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GOVERNOR



VIRGINIA PRESSLER, M.D.
DIRECTOR OF HEALTH

State of Hawaii
DEPARTMENT OF HEALTH
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Testimony in SUPPORT of HB0586
RELATING TO USE OF TOBACCO PRODUCTS AND E-CIGARETTES ON HAWAII HEALTH SYSTEMS
CORPORATION PREMISES
REPRESENTATIVE DELLA AU BELATTI, CHAIR
HOUSE COMMITTEE ON HEALTH

Hearing Date: January 30, 2015

Room Number: 329

1 **Fiscal Implications:** None.

2 **Department Testimony:** The Department of Health (DOH) supports HB0586 which prohibits tobacco or
3 e-cigarette use on Hawaii health systems corporation (HHSC) premises and acknowledges HHSC for
4 offering tobacco cessation and education. DOH defers to the HHSC as to implementation and labor
5 concerns.

6 Tobacco use is primarily a health issue. The scientific findings from the 2006 U.S. Surgeon
7 General's Report, "The Health Consequences of Involuntary Exposure to Tobacco Smoke," disclosed that
8 there is no safe level or amount of exposure to secondhand smoke. The Report further stated that
9 hospitals with tobacco-free policies are particularly effective because they not only protect patients
10 from secondhand smoke exposure but also project a positive, healthy image, send a consistent message,
11 and also encourage and support tobacco use cessation among both patients and staff.

12

13 The 2014 Centers for Disease Control and Prevention publication, "Best Practices for
14 Comprehensive Tobacco Control Programs" reaffirms that "Systems changes within health care
15 organizations complement interventions in state and community settings by institutionalizing
16 sustainable approaches that support positive individual behavior change."

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18 HHSC is demonstrating its commitment to providing quality healthcare to the people of
19 Hawaii and taking tangible steps to prevent tobacco-related diseases. The proposed measure will
20 prohibit the use of tobacco products and electronic smoking devices and protect patients,
21 employees, and visitors to the health facilities of the HHSC and will assist those who smoke
22 through tobacco cessation programs and education.

23 **Offered Amendments:** The DOH recommends that the definitions included in HB0586 be amended to
24 be consistent with those approved by the State Attorney General, as follows:

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26 The term "Electronic smoking device" is suggested in place of "E-cigarette."

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The term "Electronic smoking device" is suggested to read:

"any electronic product that can be used to aerosolize and deliver nicotine or other substances to the person inhaling from the device, including but not limited to an electronic cigarette, electronic cigar, electronic cigarillo, or electronic pipe, hookah pipe, or hookah pen, and any cartridge or other component of the device or related product, whether or not sold separately."

The term "Tobacco product" is suggested to read:

"any product made or derived from tobacco, that contains nicotine or other substances, and is intended for human consumption or is likely to be consumed whether smoked, heated, chewed, absorbed, dissolved, inhaled, or ingested by any other means, including, but not limited to, a cigarette, cigar, pipe tobacco, chewing tobacco, snuff, snus, or an electronic smoking device. "Tobacco product" does not include drugs, devices, or combination products approved for sale by the U.S. Food and Drug Administration, as those terms are defined in the Federal Food, Drug, and Cosmetic Act."

The terms "Smoke" or "smoking" to be added and read as:

"inhaling, exhaling, burning, or carrying any lighted or heated tobacco product or plant product intended for inhalation in any manner or in any form. "Smoking" includes the use of an electronic smoking device."

The DOH supports this measure with recommendations and offers assistance with education and signage.

Thank you for the opportunity to testify.

Testimony of
John M. Kirimitsu
Legal and Government Relations Consultant

Before:
House Committee on Health
The Honorable Della Au Belatti, Chair
The Honorable Richard P. Creagan, Vice Chair

January 30, 2015
10:10 am
Conference Room 329

Re: HB 586 Relating to Use of Tobacco Products and E-Cigarettes on Hawaii Health Systems Corporation Premises

Chair, Vice Chair, and committee members thank you for this opportunity to provide testimony on this bill relating to the use of tobacco and e-cigarette products on Hawaii Health Systems Corporation premises.

Kaiser Permanente Hawaii supports the intent of this bill.

In 2008, Kaiser Permanente Hawaii instituted a smoke-free policy for all Kaiser Permanente Hawaii clinics and administrative facilities statewide. For the health of employees, members and visitors, smoking products are not permitted at any Kaiser Permanente Hawaii building, or outside in common areas and parking areas.

Since Kaiser Permanente Hawaii members also utilize Hawaii Health Systems Corporation's facilities, Kaiser Permanente Hawaii supports Hawaii Health System's efforts to likewise provide a safe, healthy environment through a smoke-free policy at its own facilities statewide.

Thank you for your consideration.



Friday, January 30, 2015
Conference Room #329

House Committee on Health

To: Rep. Della Au Belatti, Chair
Rep. Richard Creagan, MD, Vice Chair

From: George Greene
President & CEO
Healthcare Association of Hawaii

Re: **Testimony in SUPPORT**
HB586 — Relating to Use of Tobacco Products and E-Cigarettes on Hawaii Health Systems Corporation Premises

The Healthcare Association of Hawaii (HAH) is a 160 member organization that includes all of the acute care hospitals in Hawaii, the majority of long term care facilities, all the Medicare-certified home health agencies, all hospice programs, as well as other healthcare organizations including durable medical equipment, air and ground ambulance, blood bank and respiratory therapy. In addition to providing quality care to all of Hawaii's residents, our members contribute significantly to Hawaii's economy by employing over 20,000 people statewide.

Thank you for the opportunity to testify in **support** of HB586, which prohibits the use of tobacco products and e-cigarettes on premises of facilities operated by HHSC, and requires HHSC to offer tobacco cessation programs to its employees.

All across the country, more and more hospitals and healthcare facilities are adopting 100% smoke-free policies, reinforcing their steadfast commitment to creating and sustaining healthy communities. HHSC, in keeping with this trend, should be permitted to improve its campuses by allowing its patients, employees and visitors to enjoy the benefits of a healthy, smoke-free environment.

Thank you for the opportunity to testify in support of HB586.



THE QUEEN'S HEALTH SYSTEMS

HB 586, Relating to Use of Tobacco Products and E-Cigarettes on Hawaii Health Systems Corporation Premises
House Committee on Health
January 30, 2015, 10:10 A.M.
Room 329

Dear Chairwoman Belatti and Members of the House Committee on Health:

My name is Paula Yoshioka, and I am a Senior Vice President at The Queen's Health Systems (QHS). I would like to express my strong support for HB 586, relating to the use of tobacco products and e-cigarettes on Hawaii Health Systems Corporation (HHSC) premises.

In 2006, QHS instituted a ban on the use of tobacco products on our premises. This move was consistent with our mission to provide a safe, clean and healthy community environment for our staff, patients and families. Tobacco products have been proven to be harmful to the health of both the participant and bystanders. The use of tobacco products, including e-cigarettes, is inconsistent with our mission.

We believe that extending the ban on tobacco products and e-cigarettes on HHSC is consistent with each individual hospital's mission and reflects their commitment to improve the health of the people of Hawaii. That is why I urge your strong support of this bill.

Thank you for your time and consideration of this matter.

The mission of The Queen's Health Systems is to fulfill the intent of Queen Emma and King Kamehameha IV to provide in perpetuity quality health care services to improve the well-being of Native Hawaiians and all of the people of Hawai'i.



HAWAII HEALTH SYSTEMS

C O R P O R A T I O N

Quality Healthcare For All

**House Committee on Health
Representative Della Au Belatti, Chair
Representative Richard P. Creagan, Vice Chair**

Friday, January 30, 2015
Conference Room 329
10:10 a.m.
Hawaii State Capitol

Testimony Supporting House Bill 586. Prohibiting the use of tobacco products and e-cigarettes on the premises of facilities operated by the Hawaii Health Systems Corporation. Requires the corporation to offer tobacco cessation programs to employees.

Dr. Linda Rosen
Corporate Chief Executive Officer
Hawaii Health Systems Corporation

On behalf of the Hawaii Health Systems Corporation (HHSC) Corporate Board of Directors, thank you for the opportunity to present testimony in support of HB 586.

The vast body of scientific evidence in recent history indisputably establishes the hazardous health effects of direct and second-hand exposure to tobacco products. In a 2005 study conducted by the Center for Disease Control and Prevention (hereinafter, "CDC"), the CDC surveyed mortality rates connected with tobacco use in a four year period and concluded that tobacco use is the foremost preventable cause of death in the United States. In particular, during the survey period, tobacco use was determined to be responsible for an estimated 438,000 deaths per year, or about one out of every five deaths. Other data provided by the CDC estimates that approximately 8.6 million people in the United States are currently afflicted with serious illnesses attributable to tobacco use.

In addition to the substantial loss of life and debilitating diseases caused by tobacco, tobacco use is also responsible for billions of dollars in healthcare costs and lost productivity. According to data provided by the Campaign for Tobacco-Free Kids, tobacco-related illness is annually responsible for approximately \$96 billion in public and private healthcare costs in the United States, including \$30.9 billion in Federal and state

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www.hhsc.org <<http://www.hhsc.org>>

Medicaid payments, \$27.4 billion in Federal Medicare payments, and \$9.6 billion in other federal expenditures. The data further indicates that approximately \$97 billion is lost each year in productivity as a result of lives shortened by tobacco-related deaths. In Hawaii alone, data from the CDC provides that annual tobacco-related medical costs totals approximately \$336 million and lost productivity totals approximately \$308 million.

In light of the devastating effects of tobacco use, it is important for the Hawaii Health Systems Corporation (“HHSC”) to take all available steps to protect patients, employees and visitors from exposure to tobacco products while they are on HHSC premises. Moreover, given HHSC’s status as the fourth largest public health system in the nation and Hawaii’s predominant health care provider on the outer islands, HHSC also has a special responsibility to set positive examples for other organizations as well as the local communities it serves. It goes without question that a tobacco-free environment on all of HHSC’s premises would set a prime example of positive health practices.

With respect to e-cigarettes, preliminary research conducted by the United States Food and Drug Administration (“FDA”) suggests that the ingredients contained in many e-cigarette cartridges are not free from harmful substances. Specifically, according to a July 22, 2009 news release, the FDA noted that its Division of Pharmaceutical Analysis examined the ingredients in a small sample of cartridges from two leading brands of e-cigarettes. In one sample, the FDA’s analyses detected diethylene glycol, a chemical used in antifreeze that is toxic to humans. In several other samples, the FDA analyses detected carcinogens such as nitrosamines.

More recently, the California Department of Public Health (“CDPH”) released a report declaring e-cigarettes a health threat in that they emit cancer-causing chemicals and get users hooked on nicotine. While both the FDA and CDPH acknowledged that supplementary testing of e-cigarettes is required to gain a more specific and comprehensive understanding of the long-term detriments of e-cigarettes, the potentially harmful effects of e-cigarettes and nicotine vapor cannot presently be ignored. As such, HHSC must additionally oppose the use of e-cigarettes on the premises of its facilities.

In short, given HHSC’s mission of providing and promoting quality healthcare for the people of Hawaii, HHSC is unequivocally in support of HB 586. If enacted, patients, employees and visitors to HHSC’s facilities would be free to enjoy clean, tobacco-free air on all of HHSC’s properties. Additionally, employees would be given the opportunity to participate in tobacco cessation programs offered by HHSC to help them overcome their reliance on tobacco products. It is our sincere hope that patients, visitors and other employees would likewise be encouraged to quit tobacco use which, in the long run, would result in a healthier population, diminished health care costs and improved productivity.

In an effort to ensure that HB 586, if passed, is given its full effect, we respectfully request that this Committee amend HB 586 consistent with the attached draft, which adds a new “Section 3” to include HHSC’s prohibition on tobacco and e-cigarette use as a management right under Haw. Rev. Stat. §89-9(d).

creagan3 - Karina

From: mailinglist@capitol.hawaii.gov
Sent: Thursday, January 29, 2015 4:44 PM
To: HLTtestimony
Cc: lyndsey@tobaccofreehawaii.org
Subject: Submitted testimony for HB586 on Jan 30, 2015 10:10AM
Attachments: HB586 - Health Systems Corp Facilities 1.29.15_FINAL.pdf

HB586

Submitted on: 1/29/2015

Testimony for HLT on Jan 30, 2015 10:10AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Lyndsey Garcia	Coalition for a Tobacco-Free Hawaii	Support	Yes

Comments: Thank you!

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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To: The Honorable Della Au Belatti, Chair
The Honorable Richard Creagan, Vice Chair
Members, House Committee on Health

From: Lyndsey Garcia, Policy & Advocacy Director

Date: January 29, 2015

Hrg: House Committee on Health; Friday, January 30, 2015 at 10:10 am, Room 329

Re: **Support with comments for HB 586, Relating to the Use of Tobacco Products and E-Cigarettes on Hawai'i Health Systems Corporation Premises**

Thank you for the opportunity to offer testimony in **support** of HB 586, which amends Chapter 323F, Hawaii Revised Statutes, to prohibit the use of tobacco products and e-cigarettes on the premises of all health facilities operated by the Hawai'i health systems corporation. This Bill also makes available tobacco-cessation programs for public employees of health facilities.

The Coalition for a Tobacco Free Hawai'i (Coalition) is a program under the Hawai'i Public Health Institute working to reduce tobacco use through education, policy and advocacy. Our program consists of over 100 member organizations and 2,000 advocates that work to create a healthy Hawai'i through comprehensive tobacco prevention and control efforts.

The Coalition supports a system-wide smoke-free and tobacco-free policy for all health systems facilities in Hawai'i as well as tobacco cessation programs for public employees of health facilities.

Smoking and tobacco use contribute to a wide range of institutional costs. These costs include employee absenteeism, extensive health care costs and increased medical insurance costs, fire risk, negative environmental impacts, and increased cleaning and maintenance costs.

Furthermore, secondhand smoke is dangerous; the 50th Anniversary U.S. Surgeon General Report released on January 17, 2014 states that any level of exposure to secondhand smoke is dangerous and can be harmful and over 2.5 million people have died from secondhand smoke. The International Agency for Research on Cancer and the U.S. Environmental Protection Agency both note that environmental tobacco smoke (or secondhand smoke) is carcinogenic to humans. Secondhand smoke contains 7,000 identifiable chemicals, 69 of which are known or probable carcinogens.

By passing HB 586 exposure to secondhand smoke will decrease, creating a healthy environment for all residents and tourists in the state.

The Coalition recommends amending the definitions of "tobacco product" and "e-cigarette" to be consistent with SB 1109 and HB 940.

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From: mailinglist@capitol.hawaii.gov
Sent: Thursday, January 29, 2015 11:12 AM
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Subject: Submitted testimony for HB586 on Jan 30, 2015 10:10AM

HB586

Submitted on: 1/29/2015

Testimony for HLT on Jan 30, 2015 10:10AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Michael Zehner	Hawaii Smokers Alliance	Oppose	No

Comments: Why can't HHSC make their own policies?

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Sent: Wednesday, January 28, 2015 2:50 PM
To: HLTtestimony
Cc: wintersnicholas@rocketmail.com
Subject: *Submitted testimony for HB586 on Jan 30, 2015 10:10AM*

HB586

Submitted on: 1/28/2015

Testimony for HLT on Jan 30, 2015 10:10AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Nicholas Winters	Individual	Oppose	No

Comments:

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Cc: timlemke20@yahoo.com
Subject: Submitted testimony for HB586 on Jan 30, 2015 10:10AM

HB586

Submitted on: 1/28/2015

Testimony for HLT on Jan 30, 2015 10:10AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Tim Lemke	Individual	Oppose	No

Comments: I'm a non-smoker and I don't vape. Vaping products don't harm anyone and they help people quit. Most of all I think this bill is a ridiculous attack on civil liberties. I oppose it completely. Thanks for your time and understanding.

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Cc: oakwoodh@hotmail.com
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HB586

Submitted on: 1/29/2015

Testimony for HLT on Jan 30, 2015 10:10AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Oakwood Hirata	Individual	Oppose	Yes

Comments: I oppose HB 586

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To: HLTtestimony
Cc: awatanabe67@gmail.com
Subject: *Submitted testimony for HB586 on Jan 30, 2015 10:10AM*

HB586

Submitted on: 1/28/2015

Testimony for HLT on Jan 30, 2015 10:10AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Alan Watanabe	Individual	Oppose	No

Comments:

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Chair Belatti, Vice-Chair Creagan, and members of the committee,

Thank you for the opportunity to testify in STRONG OPPOSITION to HB586. This bill is inappropriate based on current science and appears to be a corporate giveaway. Recent studies are showing what ecigarette proponents have known for years – ecigarettes are likely the most effective tool ever invented for quitting smoking. It is inappropriate for a taxpayer-funded healthcare organization to deny its own employees and patients the ability to use these tools, particularly in light of the lack of risk the products pose to users or bystanders.

Furthermore, the inclusion of the language in this bill regarding sanctioned “cessation programs” is a means of using taxpayer money to fund pharmaceutical corporations – these programs amount to distribution schemes for nicotine replacement therapies (patch, etc.) and cessation drugs. Research is showing that ecigarettes are more effective than these corporate options, and recent market information shows that their popularity has impacted these corporations’ bottom lines. The agenda seems clear here, particularly when perusing legislators’ donor lists.

Attached is a study showing the greater efficacy of ecigarettes in smoking cessation, and a study reviewing the current science on ecigarettes, which shows a very low risk profile.

P. Kuromoto

Real-world effectiveness of e-cigarettes when used to aid smoking cessation: a cross-sectional population study

Jamie Brown^{1,2}, Emma Beard¹, Daniel Kotz^{1,3}, Susan Michie^{2,4} & Robert West^{1,4}

Cancer Research UK Health Behaviour Research Centre, University College London, London, UK,¹ Department of Clinical, Educational and Health Psychology, University College London, London, UK,² Department of Family Medicine, CAPHRI School for Public Health and Primary Care, Maastricht University Medical Centre, Maastricht, the Netherlands³ and National Centre for Smoking Cessation and Training, London, UK⁴

ABSTRACT

Background and Aims Electronic cigarettes (e-cigarettes) are rapidly increasing in popularity. Two randomized controlled trials have suggested that e-cigarettes can aid smoking cessation, but there are many factors that could influence their real-world effectiveness. This study aimed to assess, using an established methodology, the effectiveness of e-cigarettes when used to aid smoking cessation compared with nicotine replacement therapy (NRT) bought over-the-counter and with unaided quitting in the general population. **Design and Setting** A large cross-sectional survey of a representative sample of the English population. **Participants** The study included 5863 adults who had smoked within the previous 12 months and made at least one quit attempt during that period with either an e-cigarette only ($n = 464$), NRT bought over-the-counter only ($n = 1922$) or no aid in their most recent quit attempt ($n = 3477$). **Measurements** The primary outcome was self-reported abstinence up to the time of the survey, adjusted for key potential confounders including nicotine dependence. **Findings** E-cigarette users were more likely to report abstinence than either those who used NRT bought over-the-counter [odds ratio (OR) = 2.23, 95% confidence interval (CI) = 1.70–2.93, 20.0 versus 10.1%] or no aid (OR = 1.38, 95% CI = 1.08–1.76, 20.0 versus 15.4%). The adjusted odds of non-smoking in users of e-cigarettes were 1.63 (95% CI = 1.17–2.27) times higher compared with users of NRT bought over-the-counter and 1.61 (95% CI = 1.19–2.18) times higher compared with those using no aid. **Conclusions** Among smokers who have attempted to stop without professional support, those who use e-cigarettes are more likely to report continued abstinence than those who used a licensed NRT product bought over-the-counter or no aid to cessation. This difference persists after adjusting for a range of smoker characteristics such as nicotine dependence.

Keywords Cessation, cross-sectional population survey, e-cigarettes, electronic cigarettes, nicotine replacement therapy, NRT, quitting, smoking.

Correspondence to: Jamie Brown, Health Behaviour Research Centre, Department of Epidemiology and Public Health, University College London, 1-19 Torrington Place, London WC1E 6BT, UK. E-mail: jamie.brown@ucl.ac.uk

Submitted 27 February 2014; initial review completed 8 April 2014; final version accepted 12 May 2014

INTRODUCTION

Smoking is one of the leading risk factors for premature death and disability and is estimated to kill 6 million people world-wide each year [1]. The mortality and morbidity associated with cigarette smoking arises primarily from the inhalation of toxins other than nicotine contained within the smoke. Electronic cigarettes (e-cigarettes) provide nicotine via a vapour that is drawn into the mouth, upper airways and possibly lungs [2,3].

These devices use a battery-powered heating element activated by suction or manually to heat a nicotine solution and transform it into vapour. By providing a vapour containing nicotine without tobacco combustion, e-cigarettes appear able to reduce craving and withdrawal associated with abstinence in smokers [2,4,5], while toxicity testing suggests that they are much safer to the user than ordinary cigarettes [3].

E-cigarettes are increasing rapidly in popularity: prevalence of ever-use among smokers in the United

creagan3 - Karina

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HB586

Submitted on: 1/29/2015

Testimony for HLT on Jan 30, 2015 10:10AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Sabrina Spencer	Individual	Oppose	No

Comments:

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HB586

Submitted on: 1/29/2015

Testimony for HLT on Jan 30, 2015 10:10AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Devin Wolery	Individual	Oppose	No

Comments:

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