits as they learn to balance the calories they consume with the calories they burn. Limiting beverage choices in elementary and middle schools helps to balance children's nutritional and hydration needs with appropriate caloric consumption for their age.

Commonsense tells us – and science proves for us – that taxes do not make people healthier. Making smart, educated decisions about diet and exercise do that.

Sugar-sweetened beverages are a small part of the American diet – just 7 percent.

- All sugar-sweetened beverages (soft drinks, juice drinks, sports drinks, flavored waters, teas, etc.) account for only 7 percent of the calories in the average American's diet. That means Americans get 93 percent of their calories from other foods and beverages. This according to National Cancer Institute data (see attached chart).

Soft drink sales continue to decline over the past decade while obesity rates continue to increase across the country.

- Sales of regular soft drinks have declined year-over-year by more than 12 percent from 1999-2010, according to Beverage Digest. Adult and childhood obesity rates continue to rise across the country during that same period, according to the CDC.

The beverage industry has cut the total amount of beverage calories it produces for the marketplace, yet obesity rates continue to climb in America.

- The total amount of beverage calories industry has brought to market has decreased 23% from 1998 to 2008 due to innovation and production of more no-calorie and low-calorie beverages, as well as smaller-portion beverages. This according to Beverage Marketing Corporation data.

Soda taxes won't work. Taxes don't make people healthier.

- A review by George Mason University researchers showed that a 20 percent tax on soda would reduce an obese person's Body Mass Index from 40 to 39.98 – an amount not even measurable on a bathroom scale.
- West Virginia and Arkansas are the only two states with an excise tax on soda, yet both states rank among the highest obesity rates in the country, according to the CDC.

The Public Opposes Discriminatory Taxes on Beverages:

No state or city has implemented a soft drink tax in over 20 years. In recent years, beverage taxes have been defeated by voters in Maine, Washington State, and the cities of Richmond and El Monte, California – with 60% - 78% public opposition.

Recognizing that these unfair taxes cause economic damage, eight states repealed their beverage taxes in the 1990s.

The public is sending a consistent, resounding message against discriminatory beverage taxes, making it clear that they are able to make their own decisions about what to eat or drink without government help. A tax on common grocery items like beverages is regressive and disproportionately hurts the most those who can least afford it.

The beverage industry is taking bold action to do its part to help address obesity:

To effectively confront the multi-faceted obesity issue, it will require all of us to work together in our respective roles as leaders of industry, government and the health community. The beverage industry supports education and other solutions that work, like our national School Beverage Guidelines and new calorie labeling initiative, *Clear on Calories*.

- Cutting calories available from beverages in schools by 90 percent. Our companies removed full-calorie soft drinks from schools across America, replacing them with lower-calorie beverage choices.
- Placing new labels clearly listing calories on the front of its beverages.
- Producing fewer total beverage calories for the marketplace through the innovation of more zero- and low-calorie beverages. From 1998-2008, industry cut the total beverage calories it brought to market by 23 percent.

School Beverage Guidelines:

In 2006, the beverage industry teamed with the Alliance for a Healthier Generation, a joint initiative of the William J. Clinton Foundation and the American Heart Association, to develop National School Beverage Guidelines. These guidelines, which have been fully implemented across America, remove full-calorie soft drinks from all schools and provide students with a broad range of lower-calorie, nutritious, smaller-portion beverage choices. There are now 90% fewer calories from all beverages in schools nationwide and a 95% reduction in full-calorie soft drinks (2004-2009).

Clear on Calories:

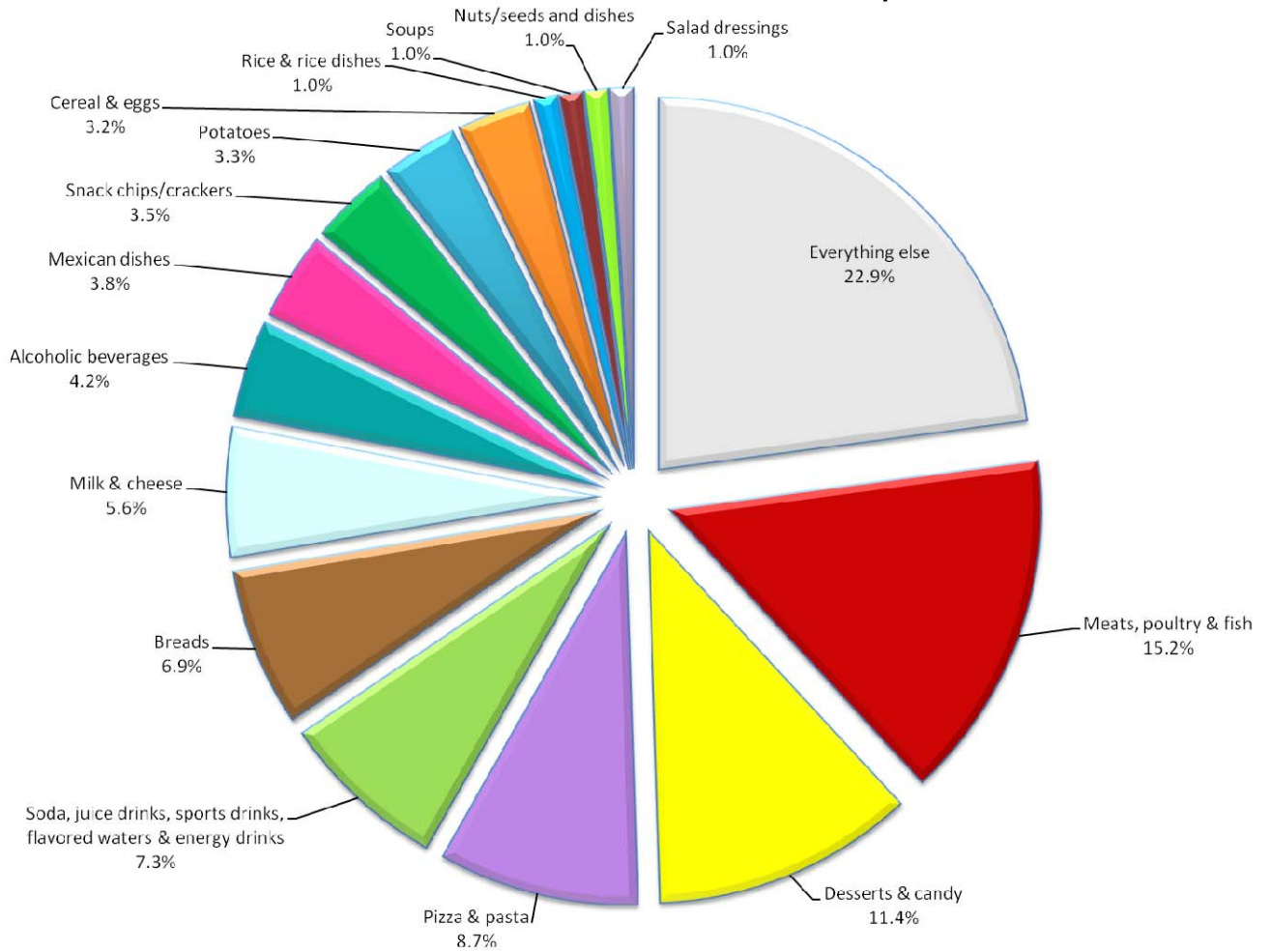
The beverage industry is committed to being part of the solution to the obesity epidemic. We have teamed up for this *Clear on Calories* initiative in support of First Lady Michelle Obama's "Let's Move" anti-obesity campaign. The beverage industry has come together through a voluntary commitment to make the calories in their products even more clear and consumer-friendly by **putting calorie information at consumers' fingertips at every point of purchase, including containers, company-controlled vending machines and fountain machines**. Consumers will be able to make informed choices about the beverages that are best for themselves and their families at any given time.

Conclusion

A significant effect on the state's obesity rates requires comprehensive solutions that will have a meaningful and lasting impact on Hawaii's citizens. The targeting of one portion of the items in the typical grocery cart for taxation will not be effective. A beverage tax unfairly lays the blame for obesity on the consumption of one particular product. Taxing soft drinks or any other single food or food ingredient is not justified.

Sincerely,

Food Category Sources of Calories based on the National Cancer Institute Re-Analysis of the National Health and Nutrition Examination Survey: 2005-2006



After reading the Rudd Report concerning taxes on all sugar-sweetened beverages, I have to agree with the new policy; putting a tax on all SSB should be implemented. One of the biggest arguments about “controlling” what the population eats does not really stand well. Putting a tax on SSB’s does not “punish” those who are aware of what they are consuming. Yes, many people are not fully aware of how negative SSB’s are for your health. Yes, moderation is something that more people should practice. However, if you look at the argument another way, why aren’t healthy foods more inexpensive? I think the public needs to be more informed and aware of the social protocol that takes place in America. They don’t want unhealthy SSB’s to have taxes on them to try and help prevent people from over-consuming these bad products, when they should be more focused on trying to make the cost of healthy, natural foods more affordable; not focusing on keeping SSB’s and other unnatural, unhealthy foods cheap. That is one of the biggest problems causing obesity. The non-nutritional, unhealthy foods are so cheap and readily available that it makes it hard for those who financially struggle to afford a healthy lifestyle. I completely agree that a tax on all SSB’s should be implemented and that that money should go towards educating the public on what they are consuming and how to better their health.

Testimony in Opposition of Senate Bill 1085

Promotes safety and health in Hawaii by assessing a new sugary beverage fee.

I strongly oppose the passage of Senate Bill 1085

Dear Senators

How much should one pay for a drink or a beer or for that matter a cheeseburger? For the sake of Health you will price everything beyond the means to operate a small business in Hawaii. Liquor tax, Excise tax, bottle fee, recycling fee, rail tax, unemployment tax, liquor license fee, health permit, income tax, on and on to a sugar tax and next year a cheeseburger tax. Each one of these things cost money and take from the bottom line of a bar or restaurant.

Will you come out to a business and pay \$12 for a beer? \$6 for a soda? \$18 for a cheeseburger? Where are the customers to pay these prices that you place upon our products? The never ending nickels and dimes add up. These are just the small costs and they count for a lot. When we get to the bigger cost of labor's wages, benefits and health care how much will those 3 items cost? Ultimately we cannot survive and thus we cannot be the provider of wages and health care. Ultimately government will have to become the provider as our small businesses continue to disappear.

Will you kill jobs to prevent obesity? Will it work? Are not aware you are killing the golden goose as you try to get more and more from it. The Health industry fails to assess the health of our industry. You ask to put your burdens on a dying industry and industry that you have put in jeopardy. Connectively the industry is a key in the Tourism trade our by which our state measures its economy.

I strongly oppose this measure and ask all legislators to take an honest look at the measures before them and how they affect small business. Government makes a poor partner to small business since you profit more than we do. To clearly put it to you, for every dime we make you make 50 cents. That represents the products sold within our operation. This does not represent the huge amount of taxes put upon these products before they reaches us. Thus the cost of the product already is heavily burdened with taxes before we get it and forcibly raises the cost of all products in the door. I would venture the costs of taxes on cigarettes outweighs the cost of the product. It may now near that on alcohol and will certainly on soda.

Yes we put soda in our drinks so as a result all prices must now be raised. If prices exceed what the market will bear then there will be no business. No business and for the sake of new taxes you loose all taxes garnered in our industry.

Sadly when we are out of business you can no longer tax us. Your net gain will be a huge negative not a small increase. Please legislators take a look around and see how many small businesses have closed. How many storefronts remain unopened?

I personally feel I am no longer working for myself as a business owner but as an abused serf to the state.

I ask you to defer this bill as it will not effectively change the habits of citizens in this state and it certainly will not help my budget as an employer of 80 people in this state.

Sincerely,

A handwritten signature in black ink that reads "Bill Comerford". The signature is written in a cursive, flowing style with a large initial "B" and a long, sweeping tail.

Bill Comerford
Hawaii Bar Owners Association
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Honolulu, HI 96817
808-223-3997
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From: mailinglist@capitol.hawaii.gov
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SB1085

Submitted on: 2/6/2013

Testimony for HTH/JDL on Feb 6, 2013 13:15PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Chad Noble-Tabiolo	Individual	Support	Yes

Comments:

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Subject: *Submitted testimony for SB1085 on Feb 6, 2013 13:15PM*
Date: Wednesday, February 06, 2013 7:15:25 AM

SB1085

Submitted on: 2/6/2013

Testimony for HTH/JDL on Feb 6, 2013 13:15PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Chalei Belford	Individual	Oppose	No

Comments:

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Written Testimonial In Support of SB1085: Relating to Obesity Prevention

My name is Charles Peebles, and I am a medical student at the John A. Burns School of Medicine at the University of Hawai'i at Manoa.

Childhood obesity is the most significant risk factor for adult obesity and chronic diseases such as diabetes and heart disease. These diseases have no cure; however they may be prevented.

Of great concern, keiki in Hawai'i now rank amongst the most obese in the nation. Approximately 1/3 of children entering kindergarten in Hawaii are overweight or obese. (Pobutsky, 2006) In some communities and ethnic groups in Hawaii, as many as 50% of children are overweight or obese (Okihiro, 2005).

Sugar-sweetened beverages (defined as soda, energy and sports drinks, and sweetened water) and fruit drinks combined provide the largest source of daily calories in the diets of children ages 2-18. Soda alone is the third largest source. (Reedy, 2010) These beverages are inexpensive, abundant, high in calories, deliver little or no nutrition, and appeal to our tastes. They are heavily marketed, especially to children. Each extra serving of SSBs consumed per day throughout childhood increases the chance of becoming obese by 60% (Ludwig, 2001).

The economic cost of obesity to our community is substantial. Approximately \$470 million is spent annually on obesity-related health problems in Hawai'i (Trogon, 2012). At the state level, a penny-per-ounce excise tax on SSBs in Mississippi, Louisiana, and West Virginia is projected to bring in approximately \$136 million, \$210 million, and \$84 million, respectively, in 2013 (Rudd Center, 2012).

Taxing alcohol and cigarettes has proved to be highly successful in reducing consumption and its consequences, resulting in major public health benefits. Economists also predict significant public health benefits for taxes on SSBs (Chaloupka, 2011).

Obesity is a complex problem that must be addressed with multifaceted strategies. By enacting a fee on sugar-sweetened beverages, SB1085 can raise considerable funds towards obesity-prevention initiatives such as subsidies for healthy foods or physical education programs in schools. By raising the relative price of unhealthy beverages, a fee can discourage their consumption and influence demand for healthy alternatives.

As a future physician committed to improving the health of our community, I support legislation that promotes healthy living and lifestyle disease prevention. For these reasons, I support passage of SB1085: Relating to Obesity Prevention.

Mahalo for the opportunity to submit written testimony on this issue.

Written Testimonial In Support of SB1085: Relating to Obesity Prevention

My name is Christine Chan and I am a medical student at the John A. Burns School of Medicine at the University of Hawai'i at Manoa.

Childhood obesity is the most significant risk factor for adult obesity and chronic diseases such as diabetes and heart disease. These diseases have no cure; however they may be prevented.

Of great concern, keiki in Hawai'i now rank amongst the most obese in the nation. Approximately 1/3 of children entering kindergarten in Hawaii are overweight or obese. (Pobutsky, 2006) In some communities and ethnic groups in Hawaii, as many as 50% of children are overweight or obese (Okiihiro, 2005).

Sugar-sweetened beverages (defined as soda, energy and sports drinks, and sweetened water) and fruit drinks combined provide the largest source of daily calories in the diets of children ages 2-18. Soda alone is the third largest source. (Reedy, 2010) These beverages are inexpensive, abundant, high in calories, deliver little or no nutrition, and appeal to our tastes. They are heavily marketed, especially to children. Each extra serving of SSBs consumed per day throughout childhood increases the chance of becoming obese by 60% (Ludwig, 2001).

The economic cost of obesity to our community is substantial. Approximately \$470 million is spent annually on obesity-related health problems in Hawai'i (Trogon, 2012). At the state level, a penny-per-ounce excise tax on SSBs in Mississippi, Louisiana, and West Virginia is projected to bring in approximately \$136 million, \$210 million, and \$84 million, respectively, in 2013 (Rudd Center, 2012).

Taxing alcohol and cigarettes has proved to be highly successful in reducing consumption and its consequences, resulting in major public health benefits. Economists also predict significant public health benefits for taxes on SSBs (Chaloupka, 2011).

Obesity is a complex problem that must be addressed with multifaceted strategies. By enacting a fee on sugar-sweetened beverages, SB1085 can raise considerable funds towards obesity-prevention initiatives such as subsidies for healthy foods or physical education programs in schools. By raising the relative price of unhealthy beverages, a fee can discourage their consumption and influence demand for healthy alternatives.

As a future physician committed to improving the health of our community, I support legislation that promotes healthy living and lifestyle disease prevention. For these reasons, I support passage of SB1085: Relating to Obesity Prevention.

Mahalo for the opportunity to submit written testimony on this issue.

1249 Ala Kula Place
Apt 103
Honolulu, HI 96819
February 1, 2013

Dear Honorable Members of the Hawai'i State Senate:

I am writing this testimony in support of SB 1085, which proposes a fee on sugar-sweetened beverages (SSBs) for the state of Hawai'i.

My testimony is based on my experience as a public health professional for nearly a decade. I am a Master Certified Health Education Specialist and have worked in nutrition education and wellness programs in a variety of settings including school, worksite, and community. I have also had the pleasure to work as a faculty-member in the Health Science program at the University of Guam, and as an undergraduate instructor in the Office of Public Health Studies at the University of Hawai'i at Mānoa. Based on my experience, I have seen the devastating effects of overweight and obesity, and much of the literature regarding the increases in overweight and obesity in the U.S. points to SSB consumption as a significant contributor. This is especially troubling with the drastic increases in overweight and obesity in children and adolescents over the past 30 years.

Overweight and obesity in children and adolescents is a serious health concern. It is usually the result of unhealthy behaviors, and it contributes to increased risk of type 2 diabetes, high blood pressure, and high cholesterol among children and adolescents. Data from two National Health and Nutrition Examination Survey (NHANES) studies (1976-1980 and 2007-2008) show that the prevalence of obesity in children, defined as a body mass index (BMI) greater than the 95th percentile, has drastically increased in a relatively short period of time. In the time between these two surveys, the prevalence of obesity increased from 5.0% to 10.4% for children aged 2 to 5 years, from 6.5% to 19.6% for those aged 6 to 11 years, and from 5.0% to 18.1% for those 12 to 19 years (Ogden & Carroll, 2010).

According to the U.S. Centers for Disease Control and Prevention (CDC) (2011), excess weight in children is the result of an imbalance between the calories a child consumes as food and beverages and the calories a child uses to aid in normal growth and development, metabolism, and physical activity. In simpler terms, overweight results when a child consumes more calories than the child uses. While a number of factors influence overweight and obesity in children and adolescents, one of the strong influences is the consumption of SSBs. According CDC (2006), SSBs account for 12-13% of the energy intake for adolescents in the U.S. ages 14 to 17-years and an estimated 7% of the energy intake for all Americans.

SB 1085 is designed to deter the over-consumption of SSBs by influencing SSB pricing. Since monetary 'penalties' have been shown to have the most significant impact on children and adolescents, this sort of legislation could influence SSB consumption in this population. One striking example of how taxes can influence purchasing patterns has been demonstrated for years by added taxes on tobacco products (Fong, Cummings, Borland, Hastings, Hyland, Giovino, Hammond, & Thompson, 2006).

It has been an honor to have the opportunity to submit my testimony. I hope this information is compelling enough to warrant your support for SB 1085. Thank you for your consideration.

Sincerely,


Christopher M. Mullins, M.S., MCHES



American Cancer Society
Cancer Action Network
2370 Nu`uanu Avenue
Honolulu, Hawai`i 96817
808.432.9149
www.acscan.org

Senate Committee on Health
Senator Josh Green, Chair
Senator Roz Baker, Vice Chair

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

Hearing: February 6, 2013; 1:15 p.m.

SB 1085 – RELATING TO OBESITY PREVENTION

Cory Chun, Government Relations Director – Hawaii Pacific
American Cancer Society Cancer Action Network

Thank you for the opportunity to provide comments on SB 1085, which establishes a \$.01 per ounce fee on sugar on sugar sweetened beverages with the money dedicated to the obesity prevention special fund.

The American Cancer Society Cancer Action Network (ACS CAN), the advocacy affiliate of the American Cancer Society, is the nation's leading cancer advocacy organization. ACS CAN works with federal, state, and local government bodies to support evidence-based policy and legislative solutions designed to eliminate cancer as a major health problem.

The purpose of this measure is to establish a fee on sugar sweetened beverages, syrup, and powder with revenues to be deposited into the obesity prevention special fund. The more important purpose of this measure, however, is its attempt to curb the consumption of sugar sweetened beverages as a means to address our obesity epidemic. Obesity in Hawaii has grown over the last decade. According the U.S. Centers for Disease Control, the number of obese adults rose from 11% in 1995 to 23% in 2010. This is more than double. Even more troubling is that from 1999-2009, the percentage of obese high school students rose 38% from 10.5% to 14.5% of students.

Obesity is a major risk factor in certain types of cancer. According to the American Cancer Society's 2012 Guidelines on Nutrition and Physical Activity for Cancer

Prevention, obesity is clearly associated with increased risks of the following cancer types:

- Adenocarcinoma of the Esophagus, Pancreas;
- Colon and rectum;
- Breast (after menopause);
- Endometrium (lining of the uterus);
- Kidney; and
- Gallbladder

Obesity may also be associated with increased risk of cancer of the liver, non-Hodgkin lymphoma, multiple myeloma, cancer of the cervix, cancer of the ovary, and aggressive prostate cancer.

The American Cancer Society Cancer Action Network appreciates this Committee's willingness to continue the discussion of the relationship between sugar sweetened beverages, obesity, and cancer and other chronic diseases. We are not only concerned with the overall health of adults -- but more importantly -- our children. Thank you for the opportunity to provide comments on this measure.



Wednesday, February 6, 2013
1:15 P.M.
Conference Room 229

To: Senate Committee on Health
Senator Josh Green, M.D., Chair
Senate Committee on Judiciary and Labor
Senator Clayton Hee, Chair

From: Hawaii Public Health Association
Deborah Zeisman, President

Re: **Strong support to SB1085, Relating to Obesity Prevention**

Dear Senator Green, Senator Hee & Members of the Senate Committee on Health & Senate Committee on Judiciary and Labor,

The Hawaii Public Health Association (HIPHA) **strongly supports** SB1085 that establishes a fee on the sale of sugar-sweetened beverages in the State. Funds collected from this fee would be utilized to create an obesity prevention special fund to be administered by the Department of Health. The fund would be used to support population-based programs that use educational, environmental, policy, and other public health approaches relating to diabetes, cardiovascular disease, promotion of healthy lifestyles, physical fitness, nutrition, early childhood health, and other prevention-oriented public health programs.

The Hawaii Public Health Association was founded in 1945. Our membership consists of more than 600 public health professionals working in governmental agencies and non-profit organizations statewide, and our mission is to promote public health in Hawaii through leadership, collaboration, education and advocacy.

Decisive public health policy measures must be implemented to counteract the rising rates of sugar-sweetened beverage consumption among children and adults in the United States. Sugar-sweetened beverages are the largest source of excess calories in the U.S. diet. Children and adolescents, now consume 10 to 15 percent of their daily caloric intake from sugar-sweetened beverages, calories that otherwise meet no nutritional need. Consumption of these drinks is a significant contributor to the obesity epidemic and increases the risk of type 2 diabetes, heart disease, and dental decay.

Obesity related chronic diseases cost the country billions of health care dollars each year and are complex problems which must be addressed with multi-faceted strategies, including policy initiatives. Obesity related expenditures in Hawaii were calculated to be over \$470 million in 2009, and are continuing to rise. Taxing certain classes of products to reduce consumption has been proposed as one means of improving the nutrition, raising revenue for health programs, and recovering costs caused by consumption of calorie-dense, nutrient poor foods.

A sugar-sweetened beverage fee would be beneficial for Hawaii in that it could help improve the health of Hawaii residents, would raise funds for crucial public health programs, and could lead to a decrease in obesity related medical expenditures in our State. If passed, a rigorous evaluation of the impact of the fee should be conducted throughout its implementation. We urge you to support the passage of SB1085. Thank you for the opportunity to testify.

Sincerely,

Deborah Zeisman, President

From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: denise.rentiquiano@parbev.com
Subject: *Submitted testimony for SB1085 on Feb 6, 2013 13:15PM*
Date: Wednesday, February 06, 2013 7:16:02 AM

SB1085

Submitted on: 2/6/2013

Testimony for HTH/JDL on Feb 6, 2013 13:15PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
DENISE RENTIQUIANO	Individual	Oppose	No

Comments:

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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PETITION: SUPPORT Sugar-Sweetened Beverage (SSB) Legislation in Hawai'i

To: Senate and House Committees on Health

<p>

</p><p>Sugar-sweetened beverages are staples of today's American diet. These beverages are inexpensive, abundant, high in calories, deliver little or no nutrition, and appeal to our taste for sweetness. They are heavily marketed, especially to children. Rigorous scientific studies have shown that consumption of SSBs contributes to poor diet, and risk for obesity, diabetes and a number of other serious health problems.</p><p>Chronic diseases related to poor diet cost the United States billions of health care dollars each year—economists estimate the health care costs of obesity alone to be in the range of \$147 to \$190 billion — and are complex problems that must be addressed with multifaceted strategies.
</p><p>

</p><p>Fees on SSBs can be conceived with two goals: raising revenue and changing consumption. They can:</p><p><p>1) raise considerable funds to be earmarked for nutrition initiatives such as subsidies for healthy foods or programs in schools;
raise the relative price of unhealthy beverages, thereby discouraging consumption;</p><p><p>2) decrease sales of unhealthy beverages, and influence demand for healthier alternatives, which may encourage beverage manufacturers to reformulate their products; and convey the message that government and policymakers are concerned about nutrition and the public's health.</p><p>Please support HB 854/SB 1085!
</p><p></p>

<p></p>

40 SIGNATURES

	NAME	COUNTRY	POSTAL CODE	DATE SIGNED
1	Diana Kim	United States	96816	Feb 04, 2013
2	Rebecca Trabert O'Connor	United States	96816	Feb 04, 2013
3	Malia Ho	United States	91335	Feb 04, 2013
4	Christina Siu Simpson	United States	96826	Feb 04, 2013

	NAME	COUNTRY	POSTAL CODE	DATE SIGNED
5	Stefan Keller	United States	96822	Feb 04, 2013
6	Thomas Gill	United States	96822	Feb 04, 2013
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8	Francine Torricer	United States	96816	Feb 04, 2013
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17	Tammy-Lyn Freitas Perry	United States	96816	Feb 04, 2013
18	Geri Pung	United States	96822	Feb 04, 2013
19	Sara Tanabe	United States	96420	Feb 04, 2013
20	Kyle A Lovett	United States	96826	Feb 04, 2013
21	Brandy Nalani McDougall	United States	96822	Feb 04, 2013
22	Adair Fincher	United States	96826	Feb 05, 2013
23	Colissa Kagihara	United States	96826	Feb 05, 2013
24	Joshua Lorge	United States	96816	Feb 05, 2013
25	Rachel McLain	United States	96708	Feb 05, 2013
26	Tamara Luthy	United States	96822	Feb 05, 2013
27	Lisa Sugai	United States	96791	Feb 05, 2013
28	Colette Hirata	United States	96727	Feb 05, 2013
29	Meghan Leialoha Au	United States	96795	Feb 05, 2013
30	Sonya Niess	United States	96708	Feb 05, 2013
31	Jodee Inouye-Agsalog	United States	96784	Feb 05, 2013
32	Luke Gouldberg	United States	95423	Feb 05, 2013
33	NOELLA A. TAKAI	United States	96822	Feb 05, 2013
34	Heather Glow	United States	96818	Feb 05, 2013
35	Jane Chung	United States	96797	Feb 05, 2013
36	Lee Hanta	United States	96825	Feb 05, 2013
37	Nicki Marie	United States	96819	Feb 05, 2013
38	Tagi Qolouvaki	United States	96826	Feb 05, 2013
39	Char Fabia	United States	96819	Feb 06, 2013
40	Kathryn Jane Fabia Arib	United States	96706	Feb 06, 2013

Written Testimonial In Support of SB1085: Relating to Obesity Prevention

My name is Diana Y. Kim, and I am a law student at the William S. Richardson School of Law at the University of Hawai'i at Manoa.

Childhood obesity is the most significant risk factor for adult obesity and chronic diseases such as diabetes and heart disease. These diseases have no cure; however they may be prevented.

Of great concern, keiki in Hawai'i now rank amongst the most obese in the nation. Approximately 1/3 of children entering kindergarten in Hawaii are overweight or obese. (Pobutsky, 2006) In some communities and ethnic groups in Hawaii, as many as 50% of children are overweight or obese (Okiihiro, 2005).

Sugar-sweetened beverages (defined as soda, energy and sports drinks, and sweetened water) and fruit drinks combined provide the largest source of daily calories in the diets of children ages 2-18. Soda alone is the third largest source. (Reedy, 2010) These beverages are inexpensive, abundant, high in calories, deliver little or no nutrition, and appeal to our tastes. They are heavily marketed, especially to children. Each extra serving of SSBs consumed per day throughout childhood increases the chance of becoming obese by 60% (Ludwig, 2001).

The economic cost of obesity to our community is substantial. Approximately \$470 million is spent annually on obesity-related health problems in Hawai'i (Trogon, 2012). At the state level, a penny-per-ounce excise tax on SSBs in Mississippi, Louisiana, and West Virginia is projected to bring in approximately \$136 million, \$210 million, and \$84 million, respectively, in 2013 (Rudd Center, 2012).

Taxing alcohol and cigarettes has proved to be highly successful in reducing consumption and its consequences, resulting in major public health benefits. Economists also predict significant public health benefits for taxes on SSBs (Chaloupka, 2011).

Obesity is a complex problem that must be addressed with multifaceted strategies. By enacting a fee on sugar-sweetened beverages, SB1085 can raise considerable funds towards obesity-prevention initiatives such as subsidies for healthy foods or physical education programs in schools. By raising the relative price of unhealthy beverages, a fee can discourage their consumption and influence demand for healthy alternatives.

As a future physician committed to improving the health of our community, I support legislation that promotes healthy living and lifestyle disease prevention. For these reasons, I support passage of SB1085: Relating to Obesity Prevention.

Mahalo for the opportunity to submit written testimony on this issue.

Diana Kim

SODA TAX TESTIMONY

George Kent
University of Hawai'i (Emeritus)

I agree that overweight, and its more extreme form, obesity, is a serious concern in Hawai'i, but I do not agree that a soda tax is a good response to it.

Careful shoppers can purchase 12-ounce cans of soft drinks for roughly 36 cents a can. A tax of a penny per ounce would amount to a tax rate of 33 percent, an extraordinarily high level.

There are other foods that are equally calorific. Why pick on just one, one that is favored by low-income people with little political power?

Dietary habits are hard to break. People who had been getting sugar from soft drinks that are taxed are likely to shift to other sugar sources. Taxing one sugary product is not likely to have much impact on overall sugar intake.

There are other options to consider, apart from imposing a punitive tax on consumers, such as limiting advertising for sugary beverages. There is an ethical inconsistency in suggesting that consumers should in effect be punished for using a product while others profit from promoting it.

The bill promises to produce money to address the problem, but there is no defined program of action, and no assurance that the action would be effective. If a tax is imposed it should be for a limited time. Continuation of the tax should be contingent on having demonstrated a specific level of measurable results in reducing overweight in Hawai'i by a specific date.

There is a need for a serious strategy for addressing overweight. The plan should come first, and then the action.

Aloha, George Kent

George Kent, professor emeritus in political science with the University of Hawai'i, specializes in food policy issues.

SENATE COMMITTEE ON HEALTH
Senator Josh Green, Chair

SENATE COMMITTEE ON JUDICIARY AND LABOR
Senator Clayton Hee, Chair

February 6, 2013 at 1:15 p.m.
Conference Room 229

Supporting SB 1085: Relating to Obesity Prevention

The Healthcare Association of Hawaii advocates for its member organizations that span the entire spectrum of health care, including all acute care hospitals, as well as long term care facilities, home care agencies, and hospices. In addition to providing quality care to all of Hawaii's residents, our members contribute significantly to Hawaii's economy by employing over 40,000 people. Thank you for this opportunity to testify in support of SB 1085, which addresses the obesity crisis in America by assessing a fee on sugar-sweetened beverages in order to reduce the consumption of sugar.

More than half of the adults in Hawaii are overweight or obese, as are about one-third of the children who enter kindergarten. Furthermore, obesity rates are increasing at frightening speeds. Obesity can lead to increased risk of type 2 diabetes, stroke, heart disease, cancer, and asthma. Obesity may be considered to be a public health epidemic in Hawaii, as well as the rest of the nation.

This bill alone will not reduce obesity. However, it is part of a statewide strategy that also includes an emphasis on physical activity, healthy diets, healthy lifestyles, and the institutionalization of wellness in workplaces and community organizations.

The concept of taxing sugar-sweetened beverages is new, but the tax system has long been used to encourage desirable behavior and to discourage undesirable behavior. Consider tax credits for photovoltaic systems and tax deductions for mortgage interest on homes, as well as special taxes that are assessed on cigarettes and alcohol.

The revenue generated by the sugar-sweetened beverage tax will be used to support obesity prevention programs, healthy child development, and healthy lifestyles.

Thank you for the opportunity to testify in support of SB 1085.

91-1841 Fort Weaver Road
Ewa Beach, Hawaii 96706
Phone 808.681.3500
Fax 808.681.5280
Email cfs@cfs-hawaii.org
www.childandfamilyservice.org

February 6, 2013



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SB1085 Relating to Obesity Prevention
Senate Committees on Health and Judiciary and Labor
Wednesday, February 6, 2013, 1:15 p.m.
Conference Room 229
State Capitol, 415 South Beretania Street

Testimony submitted by: Howard S. Garval, President & CEO, Child & Family Service
Chairs Green and Hee and Vice-Chairs Baker and Shimabukuro and Committee members.

Chairs Green and Hee and Vice-Chairs Baker and Shimabukuro, I am Howard S. Garval, President & CEO of Child & Family Service, Hawaii's oldest and most comprehensive human service nonprofit organization with services on every island and touching the lives of 40,000 Hawaii residents from keiki to kupuna each year. I am testifying in strong support of SB 1085.

Hawaii should follow the lead of our First Lady Michelle Obama who has identified childhood obesity as a major health problem in this country and is doing some groundbreaking work to tackle this important public health issue. SB1085 is only one way among many that should be implemented to address this serious health issue. A recent Hawaii study on well-being conducted by the Center on the Family at UH reported that obesity has increased from a couple of years ago when a similar study was conducted. Obese children become obese adults and this leads to all of the health problems associated with obesity, but especially heart disease and diabetes. There are several studies that demonstrate that sugar-sweetened beverages are a major contributor to obesity in children and adults. For all age groups (2 years to over 60) between 1977-2001, consumption of sugar-sweetened beverages increased 135%. [Source: Nationally representative data from the Nationwide Food Consumption Survey, Continuing Surveys of Food Intake, and 1990-2001 National Health and Nutrition Examination Surveys (NHANES)]. Several states have implemented fees on such soft drinks and have seen a subsequent decline in soft drink usage which can translate into reduced obesity in the general population. Similar to tobacco taxes to create a financial disincentive to smoke, it is time we did the same for sugar as well.

The funds raised from such fees would be utilized directly for obesity prevention services. In addition to the medical problems that obesity can lead to, the social problems associated with obesity in children should not be ignored. Self-esteem issues are often exacerbated by peer teasing or even bullying so the social-emotional development of children who are obese is also impaired. This can lead to depression among obese children who may cope with such depressed mood by overeating and consuming very high levels of sugar as a way to self-medicate the depression; i.e. a vicious cycle is created that becomes even harder to break.

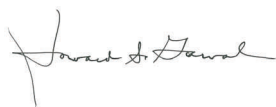
While this bill is not the solution to the obesity problem, it is one of many approaches that together could make a difference to improve the health of Hawaii residents.

I urge your support of SB 1085.

Mahalo for providing the opportunity to submit testimony.

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

Kimberly Allen
Performance Manager
State of Hawaii - Department of Health
Page 2

A handwritten signature in black ink, appearing to read "Janet A. Howell". The signature is written in a cursive style with a large initial 'J' and 'H'.

Written Testimonial In Support of SB1085: Relating to Obesity Prevention

My name is Jackie Arnold, and I am a resident on the island of Maui.

Childhood obesity is the most significant risk factor for adult obesity and chronic diseases such as diabetes and heart disease. These diseases have no cure; however they may be prevented.

Of great concern, keiki in Hawai'i now rank amongst the most obese in the nation. Approximately 1/3 of children entering kindergarten in Hawaii are overweight or obese. (Pobutsky, 2006) In some communities and ethnic groups in Hawaii, as many as 50% of children are overweight or obese (Okhiro, 2005).

Sugar-sweetened beverages (defined as soda, energy and sports drinks, and sweetened water) and fruit drinks combined provide the largest source of daily calories in the diets of children ages 2-18. Soda alone is the third largest source. (Reedy, 2010) These beverages are inexpensive, abundant, high in calories, deliver little or no nutrition, and appeal to our tastes. They are heavily marketed, especially to children. Each extra serving of SSBs consumed per day throughout childhood increases the chance of becoming obese by 60% (Ludwig, 2001).

The economic cost of obesity to our community is substantial. Approximately \$470 million is spent annually on obesity-related health problems in Hawai'i (Trogon, 2012). At the state level, a penny-per-ounce excise tax on SSBs in Mississippi, Louisiana, and West Virginia is projected to bring in approximately \$136 million, \$210 million, and \$84 million, respectively, in 2013 (Rudd Center, 2012).

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Obesity is a complex problem that must be addressed with multifaceted strategies. By enacting a fee on sugar-sweetened beverages, SB1085 can raise considerable funds towards obesity-prevention initiatives such as subsidies for healthy foods or physical education programs in schools. By raising the relative price of unhealthy beverages, a fee can discourage their consumption and influence demand for healthy alternatives.

As a future physician committed to improving the health of our community, I support legislation that promotes healthy living and lifestyle disease prevention. For these reasons, I support passage of SB1085: Relating to Obesity Prevention.

Mahalo for the opportunity to submit written testimony on this issue.

Jackie Arnold

Jamie McCready

Bill 646 (taxation of sugar-sweetened beverages)

There are many points of view regarding taxation of sugary drinks. Personally I can see the benefits taxation of sugary drinks may produce, and also the conflicting side of over taxation on the freedoms we enjoy, and its ill effects on families and businesses.

The benefits that could be produced from taxing sugary drinks would be that the extra cost might make the item more of a special treat, rather than an all day drink. The excess amount of sugar available to us is overwhelming, and has lead to addictions and obesity. I knew a person in high school that called himself the Pepsi king. He had a Pepsi with him at all times; during his senior year he decided he was going to stop drinking Pepsi, within a month or two he had lost a good amount of weight, and looked a lot healthier. Also, people in my family tell me that they don't like the taste of water, all day long they drink coffee and soda. It is possible that the increase in price could lead to a decrease in consumption in coming generations, but I question if people that have been drinking it their whole lives will be able to give up the sugar-sweetened beverages.

On the flip side, sugar can possibly be compared to nicotine as a pleasure stimulator and a way that people tend to self-medicated. Though this is a problem within all social classes, sociologically speaking, a good majority of people that self medicate with nicotine and sugar are in the lower classes. Therefor, it could be possible that the added tax on sugary drinks will more directly effect people with lower incomes, as people with

higher incomes won't look at it as a big deal, and lower income people that may or may not be addicted to the substances will still continue to purchase the products, but be more heavily burdened by the increase in price. In this way the higher incomes are unaffected and the lower take the hit. One could argue that it is better for everyone in the long run anyway, yet what is good for people and what people do can be different things. The tax may also affect businesses that sell, and manufacture the drinks. Many companies here in Hawaii provide jobs for Hawaii's working class, if these companies like Hawaiian Sun, and Aloha Made were to experience a decrease in revenue, it could mean increased layoffs due to budget cuts.

There is also the concern that an additional tax on sugary beverages may be an infringement on freedom. If the government can single out something like drinks that contain sugar, could they expand this in the future? Could we be taxed on other products that have certain health claims? Trans fat tax? Fast food tax? Deep fryer use tax? The question looming behind the proposed tax is... should the government have the right to increase taxation on an item that they feel is affecting the health of the citizens? If the answer is yes, that opens up whole new areas of taxation that may include those mentioned above, and possible beyond into areas like pollution, or carbon tax.

In conclusion, even though there would be some harmful effects of taxing sugar sweetened beverages, if there was a way that we could draw the line at only taxing sugary drinks, than personally I would say let's do it. As I mentioned earlier the increased price could decrease the popularity of these drinks and the next generation may see sugary

drinks as a more of a delicacy. However, we cannot guarantee that the state will draw the line at sugary drinks and once we cross the line into taxation based on health claims, it will be harder to go backward. Therefore I am against taxation of sugary drinks.



UNIVERSITY OF HAWAII SYSTEM

Legislative Testimony

Written Testimony Presented Before the
Senate Committees on Health and
Judiciary & Labor
Wednesday, February 6, 2013 at 1:15pm
by
Jerris Hedges, MD
on behalf of Deans and Directors in the
College of Health Sciences and Social Welfare
University of Hawai'i at Mānoa

SB 1085: Relating to Obesity Prevention

Aloha Chairs Green and Hee, Vice Chairs Baker and Shimabukuro and Members of the Committees:

Obesity is the most significant risk factor for adult obesity and other chronic diseases such as diabetes and heart failure. Of great concern, obesity has become very common among adults in Hawai'i and now among the keiki and adolescents of Hawai'i.

- Approximately 1 in 3 children entering kindergarten are overweight or obese (Pobutsky, 2005). Childhood obesity increased 29% from 1999 to 2011 (YRBS 2011). In some communities of Hawai'i, over 50% of children and teens are now overweight and obese (Okihiro, 2005).
- Approximately one in four adults in Hawai'i is obese. From 2000 to 2010, the percentage of adults considered obese increased to 48% (BRFSS 2010).
- Major health disparities exist across racial and ethnic groups in Hawai'i; 44% of Native Hawaiians adults are obese compared to 14% of Japanese adults.
- Obesity is a major risk factor for diabetes. The prevalence of self-reported diabetes in Hawai'i rose from 5% to 7.7% of adults from 1997 to 2007.
- Age-adjusted diabetes is highest in Hawai'i among our low-income adults (13.4%), Native Hawaiians (12.5%) and Filipinos (9.9%) (BRFSS 2010).
- Economic Cost of obesity: An estimated \$470 million is spent annually on obesity-related health problems in Hawai'i (Trogon, 2012).

Clearly obesity and obesity-related chronic diseases, such as diabetes are urgent public health concerns for the people of Hawai'i. If we do nothing, children, adolescents and young adults will lose years of life. Extensive research shows that the development of obesity involves a complex interplay of factors impacting the nutrition and physical activity of people in Hawai'i. Reversing the obesity and chronic disease epidemic will take a multi-faceted and comprehensive approach.

Where do we start? Research shows the very strong association between added sugar in the diet and obesity and many chronic diseases. ***Sugar sweetened beverages***

(SSB) are the single largest contributor to calorie intake in the United States
(Block, 2004).

- Science supports the association between SSB intake and the development of chronic disease including obesity, diabetes, high blood pressure and heart disease.
- In children, each extra can or serving of SSB per day increases obesity risk by 60% (Ludwig, 2001).
- Hawai'i's children have among the highest rate of dental cavities in the nation. Research shows that SSB weakens tooth enamel and increase the likelihood of tooth decay.
- The price of SSB has changed little, especially in comparison to other food items such as fruits and vegetables.

Studies estimate that a 10% increase in SSB price, about 1 cent per ounce, could reduce consumption by 8-11%, especially among those most vulnerable to the adverse health effects of SSB. This would decrease consumption by 8,000 calories per person per year (Brownell, 2009). ***This would likely be the single most effective measure to reduce obesity.*** In addition, the revenue generated would raise needed funds for programs in Hawai'i to support comprehensive strategies to prevent obesity and chronic disease such as physical education in public schools, farm to school initiatives, after school nutrition education and physical activity programs, worksite wellness programs and more.

For these reasons, the University of Hawai'i and its College of Health Sciences & Social Welfare support the **Sugar Sweetened Beverage** fee proposal.

February 8, 2013

Aloha,

My name is Joanne Avila, graduate student in Nutritional Sciences program at UH-Manoa. I have spent my entire academic career working with children, ranges in the ages of 5 to 12 years, and their parents/guardians from the community of Guam and Hawaii. I have worked in both community and clinical settings assessing the diets of multiethnic children. I have worked at Expanded Food and Nutrition Program for youth in Guam, and Pacific Kids DASH for Health (PacDASH) study and Children's Healthy Program (CHL) here in Hawaii. Sugar-sweetened beverages are a big factor in this age group, contributing most of the empty calories to their diets. There is also no doubt that there is an overwhelming overweight and obesity prevalence in this age group.

There have been studies on micronutrients dilution relating to SSBs and/or added sugar consumption. High SSBs, and in regards to high added sugar consumption, is an indicator of a poor diet. In fact, my research study is looking at the relationship of added sugar intake and overweight and obesity in multiethnic children here in Hawaii. Many studies I have reviewed for my references have seen positive correlations between high sugar-sweetened beverages, in regards to high added sugar intake as well, and diet quality, micronutrient dilution, and weight status in both children and adults. High consumption of sugar-sweetened beverages is an indication of a poor diet, lower essential nutrients consumption, increase body weight and adiposity in both children and adults.

My take on this SSB tax policy act is for the good health of all children. They are the vulnerable ones who are limited in their ability to understand good health and proper nutrition. Yes, many factors play a role in the progression of obesity, but unnecessary low-nutrient dense, sugar-sweetened beverages are made so cheaply and available, which, in the most part, don't need to be part of healthy diets of children.

It is so important to pass this bill. Yes, this may not solve the obesity problem in children all together, but this may take a different approach to prevention, preventing the increase of consumption, and hopefully its availability to children.

Sincerely,
Joanne

From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: justinkmi@hawaii.rr.com
Subject: Submitted testimony for SB1085 on Feb 11, 2013 14:00PM
Date: Friday, February 08, 2013 7:19:43 PM
Attachments: [SB_1085.pages.zip](#)

SB1085

Submitted on: 2/8/2013

Testimony for HTH/JDL on Feb 11, 2013 14:00PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Justin Miyashiro	Individual	Support	No

Comments:

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To: [HTHTestimony](#)
Cc: don.weisman@heart.org
Subject: Submitted testimony for SB1085 on Feb 6, 2013 13:15PM
Date: Tuesday, February 05, 2013 3:03:55 PM
Attachments: [Testimony on SB 1085, Relating to Health.doc](#)

SB1085

Submitted on: 2/5/2013

Testimony for HTH/JDL on Feb 6, 2013 13:15PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Kalani Brady, M.D.	American Heart Association	Support	Yes

Comments:

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From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: lance@rsinouye.com
Subject: Submitted testimony for SB875 on Feb 6, 2013 13:15PM
Date: Tuesday, February 05, 2013 2:30:44 PM
Attachments: [S.B. 875, Relating to Workers' Compensation - Testimony in Opposition.pdf](#)

SB875

Submitted on: 2/5/2013

Testimony for HTH/JDL on Feb 6, 2013 13:15PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Lance M. Inouye	Ralph S. Inouye Co., Ltd.	Oppose	No

Comments: Please consider attached testimony in opposition of SB 875, Relating to Workers' Compensation. Thank you.

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Cc: lnicol@hawaii.edu
Subject: *Submitted testimony for SB1085 on Feb 6, 2013 13:15PM*
Date: Tuesday, February 05, 2013 9:14:14 PM

SB1085

Submitted on: 2/5/2013

Testimony for HTH/JDL on Feb 6, 2013 13:15PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Lara Nicol	Individual	Support	No

Comments:

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Cc: skmarkee@hawaii.edu
Subject: Submitted testimony for SB1085 on Feb 6, 2013 13:15PM
Date: Tuesday, February 05, 2013 5:50:14 PM
Attachments: [SB1085_Testimonial.doc](#)

SB1085

Submitted on: 2/5/2013

Testimony for HTH/JDL on Feb 6, 2013 13:15PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Sally Markee	Individual	Support	No

Comments:

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Cc: becca@hais.org
Subject: *Submitted testimony for SB1085 on Feb 6, 2013 13:15PM*
Date: Tuesday, February 05, 2013 1:46:54 PM

SB1085

Submitted on: 2/5/2013

Testimony for HTH/JDL on Feb 6, 2013 13:15PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Becca To	H AIS	Support	No

Comments:

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From: mailinglist@capitol.hawaii.gov
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Cc: kimberly.natsumi@gmail.com
Subject: Submitted testimony for SB1085 on Feb 6, 2013 13:15PM
Date: Tuesday, February 05, 2013 1:16:52 PM
Attachments: [sugar_sweetened_letter.docx](#)

SB1085

Submitted on: 2/5/2013

Testimony for HTH/JDL on Feb 6, 2013 13:15PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Kimberly Oshita	Hawaii Dietetic Association	Support	No

Comments:

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Cc: skmarkee@hawaii.edu
Subject: Submitted testimony for SB1085 on Feb 6, 2013 13:15PM
Date: Tuesday, February 05, 2013 5:50:14 PM
Attachments: [SB1085_Testimonial.doc](#)

SB1085

Submitted on: 2/5/2013

Testimony for HTH/JDL on Feb 6, 2013 13:15PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Sally Markee	Individual	Support	No

Comments:

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UNIVERSITY OF HAWAII SYSTEM

Legislative Testimony

Written Testimony Presented Before the
Senate Committees on Health and
Judiciary & Labor
Wednesday, February 6, 2013 at 1:15pm
by
Jerris Hedges, MD
on behalf of Deans and Directors in the
College of Health Sciences and Social Welfare
University of Hawai'i at Mānoa

SB 1085: Relating to Obesity Prevention

Aloha Chairs Green and Hee, Vice Chairs Baker and Shimabukuro and Members of the Committees:

Obesity is the most significant risk factor for adult obesity and other chronic diseases such as diabetes and heart failure. Of great concern, obesity has become very common among adults in Hawai'i and now among the keiki and adolescents of Hawai'i.

- Approximately 1 in 3 children entering kindergarten are overweight or obese (Pobutsky, 2005). Childhood obesity increased 29% from 1999 to 2011 (YRBS 2011). In some communities of Hawai'i, over 50% of children and teens are now overweight and obese (Okihiro, 2005).
- Approximately one in four adults in Hawai'i is obese. From 2000 to 2010, the percentage of adults considered obese increased to 48% (BRFSS 2010).
- Major health disparities exist across racial and ethnic groups in Hawai'i; 44% of Native Hawaiians adults are obese compared to 14% of Japanese adults.
- Obesity is a major risk factor for diabetes. The prevalence of self-reported diabetes in Hawai'i rose from 5% to 7.7% of adults from 1997 to 2007.
- Age-adjusted diabetes is highest in Hawai'i among our low-income adults (13.4%), Native Hawaiians (12.5%) and Filipinos (9.9%) (BRFSS 2010).
- Economic Cost of obesity: An estimated \$470 million is spent annually on obesity-related health problems in Hawai'i (Trogon, 2012).

Clearly obesity and obesity-related chronic diseases, such as diabetes are urgent public health concerns for the people of Hawai'i. If we do nothing, children, adolescents and young adults will lose years of life. Extensive research shows that the development of obesity involves a complex interplay of factors impacting the nutrition and physical activity of people in Hawai'i. Reversing the obesity and chronic disease epidemic will take a multi-faceted and comprehensive approach.

Where do we start? Research shows the very strong association between added sugar in the diet and obesity and many chronic diseases. ***Sugar sweetened beverages***

(SSB) are the single largest contributor to calorie intake in the United States
(Block, 2004).

- Science supports the association between SSB intake and the development of chronic disease including obesity, diabetes, high blood pressure and heart disease.
- In children, each extra can or serving of SSB per day increases obesity risk by 60% (Ludwig, 2001).
- Hawai'i's children have among the highest rate of dental cavities in the nation. Research shows that SSB weakens tooth enamel and increase the likelihood of tooth decay.
- The price of SSB has changed little, especially in comparison to other food items such as fruits and vegetables.

Studies estimate that a 10% increase in SSB price, about 1 cent per ounce, could reduce consumption by 8-11%, especially among those most vulnerable to the adverse health effects of SSB. This would decrease consumption by 8,000 calories per person per year (Brownell, 2009). ***This would likely be the single most effective measure to reduce obesity.*** In addition, the revenue generated would raise needed funds for programs in Hawai'i to support comprehensive strategies to prevent obesity and chronic disease such as physical education in public schools, farm to school initiatives, after school nutrition education and physical activity programs, worksite wellness programs and more.

For these reasons, the University of Hawai'i and its College of Health Sciences & Social Welfare support the **Sugar Sweetened Beverage** fee proposal.

NEIL ABERCROMBIE
GOVERNOR



KATHRYN S. MATAYOSHI
SUPERINTENDENT

STATE OF HAWAII
DEPARTMENT OF EDUCATION
P.O. BOX 2360
HONOLULU, HAWAII 96804

Date: 02/06/2013

Committee: Senate Health
Senate Judiciary and Labor

Department: Education

Person Testifying: Kathryn S. Matayoshi, Superintendent of Education

Title of Bill: SB 1085 RELATING TO OBESITY PREVENTION

Purpose of Bill: Imposes a fee on sugar-sweetened beverages. Establishes the Obesity Prevention Special Fund to support obesity prevention programs.

Department's Position:

The Department of Education supports SB 1085. Obesity prevention programs will promote the development of healthy children that contribute to school readiness, healthy lifestyle, and a successful future.

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Professor, John A. Burns School of Medicine

May M. Okihiko, M.D., M.S.
Director, Hawaii Initiative for Childhood Obesity
Research & Education
Assistant Professor
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Executive Director
Leslie Lam

February 5, 2013

The Honorable, Senator Josh Green, MD – Chair, Senate Health Committee
Hawaii State Capitol Room 215
415 South Beretania Street
Honolulu, Hawaii 96813

Dear Senator Green and Members of the Senate Health Committee,

The American Diabetes Association (ADA) supports legislative bills that promote diabetes prevention and persuade strategies that encourage healthy outcomes. In Hawaii, childhood obesity has increased by thirty-eight percent between 1999 and 2009, and adult obesity has more than doubled between 1996 and 2011. Thus, we clearly see a direct correlation with the rise in obesity and the rise in diabetes diagnosis.

Why should the legislature care about obesity and the growing diabetes epidemic? We commend the legislature taking the lead in the fight against obesity and diabetes in Hawaii. **Diabetes now affects more than 113,000 Hawaii residents.** If trends continue, 1 out of 3 children born in the year 2000 in the United States are expected to develop type 2 diabetes in their lifetime. **In Hawaii, the proportion is closer to 1 in 2.**

Diabetes is one of the most serious, common, and costly diseases in Hawaii and across the United States. **The national cost of diabetes in the U.S. exceeds \$174 billion. In Hawaii, it is approximately \$1,038,000,000.** This estimate includes excess medical costs of \$764,400,000 attributed to diabetes and lost productivity valued at \$273,600,000.

If we do not do something about this growing epidemic, the quality of life and the economic cost to Hawaii will be crippling. Because of this, the American Diabetes Association strives to improve public policy as it relates to diabetes. This impending crisis signals a need to implement coordinated efforts utilizing existing services as well as those that need to be developed to effectively meet this public health challenge.

The American Diabetes Association believes **SB 1085**, will effectuate positive movements to reduce the social and economic burden of diabetes in Hawaii and help realize the vision of the ADA for a life free of diabetes and all its burdens.

If you would like to receive additional information or have any questions or concerns please contact me at llam@diabetes.org or 808.393.7319.

Sincerely,



Jane Kadohiro, DrPH, APRN, CDE, FAADE
Advocacy Committee Chair
American Diabetes Association



Leslie Lam
Executive Director – Hawaii
American Diabetes Association





STATE OF HAWAII
DEPARTMENT OF HEALTH
P.O. Box 3378
HONOLULU, HAWAII 96801-3378

In reply, please refer to:
File:

SENATE COMMITTEE ON HEALTH
SENATE COMMITTEE ON JUDICIARY AND LABOR

SB1085, RELATING TO OBESITY PREVENTION

Testimony of Loretta J. Fuddy, A.C.S.W., M.P.H.
Director of Health

February 6, 2013

1 **Department's Position:** The Department of Health (DOH) strongly supports enactment of this
2 measure.

3 **Fiscal Implications:** Would create an obesity prevention special fund to be administered by DOH
4 consisting of revenue from a sugar-sweetened beverage fee to be used for obesity and chronic disease
5 prevention programs. When fully implemented, the fees will generate about thirty-eight million dollars
6 a year. The Department requests that Section 1, 321-F "Establishment of the obesity prevention special
7 fund" (p.12, lines 5 to 7) be amended to rename the fund as the obesity and chronic disease special fund.
8 This change reflects the linkage between the fees on sugary beverage, reducing consumption, and link to
9 the health risks for obesity and chronic disease. The Department further requests that appropriation
10 language be added as Section 5, (p.20 starting line 13). Suggested appropriation language is provided as
11 an attachment.

12 **Purpose and Justification:** The purpose of Senate Bill 1085 is to establish a fee on the sale of sugar-
13 sweetened beverages in the State, to help encourage Hawaii citizens to make healthy decisions relating
14 to the consumption of sugar-sweetened beverages. Funds collected from this fee would be utilized to

1 create an obesity prevention special fund to be administered by DOH. The fund would be used to
2 support population-based programs that use educational, environmental, policy, and other public health
3 approaches relating to diabetes, cardiovascular disease, promotion of healthy lifestyles, physical fitness,
4 nutrition, early childhood health, and other prevention-oriented public health programs.

5 In Hawaii, adult obesity has more than doubled between 1995 and 2010 and childhood obesity
6 increased 29 percent from 1999 to 2011. Obesity-related medical expenditures in Hawaii were
7 calculated to be over \$470 million in 2009, and are continuing to rise. Sugar-sweetened beverages have
8 been identified by countless scientific studies as a major contributor to our costly obesity epidemic. A
9 2004 study found that sugared soft drinks are the single largest contributor of calorie intake in the
10 United States. Currently children and adults consume 172 and 175 calories respectively from sugar-
11 sweetened beverages a day. Children and adolescents now consume 10 to 15 percent of their daily
12 caloric intake from sugar-sweetened beverages; calories that meet no nutritional need. There is also a
13 strong correlation between weight and soda consumption. In children, each 12 ounce soft drink
14 consumed daily, increases their odds of becoming obese by 60%. A 2009 California study found that
15 adults who drink one or more soda a day are 27% more likely to be overweight or obese. Reducing
16 sugar-sweetened beverage consumption and limiting overall liquid calories is also linked to weight loss
17 in adults.

18 A fee on sugared sweetened beverages aimed at reducing consumption is recognized as an
19 effective public health intervention. The Division of Physical Activity, Nutrition and Obesity (DNPAO)
20 at the Centers for Disease Control and Prevention (CDC) recommends decreasing the consumption of
21 sugar-sweetened beverages as one of six evidence-based strategies for preventing and reducing
22 overweight and obesity. The newly released 2010 Dietary Guidelines for Americans also recommends
23 reducing the intake of sugar-sweetened beverages as a method to control calorie intake and managing
24 body weight.

1 A fee on sugar-sweetened beverages could have both fiscal and health impacts. Economic
2 incentives are among the most effective tools to change behavior as tobacco fees have demonstrated.
3 Hawaii's tobacco taxes have helped to drive the states smoking rates to historic lows. Smoking among
4 high school students decreased 65% from 2000 to 2011. Price has been shown to influence food
5 purchasing behavior as well. Based on the best estimates to date of the responsiveness of demand for
6 soft drinks to changes in price, a 10% fee could result in an 8-10% reduction in consumption. The
7 effects could be higher for heavy users of soft drinks.

8 According to the Yale-Rudd Center for Childhood Obesity's Revenue Calculator for Sugar-
9 sweetened Beverages, fee revenue could amount to over \$38 million dollars in 2014 for Hawaii, if
10 sugar-sweetened beverages were taxed a penny per ounce. Scientific polling data in Hawaii has
11 demonstrated that 65.6% of respondents would support a fee on sugar-sweetened beverages to fund
12 programs to fight childhood obesity. Research suggests the most effective sugar-sweetened beverage be
13 a fee of one cent per ounce (or \$1.28 per gallon) of beverages that have any added caloric sweetener,
14 though higher fees would have greater benefits. Benefits of a fee include the following: consumers see
15 the increased price at point of purchase; is imposed at the bottler, distributor, wholesaler, or importer
16 level, making it easier to collect; does not change if industry reduces prices; includes syrup used in
17 fountain drinks; and generates a more stable and predictable revenue to support a comprehensive obesity
18 and chronic disease prevention program.

19 The Department strongly supports passage of SB1085. Thank you for the opportunity to provide
20 testimony.



Wednesday, February 6, 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

Written Testimony:

Ms. Luana Bass, Assistant
Nutrition and Physical Activity Coalition (NPAC) for the State, a
University of Hawaii at Manoa Office of Public Health Studies,
John A. Burns School of Medicine Program.

Description:

S.B. 1085, RELATING TO OBESITY PREVENTION.
Establishes the Obesity Prevention Special Fund to support obesity
prevention programs, for the imposed sugar-sweetened beverages
fee. **Companion Bill: H.B. 854**

Purpose:

Support of SB 1085: Imposes a fee on sugar-sweetened beverages.
And Establishes the Obesity Prevention Special Fund to support
obesity prevention programs.

Position:

State Nutrition and Physical Activity Coalition **supports this Bill**
and urges the state legislature to support obesity prevention by
imposing a fee on all sugar-sweetened beverages. As our
communities presently exist there are too many barriers to staying
healthy and physically active. Approximately two-thirds of adults
are overweight or obese and the proportion of children who are
overweight has tripled. NPAC believes that this is a perfect
opportunity for Hawaii state legislature to implement a measure
that will greatly lower the health disparities and medical costs in
our state.

I urge the committees to **pass this important legislation**. Thank you
for the opportunity to testify.

February 6, 2013

TO: Senate Committee on Health
Senator Josh Green, MD, Chair
Senator Rosalyn H. Baker, Vice Chair

Senate Committee on Judiciary and Labor
Senator Clayton Hee, Chair
Senator Maile S.L. Shimabukuro, Vice Chair

FR: M.R.C. Greenwood, PhD

RE: SB 1085 Strong Support
Hearing Date: Wednesday, February 6, 2013, 1:15pm, Conf. Rm #229

Dear Chair Green, Chair Hee, and members of the Committee on Health and Committee on Judiciary and Labor,

Thank you for the opportunity to provide testimony in **strong support of SB 1085** which establishes a fee on the sale of sugar sweetened beverages in the State.

I have spent several decades studying obesity and diabetes, having served as president of the American Society of Clinical Nutrition, chair of the Food and Nutrition Board of the Institute of Medicine, and Fellow of the American Society for Nutrition. More recently, I have served as vice-chair of the Committee on Accelerating Progress in Obesity Prevention (APOP) for the Institute of Medicine and chair of the Hawaii Childhood Obesity Prevention Task Force. Naturally, this proposal is one in which I have great interest.

An obesity epidemic is sweeping the nation. As portion sizes have increased and physical activity levels have decreased, we now find ourselves in crisis. One out of three children is overweight or obese. Two out of three adults are overweight or obese. The estimated cost of obesity-related illness is close to \$200 billion annually - that is more than 20% of all health care spending. Experts estimate an annual loss of \$4.3 billion dollars to businesses because of obesity-related absenteeism. Additionally, obesity is associated with a number of health consequences, including cardiovascular disease, diabetes, high blood pressure, sleep apnea, and depression.

Hawaii's population of overweight or obese children and adults mirrors the national percentages. An estimated \$470 million is spent on obesity-related health problems right here in our state.

While there are numerous ways in which we can combat this epidemic, and indeed, both the APOP report and the Childhood Obesity Prevention Task Force report provide dozens of strategies and recommendations to that end, it is impossible to deny that sugar sweetened beverages play an important role in this problem. Sugar sweetened beverages are the largest source of excess calories in the U.S. diet. Children and adolescents now consume 10 to 15 percent of their daily caloric intake from sugar sweetened beverages, calories that otherwise

meet no nutritional need. The prevalence and low cost of such beverages make our young people vulnerable to the risks of obesity and related health issues.

In addition to slowing the rapidly-increasing consumption of sugar sweetened beverages, implementation of a beverage fee would provide revenue to support the many programs and strategies recommended in the national and statewide reports.

I believe that Hawaii needs to address its own obesity epidemic before the health and societal costs become prohibitive. Implementing a sugar sweetened beverage fee is an important step in the right direction.

Thank you for the opportunity to provide this testimony.

TO: Members of the Committee on Health

FROM: Natalie Iwasa
Honolulu, HI 96825
808-395-3233

HEARING: 2:15 p.m. Wednesday, February 6, 2013

SUBJECT: SB 646 Beverage Tax - **OPPOSED**

Aloha Chair and Committee Members,

Thank you for allowing me the opportunity to provide testimony on SB 626 which would create a new tax on sugar-sweetened beverages to fund community health centers and the trauma system special fund. I oppose this new tax.

Rather than creating more bureaucracy with a new fund, taxing people who aren't obese or even overweight and making it harder for retailers to do their business, why not create *incentives* for people to maintain healthy lifestyles? Why not make it easier for people to get from point A to point B by using their own energy, e.g., walking or biking?

Please vote "no" on this bill.

From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: saleyna@live.com
Subject: Submitted testimony for SB1085 on Feb 6, 2013 13:15PM
Date: Wednesday, February 06, 2013 7:29:31 AM

SB1085

Submitted on: 2/6/2013

Testimony for HTH/JDL on Feb 6, 2013 13:15PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
pa ueda	Individual	Oppose	No

Comments: Obesity has nothing to do with how much sugar content is in a beverage or in the food we eat. It is up to the individual (in an adult case) & or the parents / guardians to portion out the amount one consume. You can go out and purchase a 1000 calorie drink but it doesn't mean you have to consume the entire thing in one sitting and if you do, it is at your own free will. This is the same free will that god granted the majority of us to use to exercise and do things to help prevent us from becoming obese. Not the food we consume, not the drinks we drink and NOT the lifestyle we choose. Only the poor & weak minded are the ones who wants to shift the blame onto other things in life when in fact it is ourselves to blame. As someone who lives with a heart condition, I can chose to give up on life & blame the world for my misfortune or blame myself for not living my life to my full extent. I choose the positive route and become a better person, become a better parent and become a better me for myself!!

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Testimony of
Phyllis Dendle

Before:
Senate Committee on Health
The Honorable Josh Green, M.D., Chair
The Honorable Rosalyn H. Baker, Vice Chair

Senate Committee on Judiciary and Labor
The Honorable Clayton Hee, Chair
The Honorable Maile S. L. Shimabukuro, Vice Chair

February 06, 2013
1:15 pm
Conference Room 229

SB 1085 RELATING TO OBESITY PREVENTION

Chairs Green and Hee and committee members, thank you for this opportunity to provide testimony on SB1085 regarding imposing a fee on sugar-sweetened beverages.

We make no comment on the fee but are providing information on sugar-sweetened beverages.

We appreciate the committee efforts to reduce obesity by encouraging people to consume less sugar, in this case in soft drinks. At Kaiser Permanente reducing the consumption of sugary beverages is one of the four parts of the 5-2-1-0 program that we advocate to have health children and healthy families.

We recommend that all members of the family, but particularly children, eat **5** servings a day of fruits, roots and vegetables. Limiting time in front of the television or computer at home to no more than **2** hours a day makes time for other activities. In the time not spent on the computer children should get at least **1** hour of physical activity everyday. Sugar sweetened beverages, especially soda, fruit drinks and sports drinks contain excess sugar and calories without contributing any health benefits. We recommend **0** sugary drinks and suggest drinking low fat milk or water as an alternative.

This simple to remember formula teaches the first steps toward improved health for children and their families. Attached you will find a flyer we distribute to families to help them remember the 5-2-1-0 health tips.

Thank you for the chance to provide this information.

Simple Steps for a Healthy Ohana



Healthy kids and healthy families make everything possible. Eating and physical activity patterns start in early childhood. 5-2-1-0 is our way of promoting healthy lifestyles for children and families. We realize healthy living can be challenging so we encourage everyone to start small, think big and take one step at a time.

EAT HEALTHY

5 FRUITS, ROOTS & VEGETABLES

Fruits, roots and vegetables, including root vegetables such as taro (poi) and sweet potato, are packed with nutrients. To get the amount recommended, most of us need to increase the amount of fruits, roots and veggies we currently eat.

WATCH LESS

2 HOURS OF SCREEN TIME

Two hours or less of computer, video and TV screen time every day. Increased screen time has been linked to lower reading scores, behavioral problems and unhealthy weight.

PLAY MORE

1 HOUR OF PHYSICAL ACTIVITY

Activity that makes your heart pump faster and your body breathe harder make you strong, helps you feel good and think clearly. Kids in active families are more likely to be active adults.

CUT DOWN

0 SUGARY DRINKS

Sugary drinks such as soda, sweetened tea, sports drinks, fruit punch and other fruit-flavored drinks have little health benefit. Sweetened beverages add empty calories, about 150 calories and 9 teaspoons of sugar per 12 oz. can of soda.

HEALTHY TIPS

- A Be a role model - Include at least one fruit, root or vegetable at every meal and snack
- B When possible, avoid frying – try steaming, baking, stir-frying
- C Try-A-Bite rule - Offer new fruits, roots and veggies and encourage everyone in the family to try a few bites each time. It can take 7 to 10 tries to like a new food.

HEALTHY TIPS

- A Encourage your whole family to decrease screen time to 2 hours or less each day
- B Keep the TV and computers in a central location and out of your child's bedroom
- C Enjoy your family - turn off the TV when eating and talk about the day

HEALTHY TIPS

- A Take gradual steps to increase your physical activity level
- B Do short amounts of activity several times a day until they add up to 60 or more minutes each day.
- C Physical activity should be fun – swimming, surfing, paddling, walking, running, dancing, gardening and yes, even vacuuming!

HEALTHY TIPS

- A Encourage your family to love water. Serve it. Choose it. If it's there, people will drink it. And remember water has zero calories.
- B Be wary of commercials. Juice products labeled "-ade", "drink" or punch" often contain mostly corn syrup sweetener and less than 5% real juice.
- C For kids 2 years and older, encourage fat free or low fat milk rather than whole milk



February 6, 2013

Testimony to:

**Senate Committee on Health Senator Josh Green, Chairman
 Senator Rosalyn H. Baker, Vice Chair**

By: LISH—Richard C. Botti, President

Relating to: SB 1085 Relating to Obesity Prevention

Position: Oppose

Chair and Committee Members:

While the intent of this measure may be admirable, The Legislature will be shooting themselves in the foot when local manufacturers lose business based on the approach of SB 1085.

We suggest that a task force of local manufacturers be created to address this issue, and not use the tax stick as a solution.

From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: maddemon21@gmail.com
Subject: Submitted testimony for SB1085 on Feb 6, 2013 13:15PM
Date: Wednesday, February 06, 2013 6:50:31 AM

SB1085

Submitted on: 2/6/2013

Testimony for HTH/JDL on Feb 6, 2013 13:15PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Robert Farm	Individual	Oppose	No

Comments: Dear Sirs/Mams, I strongly oppose this bill. I've read your statistics and data and can see the logic in your bill, but I don't feel it will be effective here in Hawaii. All your data comes from national data but the culture here in Hawaii is different. I have a degree in exercise science and sports physiology and I've worked as a personal trainer. One of the biggest causes of obesity is lack of exercise and poor diet choices. Sugar drinks are only a small percentage of the diet problem. The food people eat is a bigger problem because they don't know how to read the nutrition labels. For example: drinking water while eating a pizza will not make you less obese because you took out the soda. It actually comes down to calories in and calories out. I don't feel that putting fees on these drinks will stop obese people from buying them. Its also not fair to tax people who drink sugary drinks who are not obese. I drink these drinks everyday, but I'm still under 10% bodyfat. This because of my exercise lifestyle and other food choices and not because I don't drink soda. I think educating children and parents as early as possible is the key, not taxing people who are already struggling in this economy today. Thank you for your time.

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HPCA

HAWAI'I PRIMARY CARE ASSOCIATION

Senate Committee on Health

The Hon. Josh Green, Chair

The Hon. Rosalyn H. Baker, Vice Chair

Testimony in

Relating to Obesity Prevention

Submitted by Robert Hirokawa, Chief Executive Officer

February 6, 2013, 1:15pm, Room 229

The Hawai'i Primary Care Association, which represents community health centers in Hawai'i, **supports** Senate Bill 1085, Relating to Obesity Prevention, which establishes a tax on sugar-sweetened beverages.

There is little doubt that a health crisis exists in Hawaii, aided in no small part by the consumption of sugar sweetened beverages. Per a 2004 study, sugar sweetened beverages are the largest single contributor of calories to the average Americans diet, while at the same time provided little to no nutritional value. The average American currently consumes 175 calories from sugar sweetened beverages alone, a number that comprised 10% of children and adolescents daily intake. This level of consumption does not come without consequences and in 2009 alone, over \$470,000,000 was spent on obesity-related medical expenditures in Hawaii.

The HPCA supports a tax of one cent per ounce of sugar sweetened beverage, along with the proceeds from such a tax being used to establish an obesity prevention special fund. Obesity is a problem that must be approached proactively, and the establishment and support of programs targeting diabetes, cardiovascular disease, physical fitness, nutrition, and other related topics will do just that.

We urge you to pass SB 1085 on for further consideration and thank you for the opportunity to testify.



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Testimony on SB 1085, "RELATING TO HEALTH"

The American Heart Association strongly supports SB 1085, "Relating to Health."

Sugar-sweetened beverages, while not the only cause of obesity in Hawaii's adults and children, are one of the leading dietary factors. **They represent approximately 15 percent of the calories consumed on average, the single largest contributor of calorie intake, and most sugar-sweetened beverages contain little or no nutritional value.** While candy (6%) and grain or dairy-based desserts (19%) combine to represent 25% of added sugars in the U.S. diet, **sugar sweetened beverages represent 50% of added sugars in our diet.** Thus, any discussion of reducing obesity must begin with policies that discourage overconsumption of those beverages.

In 2005, children between the ages of 12 and 19 spent an estimated \$159 billion on food, candy and soft drinks. Because youth are more responsive to price change than adults, the potential exists for an even greater impact on consumption by youth.

Indications are that sugar-sweetened beverage consumption rates are increasing in all ages and as consumption of these drinks increases, there is a concomitant rise in energy intake or "empty calories". Soft drink consumption is associated with lower intakes of milk (therefore calcium and other nutrients) and an increased risk of several medical problems including diabetes. There are major health disparities across racial and ethnic groups in Hawaii. For instance, 44 percent of Native Hawaiian adults are obese compared to 14 percent of Japanese adults. When the beverage industry and its supporters talk about the proposal to add a fee to the cost of purchasing sugar-sweetened beverages being regressive, they only serve to emphasize the impact that the beverage companies' marketing and advertising has on those lower income, lower educated populations that suffer the most from the health consequences of overconsumption of their products. Population groups like Native Hawaiians would benefit the most from the proposed fee by providing them with further incentive to reduce their levels of consumption of sugar-added drinks, and through the comprehensive obesity prevention programs that would be funded in their communities.

Using the Coronary Heart Disease (CHD) Policy Model, a well-established computer simulation model of the national population age 35 and older, researchers reported at the American Heart Association's 50th Annual Conference on Cardiovascular Disease Epidemiology and Prevention that the increased consumption of sugar-sweetened beverages between 1990 and 2000 contributed to an estimated 130,000 new cases of diabetes, 14,000 new cases of coronary heart disease (CHD), and 50,000 additional life-years burdened by coronary heart disease over that decade.

Serving Hawaii since 1948

For information on the AHA's educational or research programs, contact your nearest AHA office, or visit our web site at www.americanheart.org or e-mail us at hawaii@heart.org

Oahu:

677 Ala Moana Blvd., Ste. 600
Honolulu, HI 96813-5485
Phone: 808-538-7021
Fax: 808-538-3443

Maui County:

Phone: 808-224-7185
Fax: 808-224-7220

Hawaii:

Phone: 808-961-2825
Fax: 808-961-2827

Kauai:

(Served by Oahu office)
Phone: 808-205-3256
Fax: 808-538-3443

***"Building healthier lives,
free of cardiovascular
diseases and stroke."***

Researchers presenting at the American Heart Association's Scientific Sessions 2011 found that women consuming two or more sugar-sweetened beverages per day were nearly four times as likely to develop high triglycerides, and were significantly more likely to increase their waist sizes and to develop impaired fasting glucose levels.

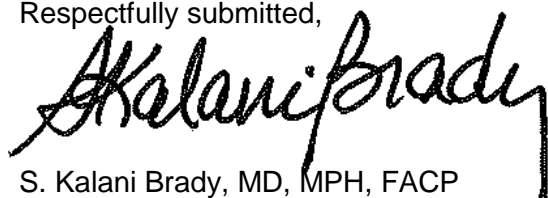
Another study published in March 2012 in the American Heart Association Journal *Circulation* found that men who drank a 12-ounce sugar-sweetened beverage a day had a 20 percent higher risk of heart disease compared to men who didn't drink any sugar-sweetened drinks. The researchers, who studied 42,883 men, found that the increase persisted even after controlling for other risk factors, including smoking, physical inactivity, alcohol use and family history of heart disease. Less frequent consumption — twice weekly and twice monthly — didn't increase risk. The researchers also measured different lipids and proteins in the blood, which are indicators for heart disease. These included the inflammation marker C-reactive protein (CRP), harmful lipids called triglycerides and good lipids called high-density lipoproteins (HDL). Compared to non-drinkers, those who consumed sugary beverages daily had higher triglyceride and CRP and lower HDL levels. Artificially sweetened beverages were not linked to increased risk or biomarkers for heart disease in this study.

Reducing energy intake by only 100 calories per day (roughly 1 can of sugar-sweetened beverage) could prevent weight gain in over 90% of the population. To burn off just one can of sugar-sweetened soda it would take 15-20 minutes of treadmill running, and that amount of exercise would not compensate for any other calories consumed through meals.

In its adult and pediatric nutrition recommendations, the American Heart Association recommends that low calorie beverages like water, fat free or low fat milk, and diet soft drinks in moderation are better choices than full calorie soft drinks and Americans should limit the amount of added sugars in the foods they eat. The 2005 Dietary Guidelines for Americans also recommends limiting added sugars in the diet. The AHA recommends that women consume no more than 6 teaspoons of sugar per day, and men no more than 9 teaspoons per day. The average number of teaspoons added to a 12 ounce can of soda totals at least 8 teaspoons.

The AHA urges your support for SB 1085 as a key building block in a comprehensive approach to reducing and reversing Hawaii's overweight and obesity epidemic.

Respectfully submitted,

A handwritten signature in black ink that reads "S. Kalani Brady". The signature is written in a cursive, flowing style.

S. Kalani Brady, MD, MPH, FACP
Member, American Heart Association Oahu Metro Board of Directors

From: [Gladys Quinto Marrone](#)
To: [HTHTestimony](#)
Subject: BIA Hawaii has shared "130206_SB875_IME (HTH_JDL).pdf" with you using Dropbox
Date: Tuesday, February 05, 2013 3:39:22 PM

Hi,

Here's a link to "130206_SB875_IME (HTH_JDL).pdf" in my Dropbox:

https://www.dropbox.com/s/9peryyfec642q2i/130206_SB875_IME%20%28HTH_JDL%29.pdf

Sent from my iPad

Written Testimonial In Support of SB1085: Relating to Obesity Prevention

My name is Thomas Gill and I am a medical student at the John A. Burns School of Medicine at the University of Hawai'i at Manoa.

Childhood obesity is the most significant risk factor for adult obesity and chronic diseases such as diabetes and heart disease. These diseases have no cure; however they may be prevented.

Of great concern, keiki in Hawai'i now rank amongst the most obese in the nation. Approximately 1/3 of children entering kindergarten in Hawaii are overweight or obese. (Pobutsky, 2006) In some communities and ethnic groups in Hawaii, as many as 50% of children are overweight or obese (Okiihiro, 2005).

Sugar-sweetened beverages (defined as soda, energy and sports drinks, and sweetened water) and fruit drinks combined provide the largest source of daily calories in the diets of children ages 2-18. Soda alone is the third largest source. (Reedy, 2010) These beverages are inexpensive, abundant, high in calories, deliver little or no nutrition, and appeal to our tastes. They are heavily marketed, especially to children. Each extra serving of SSBs consumed per day throughout childhood increases the chance of becoming obese by 60% (Ludwig, 2001).

The economic cost of obesity to our community is substantial. Approximately \$470 million is spent annually on obesity-related health problems in Hawai'i (Trogon, 2012). At the state level, a penny-per-ounce excise tax on SSBs in Mississippi, Louisiana, and West Virginia is projected to bring in approximately \$136 million, \$210 million, and \$84 million, respectively, in 2013 (Rudd Center, 2012).

Taxing alcohol and cigarettes has proved to be highly successful in reducing consumption and its consequences, resulting in major public health benefits. Economists also predict significant public health benefits for taxes on SSBs (Chaloupka, 2011).

Obesity is a complex problem that must be addressed with multifaceted strategies. By enacting a fee on sugar-sweetened beverages, SB1085 can raise considerable funds towards obesity-prevention initiatives such as subsidies for healthy foods or physical education programs in schools. By raising the relative price of unhealthy beverages, a fee can discourage their consumption and influence demand for healthy alternatives.

As a future physician committed to improving the health of our community, I support legislation that promotes healthy living and lifestyle disease prevention. For these reasons, I support passage of SB1085: Relating to Obesity Prevention.

Mahalo for the opportunity to submit written testimony on this issue.

From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: victor.lim@partners.mcd.com
Subject: Submitted testimony for SB1085 on Feb 6, 2013 13:15PM
Date: Tuesday, February 05, 2013 3:26:51 PM
Attachments: [SB 1085 sugar bev tax.doc](#)

SB1085

Submitted on: 2/5/2013

Testimony for HTH/JDL on Feb 6, 2013 13:15PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Victor Lim	Individual	Oppose	Yes

Comments:

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TESTIMONY TRANSMITTAL COVER

To: Senate Committee on Health
Senate Committee on Judiciary and Labor Date 02/06/2013

From: Winton G. Schoneman 808.383.6632

Re: SB1085 Hearing Date:

Page(s): 3 Time:

Committee on Health
Senator Green, Chair
Senator Baker, Vice-Chair

Committee on Judiciary and Labor
Senator Hee, Chair
Senator Shimabukuro, Vice Chair

Winton G. Schoneman, 383-6632 (C)

Wednesday, February 6, 2013

In **STRONG OPPOSITION** to SB1086 Relating to Obesity Prevention

Distinguished members of the Committees, I ask that you accept my written testimony in **OPPOSITION** to Senate Bill 1086 Relating to the Obesity Prevention. By way of introduction, I am a small business owner in East Oahu and was the 2011 Jean Fukuda Civic Leadership Award winner.

The study of obesity and weight control is varied and complex. I am not an expert in the field but have done some research during the course of my life in an effort to provide a common sense approach to my own life and health.

The narrative of the bill makes several points:

1. Obesity and weight problems are on the rise with associated health consequences.
2. Calories from sugar and in particular sugar in sweetened beverages contain calories with no nutritional value.
3. Taxation of tobacco has reduced the incidence of smoking.
4. Revenue would be used to fund Department of Health programs for education and prevention.

I think that there is no doubt that our consumer driven economy has resulted in consumption habits that have had a deleterious effect on our overall health, leading to more and greater need for healthcare. I am not sure that you can lay the blame for this solely or primarily on the sweetened beverage industry. In fact, here in Hawaii, our lifestyle overall is driven to fast food, white rice and a (un)healthy dose of loco moco. In fact, Honolulu ranks as one of the top consumers of fast food.

The Los Angeles Times, Dec. 2011 reports:

“The growing worldwide obesity epidemic has been blamed on a number of factors, but a study argues that it may be inexorably linked with wealthy nations and their fast-food restaurants.

Researchers compared the number of fast-food restaurants per capita in 26 countries listed as advanced economies by the International Monetary Fund. They used one chain (Subway) as a proxy measure; at the end of 2010 the chain reportedly had the most restaurants worldwide.

Countries with the highest density of restaurants per capita were the U.S. and Canada: 7.52 and 7.43 per 100,000 people, respectively. In the U.S. the prevalence of obesity for men and women is about 32%, while in Canada it's about 23%.

Japan, however, has far fewer of the fast-food restaurants, 0.13 per 100,000 people, and a far lower obesity rate: 2.9% for men and 3.3% for women. Similarly, Norway has 0.19 restaurants per 100,000 people and an obesity rate of 6.4% for men and 5.9% for women.

The researchers, who emphasize that the findings show correlation and not causality, controlled for various factors such as the number of people living in urban areas, income, Internet use and the number of motor vehicles per capita.

Obesity is often linked with environmental factors as well as genetic ones. The popularity of sugary drinks, the loss of physical education in school, more sedentary jobs and extra time spent in front of computers and television have been blamed, as well as certain genes that may affect how our bodies process food.

"In my opinion the public debate is too much focused on individual genetics and other individual factors, and overlooks the global forces in society that are shaping behaviors worldwide," said lead author Roberto De Vogli of the [University of Michigan School of Public Health](#) in a news release. "If you look at trends over time for obesity, it's shocking."

The study was published in the December issue of the journal [Critical Public Health](#)."

You can see that there is much debate and while sugary drinks may be one factor, I think that focusing on sugar as the principal cause may lead us down the wrong path.

Further, the presumption that tobacco taxation programs have been largely successful for smoking cessation ignores some facts. First, the initial taxation on tobacco had little or no effect on consumer habits and smoking cessation. It has only been in the last decade where taxes on tobacco has increased the price on a package of cigarettes to very high levels that smoking has decreased and that may have been more as a result of education instead of costs. And yet we still see approximately 20% of the population continues to smoke.

According to the NIH, "Young Adults (18–24 years) continue to smoke at high rates, despite strong public awareness of the health hazards [11]. This developmental period is a time of risk for both initiation of smoking and progression to higher levels [12]. Moreover, smoking among young adults is predictive of smoking in later adulthood. While smoking rates have decreased over the past twenty years for both adults and teens, rates for young adults aged 18 to 24 years have not substantially changed in most high-income countries."*

The presumption that taxation will have a significant impact on young adult consumption of sweetened beverages, I believe is erroneous. (One only needs to look at who goes to Starbucks and Jamba Juice). Are we going to start out taxing sugar at one cent an ounce only to increase it year after year because we don't experience the expected results.

One of the things that has changed and I believe has contributed, significantly, to weight problems is the loss of health and physical education in our elementary, middle and high schools. It wasn't long ago where I was taking physical education classed for 50 minutes a day, every school day....and it was fun. This has contributed towards my having a lifelong awareness of the positive effects regular physical activity has and I still hike five or more miles 3 to 4 times a week. One might ask....have you ever seen a fat dancer or gymnast or soccer player and yes they do sweetened beverages.

Though I believe the direction of this effort is misplaced, I applaud the efforts of the Governor and the Legislature in addressing what is and will be a pressing and long standing problem. If I could be so bold as to make a proposal; though, I would recommend establishing a wellness program within the Department of Education for all grade levels. This would provide both health and physical education to develop lifelong habits of good health. In so far as we are increasing instructional time over the next few years, now might be a good opportunity to start such a program. As far as funding goes, I would be happy to support a broad based effort to pay for such a program.

Thank you,

Winton Schoneman

* <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3228562/>

February 5, 2013

To: Senator. Josh Green, Chair
Senate Committee on Health
From: YMCA Pioneering Healthy Communities – Honolulu

Re: SB 1085 Relating to Obesity Prevention

The YMCA Pioneering Healthier Communities Initiative brings together local, diverse leaders to discuss and support strategies, policies and programs that we can accomplish together to build healthier communities in our island home.

Our State today is in the middle of an epidemic of obesity and chronic disease. Almost 1 in 4 adults are obese in Hawaii (BRFSS, 2010). The risk begins in early childhood; today about 1/3 of children are overweight or obese (YRBS 2011). In many of our rural and low-income communities, the problem is much more prevalent and more severe. This translates to thousands of children, adolescents and young adults with significant chronic disease risk in each of our communities.

The members of PHC are involved in helping children and families to become healthier through schools, afterschool programs, healthcare and more. However, we also know, first hand, the incredible challenges of treating obesity and its complications once established.

If we are serious about supporting health, tackling healthcare costs and creating vibrant, more productive communities in Hawaii, ***we must prevent obesity and chronic disease before they start.*** This will take a sustained, comprehensive strategy involving every aspect of our society – including government, business, healthcare, employers, schools, childcare and more.

The Sugar Sweetened Beverage Fee will be a huge step in this comprehensive strategy. The penny per ounce fee will help all of us think twice about purchasing sugary beverages, the single biggest source of sugar in our diets. In turn those pennies will add up to significant revenue to support the development and implementation of programming and policy at work, schools and in our neighborhoods that make healthier choices easier. This includes the implementation of physical education programming that meets national standards for all of our children, renovation of our parks and playgrounds so our children can move and play safely, and worksite wellness programs that help all of us become healthier and better role models for our children.

Pioneering Healthier Communities recognizes that this Bill might have adverse economic impacts on certain industries and individuals. Certainly these must be considered by the Legislature. However, Pioneering Healthier Communities' primary concern is Hawaii's residents and from a health standpoint, it seems undeniable that this Bill will promote greater health.

For these reasons, the enclosed list of members of the Pioneering Healthier Communities – Honolulu, support the SB 1085.

Thank you for this opportunity to provide this testimony.

Enclosure

SB 1085

TESTIMONY

SB 1085
RELATING TO OBESITY PREVENTION

Senate Committee on Health and Committee on Judiciary and Labor

Public Hearing – February 6, 2013
1:15pm., State Capitol, Conference Room 229

By
Jay Maddock, Ph.D.

I am writing to **support** SB 1085. This bill will impose a fee on sugar-sweetened beverages and establish an obesity prevention special fund to support obesity prevention programs.

I am a professor of public health at the University of Hawai‘i at Mānoa and have served as director of the Office of Public Health Studies since 2006. I also served as a member of the Childhood Obesity Taskforce that submit a draft of this bill as part of our comprehensive approach to address obesity in Hawaii. My statement on this measure does not represent an institutional position of the University of Hawaii.

Obesity is a major public health problem in Hawaii. It contributes to premature death and disease and contributes significantly to the health care costs in the state which are paid for by businesses and tax payers. Comprehensive approaches are necessary to combat the obesity epidemic. There is no one magic bullet or thing that can be done to change the doubling of the obesity rate over the past two decades. However, sugar sweetened beverages are one of the leading culprits especially among children. Research has shown that children consume between 10-15% of their calories from sugar-sweetened beverages. There are also the most price sensitive. Several studies have shown that increases in tobacco taxes have led to an immediate and substantial reduction in smoking among youth. A similar effect would be expected for sugar sweetened beverage consumption.

A random digit dial telephone survey I conducted indicated that almost 2/3 of adults in Hawaii support a tax on sugar sweetened beverages if that money is used for obesity prevention programs. The proposed fee will help reduce consumption of sugar sweetened beverages in Hawaii. The funds should be directed towards making sure our keiki have a state where they can be active safely and have access to healthy, affordable foods.

From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: bbrody1@hawaii.rr.com
Subject: Submitted testimony for SB1085 on Feb 6, 2013 13:15PM
Date: Friday, February 01, 2013 8:17:48 PM

SB1085

Submitted on: 2/1/2013

Testimony for HTH/JDL on Feb 6, 2013 13:15PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Bev Brody	Individual	Support	No

Comments: My name is Bev Brody and I am writing to urge you to vote in favor of SB1085 for the sake of our children, kapuna and everyone in between! Approximately 1 in 3 children entering kindergarten are overweight or obese! Childhood obesity increased 29 percent from 1999 to 2011 and it's still rising!!! In Hawaii, approximately 1 in 4 adults are obese! From 2000 to 2010, the percentage of adults considered obese increased 48 percent! This is crazy! Especially since we have an opportunity to do something about it! Research shows that consumption of sugar (sugar sweetened beverages) has increased over time, as has the prevalence of obesity among both children and adults. Reducing consumption of SSB has been shown to reduce weight and weight gain. Increasing the price of SSB has the potential to reduce consumption of these beverages. It's time we really started to put our focus on prevention. As someone recently asked; "Do we want to pay now or later for our health?" I vote NOW! And urge you to do the same. Please vote in favor of SB1085. Thank you for your time and the opportunity to testify. Sincerely, Bev Brody

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From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: mendezj@hawaii.edu
Subject: *Submitted testimony for SB1085 on Feb 6, 2013 13:15PM*
Date: Friday, February 01, 2013 1:58:29 PM

SB1085

Submitted on: 2/1/2013

Testimony for HTH/JDL on Feb 6, 2013 13:15PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Javier Mendez-Alvarez	Individual	Support	No

Comments:

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Testimony to oppose Bill SB 1085

I feel if the State truly wished to combat obesity in Hawaii, then it would propose a bill to cover all prepared foods and beverages that exceed a certain calorie intake. At the same time the State should also propose a bill to enforce mandatory exercise daily...kind of outrageous! It is sad when our own government feels its people need to be guided towards a life style that they deem appropriate. What happened to free will...now it comes with a price!

Also to go after the beverages again after increase in bottle taxes...seems the State found a money maker to fill its coffers in the guise of Health Care! Why not, it already did it in the guise of Environment! And where did all that money go!!!

If our State truly believed that our Health Care is their responsibility, then it should do something about reducing Health care cost. Then maybe people will go to the doctors more often and be educated from the experts on how to live a Healthy lifestyle.

From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: maceyj001@hawaii.rr.com
Subject: Submitted testimony for SB1085 on Feb 6, 2013 13:15PM
Date: Saturday, February 02, 2013 2:21:28 AM

SB1085

Submitted on: 2/2/2013

Testimony for HTH/JDL on Feb 6, 2013 13:15PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
James W. Macey	Individual	Oppose	Yes

Comments: I can hardly believe what I am reading in this bill. The federal government subsidizes sugar growers and this bill is going to tax sugar. This seems to me to be a double tax on the poor taxpayers. Especially when just about every drink has sugar in it. This bill would better be served by banning High Fructose Corn Syrup as that probably has more of an impact on health. Also, what does this mean: "Support of prenatal surveillance and assessment, home visitation, early childhood oral health prevention, and coordination for families, infants, and children at highest health and domestic violence risk. These programs shall screen, coordinate, enroll or refer families prenatally or at birth to resources to meet their needs to achieve good beginnings through a holistic approach;" Does this mean some Nazi is going to visit people's houses to measure how many sweet drinks they drink? That will not happen! Who wrote this nonsense?

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: adamlipka@hotmail.com
Subject: Submitted testimony for SB1085 on Feb 6, 2013 13:15PM
Date: Friday, February 01, 2013 3:07:07 PM

SB1085

Submitted on: 2/1/2013

Testimony for HTH/JDL on Feb 6, 2013 13:15PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Adam Lipka	Individual	Oppose	No

Comments: Anything is harmful when consumed in excess even water can kill you if you drink to much of it. While obesity is harmful and everyone knows it. It is not the governments place to tell me how to live my life if I'm not infringing on others rights or breaking a criminal law. There are far to many taxes on commodoties as it is already and we must look into more responsible spending of our current tax dollars rather than dreaming up a new tax every time we want to try another program.

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TO: Members of the Committee on Judiciary and Labor

FROM: Natalie Iwasa
Honolulu, HI 96825
808-395-3233

HEARING: 1:15 p.m. Wednesday, February 6, 2013

SUBJECT: SB 1085 Beverage Tax - **OPPOSED**

Aloha Chair and Committee Members,

Thank you for allowing me the opportunity to provide testimony on SB 1085 which would create a new tax on sugar-sweetened beverages to fund an obesity prevention program. I oppose this new tax.

Rather than creating more bureaucracy with a new fund, taxing people who aren't obese or even overweight and making it harder for retailers to do their business, why not create *incentives* for people to maintain healthy lifestyles? Why not make it easier for people to get from point A to point B by using their own energy, e.g., walking or biking?

Please vote "no" on this bill.

From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: bull41@msn.com
Subject: Submitted testimony for SB1085 on Feb 6, 2013 13:15PM
Date: Monday, February 04, 2013 6:21:55 PM

SB1085

Submitted on: 2/4/2013

Testimony for HTH/JDL on Feb 6, 2013 13:15PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
William Hughes	Individual	Oppose	No

Comments: I oppose this bill as this will effect a lot of jobs in many industries here in Hawaii.

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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NEIL ABERCROMBIE
GOVERNOR

EXECUTIVE CHAMBERS
HONOLULU

Testimony in **SUPPORT** of SB1085
Relating to Obesity Prevention

Committee on Health
Senator Josh Green, Chair
Senator Rosalyn Baker, Vice Chair

Committee on Judiciary and Labor
Senator Clayton Hee, Chair
Senator Maile Shimabukuro, Vice Chair

February 6, 2013
1:15 pm
Room 229

Chair Green, Chair Hee, Vice Chair Baker, Vice Chair Shimabukuro and members of the Health and Judiciary and Labor committees:

The Office of the Governor **supports** Senate Bill 1085, Relating to Obesity Prevention. This measure proposes to establish a fee of 1 cent per ounce on sugar-sweetened beverages. The fee is expected to increase the price of sugar-sweetened beverages by an average of 17%. It is also expected to reduce consumption by 8-10 percent and maybe even higher on youth. If this bill passes, in 2014-15 we are hoping to raise \$38 million in new revenue and will use these funds to support childhood and adult obesity prevention and health promotion programs.

Studies show that sugar-sweetened beverages are strongly linked to increased rates of obesity and risks for diabetes. A 2003 study in Hawaii found that 53.3% of adults drink soda at least two to four times a month and 25.9% of them drinking soda almost every day. Since the late 1970's, intake of sugar-sweetened beverages among adults ages 19 and older more than doubled.

In Hawaii, approximately 1 in 3 of our keiki entering kindergarten are overweight or obese. Each additional 12-ounce soft drink consumed per day increases their odds of becoming obese by 60% and doubles the risk of dental caries. Studies have also shown that replacing sugar-sweetened beverage with a non-caloric beverage significantly reduced the weight gain and body fat in children.

Currently 23% of the adults in Hawaii are obese and 34% are overweight. Studies found that cardiovascular, high blood pressure, type 2 diabetes, dental erosion and pancreatic cancer are risks that are also associated with sugar-sweetened beverage consumption. Additionally, obesity-related medical expenditures were calculated to be over \$470 million in 2009 and are continuing to rise.

We need to begin to address our obesity and other obesity-related medical problems. Reducing the consumption of sugary beverages is only one strategy in the fight against obesity.

We are proposing to impose a fee on sugar-sweetened beverages because we have seen that increasing the price of sugar-sweetened beverage by 35% resulted in a 26% decrease in sales. Sales decreased by an additional 18% when coupled with an educational campaign about the positive health impact of reducing consumption. Other major government interventions have been successful in improving and protecting public health in smoking restrictions and tobacco taxes, air bags in autos and vaccinations.

We need to start now for the health of our keiki and all the people of Hawaii.

Thank you for the opportunity to testify.

NEIL ABERCROMBIE
GOVERNOR



KATHRYN S. MATAYOSHI
SUPERINTENDENT

STATE OF HAWAII
DEPARTMENT OF EDUCATION
P.O. BOX 2360
HONOLULU, HAWAII 96804

Date: 02/06/2013

Committee: Senate Health
Senate Judiciary and Labor

Department: Education

Person Testifying: Kathryn S. Matayoshi, Superintendent of Education

Title of Bill: SB 1085 RELATING TO OBESITY PREVENTION

Purpose of Bill: Imposes a fee on sugar-sweetened beverages. Establishes the Obesity Prevention Special Fund to support obesity prevention programs.

Department's Position:

The Department of Education supports SB 1085. Obesity prevention programs will promote the development of healthy children that contribute to school readiness, healthy lifestyle, and a successful future.



CITY COUNCIL
CITY AND COUNTY OF HONOLULU
HONOLULU, HAWAII 96813-3065

BREENE HARIMOTO
Councilmember District VIII
Chair, Committee on Transportation
Telephone: (808) 768-5008
Email bharimoto@honolulu.gov

February 6, 2013

The Honorable Josh Green, Chair
The Honorable Clayton Hee, Chair
and Members of the Senate Committees on Health and Judiciary and Labor
Hawaii State Capitol
415 South Beretania Street
Honolulu, HI 96813

Subject: **Senate Bill 1085, Relating to Obesity Prevention**

Dear Chair Green, Chair Hee, and Committee Members:

I offer my testimony in support of this measure. I am personally working to make Honolulu a more livable city, and the health of our citizens, especially our children, is an integral and essential part of livability. Some of the healthy and livable policy initiatives currently being advanced at the county level include:

- Establishing "Complete Streets" to encourage more walking, bicycling, and user friendly streets for all modes of transportation;
- Implementing a bike plan for the City and County of Honolulu;
- Planning a bike share program; and
- Enabling the city's People Open Market program to accept Electronic Benefit Transfer cards to increase access to fresh fruits and vegetables for low income earners.

Unfortunately, today's generation may well be the first with shorter life spans than their parents due to what the Center for Disease Control calls "an epidemic of obesity and diabetes." Obesity and diabetes often lead to other major health issues and directly impact health care costs and quality of life. Any effort to combat this "epidemic" is a step in the right direction.

SB 1085 represents a sound health-related policy, which when combined with other initiatives, can help change people's behavior and advance a healthier lifestyle for all.

Very truly yours,

Breene Harimoto
Honolulu City Council
District VIII



To: The Honorable Senator Josh Green, Chair, Committee on Health
The Honorable Senator Rosalyn Baker, Vice Chair, Committee on Health

The Honorable Senator Clayton Hee, Chair, Committee on Judiciary and Labor
The Honorable Senator Maile S.L. Shimabukuro, Vice Chair, Committee on Judiciary and Labor

Members, Senate Committee on Health
Members, Senate Committee on Judiciary and Labor

From: Stacy Evensen, Healthy Communities Hawaii, Board Chair-Elect
Date: February 4, 2013
Hrg: Senate Cmt on Health/Senate Cmt on Judiciary and Labor, Wednesday, February 6, 2013 at 1:15 pm in Room 229
Re: **Strong Support to SB 1085, Relating to Obesity Prevention**

Thank you for the opportunity to testify in support of SB 1085 which would establish a fee on sugar-sweetened beverages sold in the State and designates the funds to be used for obesity prevention programs coordinated by the Department of Health.

My name is Stacy Evensen and I am the Board Chair-Elect for Healthy Communities Hawaii (HCH,) the umbrella organization for the Coalition for a Tobacco-Free Hawaii (CTFH). The mission of HCH is "to improve health and quality of life in Hawaii."

Currently, 23% of the adults in Hawaii are obese and 25% of its youth are overweight or obese.¹ Approximately 1 out of every 3 children entering Kindergarten are overweight or obese.² Obesity rates continue to rise and have been linked to a number of chronic diseases including heart disease, diabetes, certain types of cancers and premature death. Due to the costs associated with treating these illnesses, high obesity rates have a tremendous economic impact on our State. In 2009 alone, obesity-related medical expenses in Hawaii were calculated to be over \$470 million.³

Addressing obesity issues requires policy and environmental changes that reach the entire population. While sugar sweetened beverages are not the only contributing factor that leads to obesity, it is the leading source of empty calories in the average U.S. diet, and is a major contributor to this growing epidemic.⁴ In Hawaii 53.3% of adults drink soda at least two to four times a month and 25.9% drink soda

¹ Behavioral risk Factor Surveillance study (BRFSS).

² Pobutsky A and Bradbury E. 2011. Surveillance of Overweight/Obesity in Hawaii Public School Students Entering Kindergarten in 2002-2003 and 2007-2008. Hawaii State Department of Health, Chronic Disease Management and Control Branch. Poster presentation for the Council of State and Territorial Epidemiologists Annual Conference, 2011.

³ Trogdon, JG, Finkelstein, EA, Feagan, CW, et al. State- and Payer-Specific Estimates of annual Medical Expenditures attributable to Obesity. *Obesity*, 2012; 20(1): 214-220.

⁴ Source: Table 5a. mean Intake of Added Sugars & Percentage Contribution of Various Foods Among US Population, by Age, NHaNES 2005-6 <http://riskfactor.cancer.gov/diet/foodsources/added_sugars/table5a.html>

almost every day, while children and adolescents derive 10-15% of their total calories from sugary beverages.^{5,6} Because we cannot count on education as the singular method to reverse these trends, increasing the price of sweetened beverages has the potential to reduce consumption of these beverages as well as developing a new revenue stream to combat the childhood obesity problem.

There is a groundswell of public support for establishing a sugar-sweetened beverage tax. A random digital survey of Hawaii adults ages 18-54 conducted in 2011, found that 65.6% would support a fee on sugar-sweetened beverages provided that the revenue generated was used specifically to fund programs to fight childhood obesity.⁷

By passing this piece of legislation, you will be creating a Win-Win-Win situation for the state. SB 1085 promotes healthy living, especially amongst children. Simultaneously, it will raise a substantial amount of revenue that will offset some of the projected cuts that currently threaten various health initiatives. Lastly, you will be supporting a measure that has widespread public support.

Thank you for the opportunity to provide testimony in support of this measure.

⁵ Maddock, J.E., Marshall, C., nigg, C.R., & Barnett, J.D. (2003). Development and first year results of a psychosocial surveillance system for chronic disease related health behaviors. *Californian journal of health Promotion*, 1(5), 54-64.

⁶ Wang, Y., et.al., increasing Caloric Contribution From sugar-Sweetened Beverages and 100% Fruit Juices Among US Children and Adolescents, 1988-2000. *Pediatrics* 2008.

⁷ Maddock, J.E., Sinclair, B., & Richards, K. (2012). Assessing support for taxing sugar sweetened beverages in Hawaii. Presented at the Annual Meeting of the American Public Health Association, San Francisco, CA.



HAWAII FOOD INDUSTRY ASSOCIATION (HFIA)
1050 Bishop St. Box 235
Honolulu, HI 96813
Fax : 808-791-0702
Telephone : 808-533-1292

DATE: Wednesday, February 6, 2013 TIME: 1:15 p.m PLACE: CR 229

TO: COMMITTEE ON HEALTH

Senator Josh Green, MD, Chair; Senator Rosalyn H. Baker, Vice Chair

COMMITTEE ON JUDICIARY AND LABOR

Senator Clayton Hee, Chair; Senator Maile S.L. Shimabukuro, Vice Chair

FROM: Hawaii Food Industry Association - Lauren Zirbel, Executive Director

RE: SB 1085 RELATING TO OBESITY PREVENTION

POSITION: HFIA strongly opposes this bill.

The Hawaii Food Industry Association is comprised of two hundred member companies representing retailers, suppliers, producers and distributors of food and beverage related products in the State of Hawaii.

The legislature must stop taxing groceries. It is the most unfair and regressive way to fill the budget deficit.

The beverage industry is already doing more than its fair share to raise money for the State of Hawaii. The bottle bill has cost the industry a significant amount of profit percentage in surcharges and reduced sales. **Please don't pass on the tab for items that should be included in the state budget to the food and beverage industry.**

There is no empirical evidence supporting the argument that a soda tax will reduce consumers' collective calorie intake.

A report by Beverage Digest, which tracks the U.S. carbonated soft drinks U.S. market, said total consumption of soda in 2011 was down 1 percent from the previous year, the

seventh consecutive year of decline. Soda only represents 7 percent of our collective energy intake.

In an article recently published by STATS.org, Trever Butterworth stated that while public health experts argue that a tax on sugared soda could help curb obesity, economists are unconvinced. He went on to explain that there is no evidence of a linear relationship between soda and obesity.

Butterworth asks, "How much of a tax increase would lead to a meaningful reduction in consumption – and would that, in turn, lead to meaningful changes in diet and weight?" In the 33 states that have implemented soda taxes, including the five most obese states, little change has been detected.

An article published in Contemporary Economic Policy entitled "Can Soft Drink Taxes Reduce Population weight" examined how changes in states taxation rates from 1990 to 2006 have affected body mass index (BMI). "They found that a one percentage point increase in the tax rate was associated with a statistically significant decrease of 0.003 points in BMI. (To put this into context, the National Institutes for Health defines a person as having a normal weight if their BMI is between 18.5 and 24.9, and obese if their BMI is 30.0). As the researchers note, even a large tax increase of 20 percentage points might not have a substantial effect on population weight."

Food preference isn't an accurate healthy weight detector. A holistic look at calorie intake is a more appropriate way to determine an individual's propensity to achieve a health weight.

HFIA does not support tax increases, especially increases that will simply increase the costs to consumers at a time when taxpayers cannot afford such increases. **This tax is highly regressive and will impact the poor the most.**

If you pass this measure it will severely damage the retail and beverage industry, **costing the state many jobs.** The loss of these jobs will cost significantly more in the long run than the gains in revenue, which the proposed sugary beverage tax increase may generate.

Thank you for the opportunity to provide this testimony.



www.itoen.com

Ito EN (USA) INC.
125 PUUHALE ROAD
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ITO EN (NORTH AMERICA) INC.
45 MAIN STREET, SUITE 3A
BROOKLYN, NY 11201
TEL 718 250 4000
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TO: COMMITTEE ON HEALTH
Senator Josh Green, Chair
Senator Roslyn Baker, Vice Chair

COMMITTEE ON JUDICIARY AND LABOR
Senator Clayton Hee, Chair
Senator Maile S.L. Shimabukuro, Vice Chair

FROM: ITO EN (USA) Inc.
Wendy Chuck, Human Resources Manager

DATE: Wednesday February 6, 2013
TIME: 1:15 P.M.
PLACE: Conference Room 229

RE: SB 1085 RELATING TO HEALTH

Position: Strong Opposition

I work for ITO EN (USA) Inc. which has been doing business in Hawaii since 1987. We are still only one of a handful of local beverage manufacturers and distributors in Hawaii. Our factory is located in Kalihi (Senator Chun-Oakland's district) and we employ 68 workers, some of them live in this district.

It is disturbing to hear that our legislators again want to put a soft drink tax on the table. Our workforce has labored hard the past years to earn a living to support themselves and their families. Management has made sacrifices to preserve jobs and stay competitive as a local business. I see labor and benefit costs continue to rise each year and we strive to work harder and creatively to make our employees feel appreciated even when there are years with no pay raises.

A tax as steep as a penny per ounce or even a penny per teaspoon of sugar is unfair and overly harsh to our industry. What other grocery item receives a tax or fee that potentially amounts to 22% of the consumer's dollar? Our industry already has been singled out for bottle and deposit fees on containers, yet lawmakers still want to add another tax/fee. Collectively, all these government fees and taxes add up to **38%** of the cost to the consumer.



Example:

		% of total cost
Price of one case (24 cans/11.5 fl oz) of Aloha Maid Passion Orange Juice.....	\$7.79	62.4%
General excise tax.....	\$0.37	3.0%
Bottle and deposit fee.....	\$1.56	12.5%
Beverage tax/fee per fl. oz.....	\$2.76	22.1%
Total cost to consumer.....	\$12.48	

The proponents of this bill want to intentionally impose a steep sugar tax because of "studies" that "predict" a result of 8-10% decline in consumption – this being based on the result of raising tobacco taxes. How can you liken soft drinks to tobacco? Is tobacco in moderation for you, your child or anyone a good idea? When I drink juice, does it bother my neighbor sitting next to me? There are so many good reasons why smoking has decreased – to imply the same results can be achieved for soft drink consumption is a wild guess. Consumers who love soft drinks and consume in moderation and have no weight issues will still be paying the tax penalty.

A tax such as this penalizes consumers, especially those who can least afford 38% tax and fees on their grocery items. This is not fair, considering calories from sugar-sweetened beverages comprise only 7% of the American diet and that simple starches, fats and sweet foods, combined with a **lack of exercise** are the bigger reasons for obesity and related health problems*. **(Source: National Cancer Institute Re-Analysis of the National Health and Nutrition Examination Survey: 2005-2006)*

This version of the soft drink tax bill also proposes criminal penalties for something as easily overseen as a missing report form. Criminal penalties? What is the logic behind this, and yet some lawmakers want to make marijuana legal (SB738, SB467)? Remember we are just talking about juice, iced tea, iced coffee, soda – all perfectly legal and perfectly okay to consume in moderation.

If you want to make a meaningful impact on people's lifestyle habits, I suggest a balanced and comprehensive message to consumers and students which includes exercise. For myself, I really don't need the government to increase my grocery bill in hopes to control what I want to buy with my own money. This tax is unfair, regressive, hurts our business and carries unreasonable criminal penalties. The tax does not motivate nor educate consumers to get proper diet, eat in moderation, exercise and brush after meals.

Thank you for the opportunity to testify.

The Twenty-Seventh Legislature
Regular Session of 2013

THE SENATE

Committee on Health

Senator Josh Green, M.D., Chair
Senator Rosalyn H. Baker, Vice Chair

Committee on Judiciary and Labor

Senator Clayton Hee, Chair
Senator Maile S.L. Shimabukuro, Vice Chair

Hawaii State Capitol, Room 229
Wednesday, February 6, 2013; 1:15 p.m.

**STATEMENT OF THE ILWU LOCAL 142 ON S.B. 1085
RELATING TO OBESITY PREVENTION**

The ILWU Local 142 strongly opposes S.B. 1085, which imposes a fee on sugar-sweetened beverages and establishes the Obesity Prevention Special Fund to support obesity prevention programs.

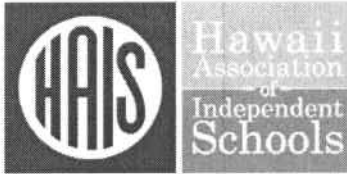
This measure will impose a tax to dissuade consumers from buying and consuming sugar-sweetened beverages as a means of preventing obesity. While we do not disagree that obesity is a problem in this country and this state, we do not agree that imposing a tax as a disincentive or penalty is the answer.

Cigarettes have been highly taxed, yet there are many, many individuals who continue to pay the high price to smoke, despite a proven link between cigarettes and cancer and other diseases. While some may refrain from smoking because of the cost, education has been perhaps a larger factor in getting people to realize the health dangers of smoking cigarettes. This education has been funded, in large part, not by taxes but by proceeds from lawsuits.

People will not completely stop buying and consuming sugar-sweetened beverages just because of a tax. Even if a tax is a disincentive, cutting out sugary beverages may not curb or prevent obesity because there are any number of other unhealthy food choices that contribute to obesity. Why single out soda and juice? The real objective of this bill appears to be to raise revenue, and sugar-sweetened beverages are an easy target.

We are especially concerned about the negative impact this bill will have on local jobs in the beverage manufacturing and sales industry. The ILWU represents more than 250 employees at Pepsi, which manufactures and distributes Pepsi products, and almost 100 employees at Ball Corporation, which produces aluminum cans for soda and juice. These companies are two of a vanishing breed of manufacturing companies in Hawaii that employ hundreds of workers and pay good union wages. Preserving these jobs should be a foremost concern of legislators. Hawaii's economy must be diversified—which means retaining jobs in manufacturing to balance jobs in the service sector and government.

The ILWU strongly urges this Committee to hold S.B. 1085. Thank you for the opportunity to testify on this measure.



February 6, 2013
1:15 p.m.
Conference Room 229

TESTIMONY TO
THE JOINT SENATE COMMITTEES ON
HEALTH AND JUDICIARY AND LABOR

RE: SB 1085

Chairs Green and Hee, Vice Chairs Baker and Shimabukuro, and the members of the committee,

My name is Robert Witt and I am executive director of the Hawaii Association of Independent Schools (HAIS), which represents 99 private and independent schools in Hawaii and educates over 33,000 students statewide.

HAIS supports SB 1085 which imposes a fee on sugar-sweetened beverages and establishes the Obesity Prevention special Fund to support obesity prevention.

Approximately 1 in 3 children entering kindergarten in Hawaii is overweight or obese. Each additional 12-ounce soft drink consumed per day by children increases their odds of becoming obese by 60%. Additionally, currently 23% of Hawaii's adults are obese and another 34% are overweight; both of these conditions are accompanied by a slew of associated health problems including cardiovascular risk, high blood pressure, type 2 diabetes, and dental erosion, to name just a few. Because of the contribution of the consumption of sugar-sweetened beverages to obesity, as well as the health consequences that are independent of weight, the consumption of sugar-sweetened beverages generates excess health care costs.

Increasing the cost of sugar-sweetened beverages via the proposed tax will prevent obesity and promote better health practices, especially among children. The fee will decrease consumption of SSBs, improve nutrition across the state, and thus improve weight status and health. The fee will also raise revenue to reduce current program reductions while supporting new health initiatives. Finally, the fee is supported by the public; according to a poll cast in December 2011, 65.6% of adults in Hawaii support a sugar-sweetened beverage tax if the revenue is used to address the prevention of childhood obesity.

Thank you for the opportunity to testify.

Written Testimonial In Support of SB1085: Relating to Obesity Prevention

My name is Lauren Oshima, and I am a medical student at the John A. Burns School of Medicine at the University of Hawai'i at Manoa.

Childhood obesity is the most significant risk factor for adult obesity and chronic diseases such as diabetes and heart disease. These diseases have no cure; however they may be prevented.

Of great concern, Hawai'i's keiki now rank amongst the most obese in the nation. Approximately one-third of children entering kindergarten in Hawai'i are overweight or obese (Pobutsky, 2006), and in some communities and ethnic groups in Hawaii, as many as 50% of children are overweight or obese (Okihiro, 2005).

Sugar-sweetened beverages (defined as sodas, energy and sports drinks, and sweetened water) and fruit drinks combined provide the largest source of daily calories in the diets of children ages 2-18. Soda alone is the third largest source (Reedy, 2010). These beverages are inexpensive, abundant, high in calories, deliver little or no nutrition, and appeal to our tastes, and they are heavily marketed, especially to children. Each extra serving of sugar-sweetened beverages consumed per day throughout childhood increases the chance of becoming obese by 60% (Ludwig, 2001).

The economic cost of obesity to our community is substantial. Approximately \$470 million is spent annually on obesity-related health problems in Hawai'i (Trogon, 2012). At the state level, a penny-per-ounce excise tax on SSBs in Mississippi, Louisiana, and West Virginia is projected to bring in approximately \$136 million, \$210 million, and \$84 million, respectively, in 2013 (Rudd Center, 2012).

Taxing alcohol and cigarettes has proved to be highly successful in reducing consumption and its consequences, resulting in major public health benefits. Economists also predict significant public health benefits for taxes on sugar-sweetened beverages (Chaloupka, 2011).

Obesity is a complex problem that must be addressed with multifaceted strategies. By enacting a fee on sugar-sweetened beverages, SB1085 can raise considerable funds towards obesity-prevention initiatives such as subsidies for healthy foods or physical education programs in schools. By raising the relative price of unhealthy beverages, a fee will discourage their consumption and influence demand for healthy alternatives.

As a future physician committed to improving the health of our community, I support legislation that promotes healthy living and lifestyle disease prevention. For these reasons, I support passage of SB1085: Relating to Obesity Prevention.

Mahalo for the opportunity to submit a written testimony on this issue.

Mackenzie White, MS, RD
125 N Kalaheo Ave
Kailua, HI 96734
February 5, 2013

Testimony on SB 1085, "Relating to Obesity Prevention"

As a registered dietitian, I support the intent of bill SB 1085.

As the bill states, obesity is one of the most prominent health related issue in the state of Hawai'i. Obesity increases the risk of developing numerous other health conditions including diabetes, coronary heart disease, stroke, high blood pressure, cancer, liver and gallbladder disease, sleep apnea, osteoarthritis, reproductive health problems, and mental health conditions to name a few. Obesity has the potential to severely damage the health care system and the businesses that provide health insurance due to the increased expense of the conditions associated with it. Medical expenses in Hawai'i due to obesity were calculated to be around 470 million dollars in 2009, and are continuing to rise.

Both children and adults are affected by obesity and sugar-sweetened beverages. Currently, 23% of adults in Hawai'i are obese, and 34% are overweight. Several recent studies have supported the findings that sugar-sweetened beverages lead to elevated weight in adults and children. One study, published in the February 2013 Journal of the Academy of Nutrition and Dietetics, found a significant relationship between children who consumed sugar-sweetened beverages and increased C-reactive protein concentrations (an inflammatory marker) ($P=0.003$), increased waist circumference ($P<0.04$), and decreased high-density lipoprotein (HDL) cholesterol concentrations ($P=0.001$). The three significant results show the harmful impact of increased consumption of sugar-sweetened beverages. Sugar-sweetened beverages not only were shown to increase waist circumference (size of the person), but also two other biomarkers, which show sugar-sweetened beverages contribute to other potential health problems besides obesity.

The beverage fee has the potential to reduce consumption of sugar-sweetened beverages due to the increased cost to purchase them. If it does not reduce the amount consumed, then, at the least, there will be a fund created by the purchases to help pay for obesity-related issues. Opponents of the bill may think that the price increase of sugar-sweetened beverages is unfair or regressive; and disproportionately affects lower socio-economic class (poorer) people. This is true, but it is also true that obesity levels are higher in lower socio-economic class people. Poorer people have less opportunity to buy healthful foods and beverages due to lack of resources. For example there are more likely to be convenience stores/gas stations closer to their living spaces than grocery stores. Also, sugar-sweetened beverages are often less expensive than healthful beverages like milk, thus contributing to obesity of lower socio-economic class people. The lower socio-

economic class needs more nutrition education and access to healthful foods and beverages to offset the disadvantages, and the bill would help to provide the necessary funding.

If passed into law, the one-cent per ounce fee has the potential to raise around 38 million dollars for the 2014-2015 fiscal year, which would benefit the state, obesity prevention programs, and the health care system. It is also true that many government interventions have been successful in improving and protecting the public's health. Examples include tobacco taxes, smoking restrictions, vaccines, and seat belts and airbags in automobiles.

Obesity is a tremendous problem for the United States and the state of Hawai'i. The obesity epidemic in Hawai'i must be addressed completely through an arrangement of public education and strong, progressive policy aimed at helping the public transition into healthier lifestyles. It will not be stopped fully with the sugar-sweetened beverage fee, but the passing of this bill is one imperative step needed to fight obesity in our beloved state and country. As an expert on food and nutrition, I know that the people, businesses, and healthcare system of our state, now and in the future, depend on it.

Respectfully submitted,

Mackenzie White, MS, RD
Bachelor of Science, Nutrition & Dietetics, University of New Mexico, 2009
Master of Science, Clinical Nutrition, University of Memphis, 2010
Member, Academy of Nutrition and Dietetics
Member, Hawai'i Dietetic Association



NEIL ABERCROMBIE
GOVERNOR

EXECUTIVE CHAMBERS
HONOLULU

Testimony in **SUPPORT** of SB1085
Relating to Obesity Prevention

Committee on Health
Senator Josh Green, Chair
Senator Rosalyn Baker, Vice Chair

Committee on Judiciary and Labor
Senator Clayton Hee, Chair
Senator Maile Shimabukuro, Vice Chair

February 6, 2013
1:15 pm
Room 229

Chair Green, Chair Hee, Vice Chair Baker, Vice Chair Shimabukuro and members of the Health and Judiciary and Labor committees:

The Office of the Governor **supports** Senate Bill 1085, Relating to Obesity Prevention. This measure proposes to establish a fee of 1 cent per ounce on sugar-sweetened beverages. The fee is expected to increase the price of sugar-sweetened beverages by an average of 17%. It is also expected to reduce consumption by 8-10 percent and maybe even higher on youth. If this bill passes, in 2014-15 we are hoping to raise \$38 million in new revenue and will use these funds to support childhood and adult obesity prevention and health promotion programs.

Studies show that sugar-sweetened beverages are strongly linked to increased rates of obesity and risks for diabetes. A 2003 study in Hawaii found that 53.3% of adults drink soda at least two to four times a month and 25.9% of them drinking soda almost every day. Since the late 1970's, intake of sugar-sweetened beverages among adults ages 19 and older more than doubled.

In Hawaii, approximately 1 in 3 of our keiki entering kindergarten are overweight or obese. Each additional 12-ounce soft drink consumed per day increases their odds of becoming obese by 60% and doubles the risk of dental caries. Studies have also shown that replacing sugar-sweetened beverage with a non-caloric beverage significantly reduced the weight gain and body fat in children.

Currently 23% of the adults in Hawaii are obese and 34% are overweight. Studies found that cardiovascular, high blood pressure, type 2 diabetes, dental erosion and pancreatic cancer are risks that are also associated with sugar-sweetened beverage consumption. Additionally, obesity-related medical expenditures were calculated to be over \$470 million in 2009 and are continuing to rise.

We need to begin to address our obesity and other obesity-related medical problems. Reducing the consumption of sugary beverages is only one strategy in the fight against obesity.

We are proposing to impose a fee on sugar-sweetened beverages because we have seen that increasing the price of sugar-sweetened beverage by 35% resulted in a 26% decrease in sales. Sales decreased by an additional 18% when coupled with an educational campaign about the positive health impact of reducing consumption. Other major government interventions have been successful in improving and protecting public health in smoking restrictions and tobacco taxes, air bags in autos and vaccinations.

We need to start now for the health of our keiki and all the people of Hawaii.

Thank you for the opportunity to testify.

NEIL ABERCROMBIE
GOVERNOR



KATHRYN S. MATAYOSHI
SUPERINTENDENT

STATE OF HAWAII
DEPARTMENT OF EDUCATION
P.O. BOX 2360
HONOLULU, HAWAII 96804

Date: 02/06/2013

Committee: Senate Health
Senate Judiciary and Labor

Department: Education

Person Testifying: Kathryn S. Matayoshi, Superintendent of Education

Title of Bill: SB 1085 RELATING TO OBESITY PREVENTION

Purpose of Bill: Imposes a fee on sugar-sweetened beverages. Establishes the Obesity Prevention Special Fund to support obesity prevention programs.

Department's Position:

The Department of Education supports SB 1085. Obesity prevention programs will promote the development of healthy children that contribute to school readiness, healthy lifestyle, and a successful future.



CITY COUNCIL
CITY AND COUNTY OF HONOLULU
HONOLULU, HAWAII 96813-3065

BREENE HARIMOTO
Councilmember District VIII
Chair, Committee on Transportation
Telephone: (808) 768-5008
Email bharimoto@honolulu.gov

February 6, 2013

The Honorable Josh Green, Chair
The Honorable Clayton Hee, Chair
and Members of the Senate Committees on Health and Judiciary and Labor
Hawaii State Capitol
415 South Beretania Street
Honolulu, HI 96813

Subject: **Senate Bill 1085, Relating to Obesity Prevention**

Dear Chair Green, Chair Hee, and Committee Members:

I offer my testimony in support of this measure. I am personally working to make Honolulu a more livable city, and the health of our citizens, especially our children, is an integral and essential part of livability. Some of the healthy and livable policy initiatives currently being advanced at the county level include:

- Establishing "Complete Streets" to encourage more walking, bicycling, and user friendly streets for all modes of transportation;
- Implementing a bike plan for the City and County of Honolulu;
- Planning a bike share program; and
- Enabling the city's People Open Market program to accept Electronic Benefit Transfer cards to increase access to fresh fruits and vegetables for low income earners.

Unfortunately, today's generation may well be the first with shorter life spans than their parents due to what the Center for Disease Control calls "an epidemic of obesity and diabetes." Obesity and diabetes often lead to other major health issues and directly impact health care costs and quality of life. Any effort to combat this "epidemic" is a step in the right direction.

SB 1085 represents a sound health-related policy, which when combined with other initiatives, can help change people's behavior and advance a healthier lifestyle for all.

Very truly yours,

Breene Harimoto
Honolulu City Council
District VIII



To: The Honorable Senator Josh Green, Chair, Committee on Health
The Honorable Senator Rosalyn Baker, Vice Chair, Committee on Health

The Honorable Senator Clayton Hee, Chair, Committee on Judiciary and Labor
The Honorable Senator Maile S.L. Shimabukuro, Vice Chair, Committee on Judiciary and Labor

Members, Senate Committee on Health
Members, Senate Committee on Judiciary and Labor

From: Stacy Evensen, Healthy Communities Hawaii, Board Chair-Elect
Date: February 4, 2013
Hrg: Senate Cmt on Health/Senate Cmt on Judiciary and Labor, Wednesday, February 6, 2013 at 1:15 pm in Room 229
Re: **Strong Support to SB 1085, Relating to Obesity Prevention**

Thank you for the opportunity to testify in support of SB 1085 which would establish a fee on sugar-sweetened beverages sold in the State and designates the funds to be used for obesity prevention programs coordinated by the Department of Health.

My name is Stacy Evensen and I am the Board Chair-Elect for Healthy Communities Hawaii (HCH,) the umbrella organization for the Coalition for a Tobacco-Free Hawaii (CTFH). The mission of HCH is "to improve health and quality of life in Hawaii."

Currently, 23% of the adults in Hawaii are obese and 25% of its youth are overweight or obese.¹ Approximately 1 out of every 3 children entering Kindergarten are overweight or obese.² Obesity rates continue to rise and have been linked to a number of chronic diseases including heart disease, diabetes, certain types of cancers and premature death. Due to the costs associated with treating these illnesses, high obesity rates have a tremendous economic impact on our State. In 2009 alone, obesity-related medical expenses in Hawaii were calculated to be over \$470 million.³

Addressing obesity issues requires policy and environmental changes that reach the entire population. While sugar sweetened beverages are not the only contributing factor that leads to obesity, it is the leading source of empty calories in the average U.S. diet, and is a major contributor to this growing epidemic.⁴ In Hawaii 53.3% of adults drink soda at least two to four times a month and 25.9% drink soda

¹ Behavioral risk Factor Surveillance study (BRFSS).

² Pobutsky A and Bradbury E. 2011. Surveillance of Overweight/Obesity in Hawaii Public School Students Entering Kindergarten in 2002-2003 and 2007-2008. Hawaii State Department of Health, Chronic Disease Management and Control Branch. Poster presentation for the Council of State and Territorial Epidemiologists Annual Conference, 2011.

³ Trogdon, JG, Finkelstein, EA, Feagan, CW, et al. State- and Payer-Specific Estimates of annual Medical Expenditures attributable to Obesity. *Obesity*, 2012; 20(1): 214-220.

⁴ Source: Table 5a. mean Intake of Added Sugars & Percentage Contribution of Various Foods Among US Population, by Age, NHaNES 2005-6 <http://riskfactor.cancer.gov/diet/foodsources/added_sugars/table5a.html>

almost every day, while children and adolescents derive 10-15% of their total calories from sugary beverages.^{5,6} Because we cannot count on education as the singular method to reverse these trends, increasing the price of sweetened beverages has the potential to reduce consumption of these beverages as well as developing a new revenue stream to combat the childhood obesity problem.

There is a groundswell of public support for establishing a sugar-sweetened beverage tax. A random digital survey of Hawaii adults ages 18-54 conducted in 2011, found that 65.6% would support a fee on sugar-sweetened beverages provided that the revenue generated was used specifically to fund programs to fight childhood obesity.⁷

By passing this piece of legislation, you will be creating a Win-Win-Win situation for the state. SB 1085 promotes healthy living, especially amongst children. Simultaneously, it will raise a substantial amount of revenue that will offset some of the projected cuts that currently threaten various health initiatives. Lastly, you will be supporting a measure that has widespread public support.

Thank you for the opportunity to provide testimony in support of this measure.

⁵ Maddock, J.E., Marshall, C., nigg, C.R., & Barnett, J.D. (2003). Development and first year results of a psychosocial surveillance system for chronic disease related health behaviors. *Californian journal of health Promotion*, 1(5), 54-64.

⁶ Wang, Y., et.al., increasing Caloric Contribution From sugar-Sweetened Beverages and 100% Fruit Juices Among US Children and Adolescents, 1988-2000. *Pediatrics* 2008.

⁷ Maddock, J.E., Sinclair, B., & Richards, K. (2012). Assessing support for taxing sugar sweetened beverages in Hawaii. Presented at the Annual Meeting of the American Public Health Association, San Francisco, CA.



HAWAII FOOD INDUSTRY ASSOCIATION (HFIA)
1050 Bishop St. Box 235
Honolulu, HI 96813
Fax : 808-791-0702
Telephone : 808-533-1292

DATE: Wednesday, February 6, 2013 TIME: 1:15 p.m PLACE: CR 229

TO: COMMITTEE ON HEALTH

Senator Josh Green, MD, Chair; Senator Rosalyn H. Baker, Vice Chair

COMMITTEE ON JUDICIARY AND LABOR

Senator Clayton Hee, Chair; Senator Maile S.L. Shimabukuro, Vice Chair

FROM: Hawaii Food Industry Association - Lauren Zirbel, Executive Director

RE: SB 1085 RELATING TO OBESITY PREVENTION

POSITION: HFIA strongly opposes this bill.

The Hawaii Food Industry Association is comprised of two hundred member companies representing retailers, suppliers, producers and distributors of food and beverage related products in the State of Hawaii.

The legislature must stop taxing groceries. It is the most unfair and regressive way to fill the budget deficit.

The beverage industry is already doing more than its fair share to raise money for the State of Hawaii. The bottle bill has cost the industry a significant amount of profit percentage in surcharges and reduced sales. **Please don't pass on the tab for items that should be included in the state budget to the food and beverage industry.**

There is no empirical evidence supporting the argument that a soda tax will reduce consumers' collective calorie intake.

A report by Beverage Digest, which tracks the U.S. carbonated soft drinks U.S. market, said total consumption of soda in 2011 was down 1 percent from the previous year, the

seventh consecutive year of decline. Soda only represents 7 percent of our collective energy intake.

In an article recently published by STATS.org, Trever Butterworth stated that while public health experts argue that a tax on sugared soda could help curb obesity, economists are unconvinced. He went on to explain that there is no evidence of a linear relationship between soda and obesity.

Butterworth asks, "How much of a tax increase would lead to a meaningful reduction in consumption – and would that, in turn, lead to meaningful changes in diet and weight?" In the 33 states that have implemented soda taxes, including the five most obese states, little change has been detected.

An article published in Contemporary Economic Policy entitled "Can Soft Drink Taxes Reduce Population weight" examined how changes in states taxation rates from 1990 to 2006 have affected body mass index (BMI). "They found that a one percentage point increase in the tax rate was associated with a statistically significant decrease of 0.003 points in BMI. (To put this into context, the National Institutes for Health defines a person as having a normal weight if their BMI is between 18.5 and 24.9, and obese if their BMI is 30.0). As the researchers note, even a large tax increase of 20 percentage points might not have a substantial effect on population weight."

Food preference isn't an accurate healthy weight detector. A holistic look at calorie intake is a more appropriate way to determine an individual's propensity to achieve a health weight.

HFIA does not support tax increases, especially increases that will simply increase the costs to consumers at a time when taxpayers cannot afford such increases. **This tax is highly regressive and will impact the poor the most.**

If you pass this measure it will severely damage the retail and beverage industry, **costing the state many jobs.** The loss of these jobs will cost significantly more in the long run than the gains in revenue, which the proposed sugary beverage tax increase may generate.

Thank you for the opportunity to provide this testimony.



www.itoen.com

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TO: COMMITTEE ON HEALTH
Senator Josh Green, Chair
Senator Roslyn Baker, Vice Chair

COMMITTEE ON JUDICIARY AND LABOR
Senator Clayton Hee, Chair
Senator Maile S.L. Shimabukuro, Vice Chair

FROM: ITO EN (USA) Inc.
Wendy Chuck, Human Resources Manager

DATE: Wednesday February 6, 2013

TIME: 1:15 P.M.

PLACE: Conference Room 229

RE: SB 1085 RELATING TO HEALTH

Position: Strong Opposition

I work for ITO EN (USA) Inc. which has been doing business in Hawaii since 1987. We are still only one of a handful of local beverage manufacturers and distributors in Hawaii. Our factory is located in Kalihi (Senator Chun-Oakland's district) and we employ 68 workers, some of them live in this district.

It is disturbing to hear that our legislators again want to put a soft drink tax on the table. Our workforce has labored hard the past years to earn a living to support themselves and their families. Management has made sacrifices to preserve jobs and stay competitive as a local business. I see labor and benefit costs continue to rise each year and we strive to work harder and creatively to make our employees feel appreciated even when there are years with no pay raises.

A tax as steep as a penny per ounce or even a penny per teaspoon of sugar is unfair and overly harsh to our industry. What other grocery item receives a tax or fee that potentially amounts to 22% of the consumer's dollar? Our industry already has been singled out for bottle and deposit fees on containers, yet lawmakers still want to add another tax/fee. Collectively, all these government fees and taxes add up to **38%** of the cost to the consumer.



Example:

		% of total cost
Price of one case (24 cans/11.5 fl oz) of Aloha Maid Passion Orange Juice.....	\$7.79	62.4%
General excise tax.....	\$0.37	3.0%
Bottle and deposit fee.....	\$1.56	12.5%
Beverage tax/fee per fl. oz.....	\$2.76	22.1%
Total cost to consumer.....	\$12.48	

The proponents of this bill want to intentionally impose a steep sugar tax because of "studies" that "predict" a result of 8-10% decline in consumption – this being based on the result of raising tobacco taxes. How can you liken soft drinks to tobacco? Is tobacco in moderation for you, your child or anyone a good idea? When I drink juice, does it bother my neighbor sitting next to me? There are so many good reasons why smoking has decreased – to imply the same results can be achieved for soft drink consumption is a wild guess. Consumers who love soft drinks and consume in moderation and have no weight issues will still be paying the tax penalty.

A tax such as this penalizes consumers, especially those who can least afford 38% tax and fees on their grocery items. This is not fair, considering calories from sugar-sweetened beverages comprise only 7% of the American diet and that simple starches, fats and sweet foods, combined with a **lack of exercise** are the bigger reasons for obesity and related health problems*. **(Source: National Cancer Institute Re-Analysis of the National Health and Nutrition Examination Survey: 2005-2006)*

This version of the soft drink tax bill also proposes criminal penalties for something as easily overseen as a missing report form. Criminal penalties? What is the logic behind this, and yet some lawmakers want to make marijuana legal (SB738, SB467)? Remember we are just talking about juice, iced tea, iced coffee, soda – all perfectly legal and perfectly okay to consume in moderation.

If you want to make a meaningful impact on people's lifestyle habits, I suggest a balanced and comprehensive message to consumers and students which includes exercise. For myself, I really don't need the government to increase my grocery bill in hopes to control what I want to buy with my own money. This tax is unfair, regressive, hurts our business and carries unreasonable criminal penalties. The tax does not motivate nor educate consumers to get proper diet, eat in moderation, exercise and brush after meals.

Thank you for the opportunity to testify.

The Twenty-Seventh Legislature
Regular Session of 2013

THE SENATE

Committee on Health

Senator Josh Green, M.D., Chair
Senator Rosalyn H. Baker, Vice Chair

Committee on Judiciary and Labor

Senator Clayton Hee, Chair
Senator Maile S.L. Shimabukuro, Vice Chair

Hawaii State Capitol, Room 229
Wednesday, February 6, 2013; 1:15 p.m.

**STATEMENT OF THE ILWU LOCAL 142 ON S.B. 1085
RELATING TO OBESITY PREVENTION**

The ILWU Local 142 strongly opposes S.B. 1085, which imposes a fee on sugar-sweetened beverages and establishes the Obesity Prevention Special Fund to support obesity prevention programs.

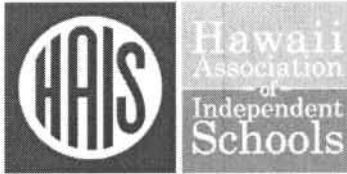
This measure will impose a tax to dissuade consumers from buying and consuming sugar-sweetened beverages as a means of preventing obesity. While we do not disagree that obesity is a problem in this country and this state, we do not agree that imposing a tax as a disincentive or penalty is the answer.

Cigarettes have been highly taxed, yet there are many, many individuals who continue to pay the high price to smoke, despite a proven link between cigarettes and cancer and other diseases. While some may refrain from smoking because of the cost, education has been perhaps a larger factor in getting people to realize the health dangers of smoking cigarettes. This education has been funded, in large part, not by taxes but by proceeds from lawsuits.

People will not completely stop buying and consuming sugar-sweetened beverages just because of a tax. Even if a tax is a disincentive, cutting out sugary beverages may not curb or prevent obesity because there are any number of other unhealthy food choices that contribute to obesity. Why single out soda and juice? The real objective of this bill appears to be to raise revenue, and sugar-sweetened beverages are an easy target.

We are especially concerned about the negative impact this bill will have on local jobs in the beverage manufacturing and sales industry. The ILWU represents more than 250 employees at Pepsi, which manufactures and distributes Pepsi products, and almost 100 employees at Ball Corporation, which produces aluminum cans for soda and juice. These companies are two of a vanishing breed of manufacturing companies in Hawaii that employ hundreds of workers and pay good union wages. Preserving these jobs should be a foremost concern of legislators. Hawaii's economy must be diversified—which means retaining jobs in manufacturing to balance jobs in the service sector and government.

The ILWU strongly urges this Committee to hold S.B. 1085. Thank you for the opportunity to testify on this measure.



February 6, 2013
1:15 p.m.
Conference Room 229

TESTIMONY TO
THE JOINT SENATE COMMITTEES ON
HEALTH AND JUDICIARY AND LABOR

RE: SB 1085

Chairs Green and Hee, Vice Chairs Baker and Shimabukuro, and the members of the committee,

My name is Robert Witt and I am executive director of the Hawaii Association of Independent Schools (HAIS), which represents 99 private and independent schools in Hawaii and educates over 33,000 students statewide.

HAIS supports SB 1085 which imposes a fee on sugar-sweetened beverages and establishes the Obesity Prevention special Fund to support obesity prevention.

Approximately 1 in 3 children entering kindergarten in Hawaii is overweight or obese. Each additional 12-ounce soft drink consumed per day by children increases their odds of becoming obese by 60%. Additionally, currently 23% of Hawaii's adults are obese and another 34% are overweight; both of these conditions are accompanied by a slew of associated health problems including cardiovascular risk, high blood pressure, type 2 diabetes, and dental erosion, to name just a few. Because of the contribution of the consumption of sugar-sweetened beverages to obesity, as well as the health consequences that are independent of weight, the consumption of sugar-sweetened beverages generates excess health care costs.

Increasing the cost of sugar-sweetened beverages via the proposed tax will prevent obesity and promote better health practices, especially among children. The fee will decrease consumption of SSBs, improve nutrition across the state, and thus improve weight status and health. The fee will also raise revenue to reduce current program reductions while supporting new health initiatives. Finally, the fee is supported by the public; according to a poll cast in December 2011, 65.6% of adults in Hawaii support a sugar-sweetened beverage tax if the revenue is used to address the prevention of childhood obesity.

Thank you for the opportunity to testify.

Written Testimonial In Support of SB1085: Relating to Obesity Prevention

My name is Lauren Oshima, and I am a medical student at the John A. Burns School of Medicine at the University of Hawai'i at Manoa.

Childhood obesity is the most significant risk factor for adult obesity and chronic diseases such as diabetes and heart disease. These diseases have no cure; however they may be prevented.

Of great concern, Hawai'i's keiki now rank amongst the most obese in the nation. Approximately one-third of children entering kindergarten in Hawai'i are overweight or obese (Pobutsky, 2006), and in some communities and ethnic groups in Hawaii, as many as 50% of children are overweight or obese (Okihiro, 2005).

Sugar-sweetened beverages (defined as sodas, energy and sports drinks, and sweetened water) and fruit drinks combined provide the largest source of daily calories in the diets of children ages 2-18. Soda alone is the third largest source (Reedy, 2010). These beverages are inexpensive, abundant, high in calories, deliver little or no nutrition, and appeal to our tastes, and they are heavily marketed, especially to children. Each extra serving of sugar-sweetened beverages consumed per day throughout childhood increases the chance of becoming obese by 60% (Ludwig, 2001).

The economic cost of obesity to our community is substantial. Approximately \$470 million is spent annually on obesity-related health problems in Hawai'i (Trogon, 2012). At the state level, a penny-per-ounce excise tax on SSBs in Mississippi, Louisiana, and West Virginia is projected to bring in approximately \$136 million, \$210 million, and \$84 million, respectively, in 2013 (Rudd Center, 2012).

Taxing alcohol and cigarettes has proved to be highly successful in reducing consumption and its consequences, resulting in major public health benefits. Economists also predict significant public health benefits for taxes on sugar-sweetened beverages (Chaloupka, 2011).

Obesity is a complex problem that must be addressed with multifaceted strategies. By enacting a fee on sugar-sweetened beverages, SB1085 can raise considerable funds towards obesity-prevention initiatives such as subsidies for healthy foods or physical education programs in schools. By raising the relative price of unhealthy beverages, a fee will discourage their consumption and influence demand for healthy alternatives.

As a future physician committed to improving the health of our community, I support legislation that promotes healthy living and lifestyle disease prevention. For these reasons, I support passage of SB1085: Relating to Obesity Prevention.

Mahalo for the opportunity to submit a written testimony on this issue.

Mackenzie White, MS, RD
125 N Kalaheo Ave
Kailua, HI 96734
February 5, 2013

Testimony on SB 1085, "Relating to Obesity Prevention"

As a registered dietitian, I support the intent of bill SB 1085.

As the bill states, obesity is one of the most prominent health related issue in the state of Hawai'i. Obesity increases the risk of developing numerous other health conditions including diabetes, coronary heart disease, stroke, high blood pressure, cancer, liver and gallbladder disease, sleep apnea, osteoarthritis, reproductive health problems, and mental health conditions to name a few. Obesity has the potential to severely damage the health care system and the businesses that provide health insurance due to the increased expense of the conditions associated with it. Medical expenses in Hawai'i due to obesity were calculated to be around 470 million dollars in 2009, and are continuing to rise.

Both children and adults are affected by obesity and sugar-sweetened beverages. Currently, 23% of adults in Hawai'i are obese, and 34% are overweight. Several recent studies have supported the findings that sugar-sweetened beverages lead to elevated weight in adults and children. One study, published in the February 2013 Journal of the Academy of Nutrition and Dietetics, found a significant relationship between children who consumed sugar-sweetened beverages and increased C-reactive protein concentrations (an inflammatory marker) ($P=0.003$), increased waist circumference ($P<0.04$), and decreased high-density lipoprotein (HDL) cholesterol concentrations ($P=0.001$). The three significant results show the harmful impact of increased consumption of sugar-sweetened beverages. Sugar-sweetened beverages not only were shown to increase waist circumference (size of the person), but also two other biomarkers, which show sugar-sweetened beverages contribute to other potential health problems besides obesity.

The beverage fee has the potential to reduce consumption of sugar-sweetened beverages due to the increased cost to purchase them. If it does not reduce the amount consumed, then, at the least, there will be a fund created by the purchases to help pay for obesity-related issues. Opponents of the bill may think that the price increase of sugar-sweetened beverages is unfair or regressive; and disproportionately affects lower socio-economic class (poorer) people. This is true, but it is also true that obesity levels are higher in lower socio-economic class people. Poorer people have less opportunity to buy healthful foods and beverages due to lack of resources. For example there are more likely to be convenience stores/gas stations closer to their living spaces than grocery stores. Also, sugar-sweetened beverages are often less expensive than healthful beverages like milk, thus contributing to obesity of lower socio-economic class people. The lower socio-

economic class needs more nutrition education and access to healthful foods and beverages to offset the disadvantages, and the bill would help to provide the necessary funding.

If passed into law, the one-cent per ounce fee has the potential to raise around 38 million dollars for the 2014-2015 fiscal year, which would benefit the state, obesity prevention programs, and the health care system. It is also true that many government interventions have been successful in improving and protecting the public's health. Examples include tobacco taxes, smoking restrictions, vaccines, and seat belts and airbags in automobiles.

Obesity is a tremendous problem for the United States and the state of Hawai'i. The obesity epidemic in Hawai'i must be addressed completely through an arrangement of public education and strong, progressive policy aimed at helping the public transition into healthier lifestyles. It will not be stopped fully with the sugar-sweetened beverage fee, but the passing of this bill is one imperative step needed to fight obesity in our beloved state and country. As an expert on food and nutrition, I know that the people, businesses, and healthcare system of our state, now and in the future, depend on it.

Respectfully submitted,

Mackenzie White, MS, RD
Bachelor of Science, Nutrition & Dietetics, University of New Mexico, 2009
Master of Science, Clinical Nutrition, University of Memphis, 2010
Member, Academy of Nutrition and Dietetics
Member, Hawai'i Dietetic Association



S.B. 1085, RELATING TO OBESITY PREVENTION
Senate Committee on Health
And
Senate Committee on Judiciary
February 6, 2013, 1:15 p.m.
Room 229

Thank you for the opportunity to provide testimony for S.B. 1085, Relating to Obesity Prevention. My name is Paula Yoshioka, Senior Vice President for The Queen's Health Systems (QHS). QHS takes no position on the fee but is supportive of the overall efforts by the Hawaii Obesity Prevention Task Force.

During the past 20 years, there has been a dramatic increase in obesity in the United States. State reports on obesity to the CDC's Behavioral Risk Factor Surveillance System (BRFSS) increased from four states having obesity prevalence rates of 15–19 percent and no states with rates at or above 20 percent in 1991, to 7 states with obesity prevalence rates of 15–19 percent; 33 states with rates of 20–24 percent; and 9 states with rates more than 25 percent in 2004. Results of the National Health and Nutrition Examination Survey for 1999–2002 indicate that an estimated 30 percent of U.S. adults aged 20 years and older - over 60 million people are obese, defined as having a body mass index (BMI) of 30 or higher. An estimated 65 percent of U.S. adults aged 20 years and older are either overweight or obese, defined as having a BMI of 25 or higher. We now spend \$7.6 billion a year on obesity related health care expenditures, nation-wide. The recognized health consequences of obesity include hypertension, type 2 diabetes, coronary heart disease, stroke, gallbladder disease, osteoarthritis, sleep apnea and respiratory problems and some cancers (endometrial, breast, and colon).

Obesity is a growing public health problem affecting Hawaii. Prevalence rates have rapidly increased over the last ten years, with an estimated 17.6 percent of the State population now falling into the category of obese. According to the 2002 Behavioral Risk Factor Surveillance Survey (BRFSS), of ethnic groups represented in Hawaii, Native Hawaiians reported the highest proportions of obesity (37.5 percent), followed by “others” (19.6 percent), and then Caucasian (17 percent). Japanese (8.9 percent) and Filipinos (8.8 percent) had the lowest proportions, but were still affected by the problem. The problem disproportionately affects minority and low-income populations, with broad ramifications and costs for the State.

We urge Hawaii's lawmakers to face the obesity epidemic and respond with policies that tackle this growing healthcare problem.