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February 13, 2015

The Honorable Josh Green, Chair
The Honorable Glenn Wakai, Vice Chair
Hawaii State Capitol
Honolulu, Hawaii 96813

Dear Chair Green, Vice Chair Wakai and members of the Senate Committee on Health:

On behalf of the Community Leadership Board of the American Diabetes Association (ADA), and the over 500,000 individuals who have prediabetes or diabetes in Hawaii. I am writing to ask for your full support of SB 1256.

Re: Strong Support for SB 1256, Relating to Health

Today in Hawaii, more than one in two adults (56%), and over one in four high school students (28.2%) are overweight or obese, and approximately 1 out of 4 children entering Kindergarten are overweight or obese. The rate of adults with diabetes in Hawaii is 8.4% and an additional 12.9% have been diagnosed with pre-diabetes. Hawaii spends an estimated \$470 million annually on obesity-related medical costs, and \$770 million on diabetes-related medical costs. SSBs have been identified by numerous scientific studies as a major contributor to our costly obesity epidemic.

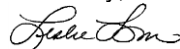
We believe that primary prevention methods such as policy changes, including the development of programs that help make nutritious foods more affordable and accessible, provide safe and healthy places for people to engage in physical activity, and assist children in having a healthy start, are necessary.

Please help create a healthier Hawaii and pass SB 1256.

I would greatly appreciate your deep consideration and urge you to support this important measure and invite your colleagues to do the same.

Please feel free to contact me to discuss your concerns or questions. I am available at llam@diabetes.org or 808.947.5979.

Sincerely,



Leslie Lam, Executive Director
American Diabetes Association





Hawaii Chapter

February 13, 2015

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Written Testimony from Michael Hamilton, President RE: Strong Support for SB 1256 Relating to Obesity Prevention

Thank you for the opportunity to testify in strong support of SB 1256, which would establish a fee on sugar-sweetened beverages and develop the Obesity Prevention Special Fund at the Hawaii Department of Health.

We are proud members of the American Academy of Pediatrics, Hawaii Chapter, a non-profit professional organization of more than 200 pediatricians, pediatric medical and surgical subspecialist and nurses dedicated to the health, safety and well-being of children and adolescents in Hawaii.

Childhood obesity and the development of obesity-related chronic diseases are epidemic in the US and in Hawaii. Obesity affects every organ in the body. Healthcare costs are now skyrocketing. In 2006, an estimated \$147 billion dollars were spent on obesity-related medical care expenditures – about 9.1% of total annual medical expenditures.

More importantly, obesity is making our kids and young adults sick. For children, the impact begins early and makes children susceptible to debilitating chronic diseases, such as diabetes. We are now seeing many more adolescents with prediabetes and now Type 2 diabetes.

As the discussion about lost jobs and economic impact on the beverage industry heightens, it is also imperative that all of us weigh the lost years of life among children and young adults and the cost of hundreds of millions of dollars to Hawaii in healthcare for the privilege of drinking inexpensive beverages with no nutritional value.

We understand that obesity is not just about sugary beverages. But sugary beverages are the number one source of calories and sugar in our diets. Tackling the epidemic of chronic disease will take a coordinated, comprehensive plan that is as sophisticated, persuasive, responsive and effective as the most ambitious marketing and business campaign. Aggressive marketing has convinced people that being sedentary and eating large amounts of sugary, high fat foods and beverages every day is okay.

This Bill will help us say very loudly that it is not okay. Parents cannot do this alone. Doctors cannot do this alone. This fee will make people think twice about buying, serving and drinking sugary beverages. In turn, the fees will go towards a comprehensive plan to prevent obesity and chronic disease in Hawaii.

We URGE you to pass this bill. Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read "R. Michael Hamilton".

R. Michael Hamilton, MD, FAAP
President

From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: kbraun2000@gmail.com
Subject: Submitted testimony for SB1256 on Feb 13, 2015 13:35PM
Date: Friday, February 13, 2015 3:39:33 AM

SB1256

Submitted on: 2/13/2015

Testimony for HTH on Feb 13, 2015 13:35PM in Conference Room 414

| Submitted By | Organization | Testifier Position | Present at Hearing |
|---------------|--------------|--------------------|--------------------|
| Kathryn Braun | Individual | Comments Only | No |

Comments: To: The Honorable Josh Green, Chair, Committee on Health The Honorable Glenn Wakai, Vice Chair, Committee on Health Members, Senate Committee on Health From: Date: Hrg: House Committee on Health; Re: Strong Support for SB 1256, Relating to Obesity Prevention Thank you for the opportunity to submit testimony in support of SB 1256. I strongly support establishing a fee on sugar-sweetened beverages sold in the State to designate the funds to be used for obesity prevention programs coordinated by the Department of Health. Obesity is a growing problem with about one-third of U.S. adults (35.7 percent) and approximately 17 percent (12.5 million) of children and adolescents aged 2 to 19 years old are obese . In Hawaii, 57% of adults in Hawaii are overweight or obese and approximately 1 out of 4 children entering Kindergarten are overweight or obese . Childhood obesity has more than tripled in the past 30 years , and obese children are at least twice as likely as non-obese children to become obese adults . 13 states, including Hawaii, currently have an adult obesity rate above 30 percent, 41 states have rates of at least 25 percent, and every state has a rate above 20 percent . Sugar-sweetened beverages are the single largest source of added sugars in the American diet , and an average 20-ounce sugar-sweetened beverage such as soda contains more than 16 teaspoons of sugar . Obesity increases the risk of serious health conditions such as type 2 diabetes, coronary heart disease, stroke, hypertension, some types of cancer, sleep apnea and other respiratory problems . Obesity-related health conditions have serious economic costs and overweight and obesity may account for \$147 billion in annual health care costs nationally , with Hawaii spending an estimated \$470 million annually on obesity-related medical costs . A fee of 1 cent per ounce on sugar-sweetened beverages is expected to reduce consumption by 8-10 percent and will raise approximately \$38 million in new revenue in 2015-2016 for obesity prevention programs . This added revenue would establish an obesity prevention fund within the Department of Health for communities. Funds could help to ensure that all schools have Certified Physical Education teachers and adequate and accessible water fountains are available in all schools and parks. This bill will save lives and help our keiki to be healthier. I respectfully ask you to pass this bill. Mahalo, Kathryn Braun

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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The Twenty-Seventh Legislature
Regular Session of 2013

THE SENATE

Committee on Health

Senator Josh Green, Chair

Senator Glenn Wakai, Vice Chair

Hawaii State Capitol, Room 414

Friday, February 13, 2015; 1:35 p.m.

**STATEMENT OF THE ILWU LOCAL 142 ON S.B. 1256
RELATING TO OBESITY PREVENTION**

The ILWU Local 142 **strongly opposes** S.B. 1256, 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 intended 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 good measure by proceeds from lawsuits. Taxes themselves, while steadily increasing, have not been a sustainable source because, if successful as a deterrent, taxes will naturally decline.

Yet 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 sugar-sweetened beverages? The real objective of this bill appears to be to raise revenue, and sugar-sweetened beverages are an easy target.

The industry itself should be credited for recognizing the link between sugary beverages and health conditions like obesity. Soft drink manufacturers have spent much money in their efforts to find and promote suitable alternatives such as “diet” and low-calorie drinks using artificial sweeteners and even water.

Our biggest concern with S.B. 1256 is the negative impact it 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 respectfully urges this Committee to hold S.B. 1256. Thank you for the opportunity to testify on this measure.

From: [Grace Lim](#)
To: [HTHTestimony](#)
Subject: Strong Support for SB 1256, Relating to Obesity Prevention
Date: Thursday, February 12, 2015 8:48:15 PM

February 11, 2015

To: The Honorable Josh Green, Chair, Committee on Health
The Honorable Glenn Wakai, Vice Chair, Committee on Health
Members, Senate Committee on Health

Hrg: Senate Committee on Health; Friday, February 13, 2015, 1:35 p.m.in Conference Room 414

Re: Strong Support for SB 1256, Relating to Obesity Prevention

Thank you for the opportunity to submit testimony in support of SB 1256. I strongly support establishing a fee on sugar-sweetened beverages sold in the State to designate the funds to be used for obesity prevention programs coordinated by the Department of Health.

Obesity is a growing problem with about one-third of U.S. adults (35.7 percent) ¹ and approximately 17 percent (12.5 million) of children and adolescents aged 2 to 19 years old are obese². In Hawaii, 57% of adults in Hawaii are overweight or obese and approximately 1 out of 4 children entering Kindergarten are overweight or obese³.

Childhood obesity has more than tripled in the past 30 years, and obese children are at least twice as likely as non-obese children to become obese adults. 13 states, including Hawaii, currently have an adult obesity rate above 30 percent, 41 states have rates of at least 25 percent, and every state has a rate above 20 percent. Sugar-sweetened beverages are the single largest source of added sugars in the American diet, and an average 20-ounce sugar-sweetened beverage such as soda contains more than 16 teaspoons of sugar. Obesity increases the risk of serious health conditions such as type 2 diabetes, coronary heart disease, stroke, hypertension, some types of cancer, sleep apnea and other respiratory problems. Obesity-related health conditions have serious economic costs and overweight and obesity may account for \$147 billion in annual health care costs nationally, with Hawaii spending an estimated \$470 million annually on obesity-related medical costs.

A fee of 1 cent per ounce on sugar-sweetened beverages is expected to reduce consumption by 8-10 percent and will raise approximately \$38 million in new revenue in 2015-2016 for obesity prevention programs. This added revenue would establish an obesity prevention fund within the Department of Health for communities. Funds could help to ensure that all schools have Certified Physical Education teachers and adequate and accessible water fountains are available in all schools and parks.

This bill will save lives and help our keiki to be healthier. I respectfully ask you to pass this bill.

Mahalo,

Below are list the resources used for the information used in my testimony.

¹Centers for Disease Control and Prevention. Obesity and Overweight for Professionals: Data and Statistics: Adult Obesity. Available at: www.cdc.gov/obesity/data/adult.html.

²Centers for Disease Control and Prevention. Obesity and Overweight for Professionals: Childhood: Data: DNPAO | CDC. Available at: www.cdc.gov/obesity/data/childhood.html.

³Behavioral Risk Factor Surveillance Study, Hawaii State Department of Health 2011

⁴Centers for Disease Control and Prevention. CDC – Obesity – Facts – Adolescent and School Health. Available at: www.cdc.gov/healthyyouth/obesity/facts.htm.

⁵Serdula MK, Ivery D, Coates RJ, et al. “Do Obese Children Become Obese Adults? A Review of the Literature.” American Journal of Preventive Medicine, 22(2): 167–177, 1993.

- 6Trust for America's Health. F as in Fat: How Obesity Threatens America's Future. 2012. Available at: <http://fasinfat.org/obesity-rates-trends-overview>.
- 7Johnson RK, Appel LJ, Brands M, et al. Dietary Sugars Intake and Cardiovascular Health: A Scientific Statement From the American Heart Association. *Circulation*, 120: 1011–1120, 2009. Available at: <http://circ.ahajournals.org/content/120/11/1011.full.pdf>.
- 8Harvard School of Public Health Nutrition Source. The Nutrition Source: Time to Focus on Healthier Drinks. Boston: Harvard School of Public Health. Available at: www.hsph.harvard.edu/nutritionsource/healthy-drinks/focus.
- 9Obesity, 2012; *Am J Public Health* 2007; *Physical Behavior* 2010
- 10Finkelstein EA, Trogdon JG, Cohen JW, et al. Annual Medical Spending Attributable to Obesity: Payer- and Service-Specific Estimates. *Health Affairs*, 28(5): w822–w831, 2009. Available at: www.obesity.procon.org/sourcefiles/FinkelsteinAnnualMedicalSpending.pdf.
- 11Obesity, 2012; 20(1): 214-220
- 12Andreyeva T, Long MW, and Brownell KD. The Impact of Food Prices on Consumption: A Systematic Review of Research on the Price Elasticity of Demand for Food. *American Journal of Public Health*, 100(2): 216–222, 2010. Available at: www.yaleruddcenter.org/resources/upload/docs/what/economics/FoodPricesElasticity_AJPH_2.10.pdf.
- 13Obesity (Silver Spring). 2012 Jan;20(1):214-20. doi: 10.1038/oby.2011.169. Epub 2011 Jun 16.

Grace Lim
1561 Pensacola St #1503
Honolulu, HI 96822

From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: monicake@hawaii.edu
Subject: Submitted testimony for SB1256 on Feb 13, 2015 13:35PM
Date: Friday, February 13, 2015 11:27:19 AM

SB1256

Submitted on: 2/13/2015

Testimony for HTH on Feb 13, 2015 13:35PM in Conference Room 414

| Submitted By | Organization | Testifier Position | Present at Hearing |
|--------------------------|---------------------|---------------------------|---------------------------|
| Monica Esquivel MS RD | Individual | Support | No |

Comments: As a Registered Dietitian Nutritionist I support this additional fee to aid in reducing SSB consumption for obesity and related chronic disease prevention.

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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