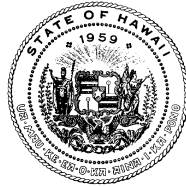


SB2385 SD1

Measure Title:	RELATING TO BEVERAGES FOR CHILDREN.
Report Title:	Sugar-Sweetened Beverages Restriction; Child Care Facilities
Description:	Establishes restrictions on sugar-sweetened beverages and certain other beverages served in child care facilities. Takes effect on 7/1/2017. (SD1)
Companion:	HB1674
Package:	None
Current Referral:	HMS, CPH
Introducer(s):	BAKER, Harimoto, Kidani, Tokuda



STATE OF HAWAII
DEPARTMENT OF HEALTH

P. O. Box 3378
Honolulu, HI 96801-3378
doh.testimony@doh.hawaii.gov

WRITTEN ONLY

**Testimony COMMENTING on SB2385 SD1
RELATING TO BEVERAGES FOR CHILDREN**

SENATOR ROSALYN H. BAKER

SENATE COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH

Hearing Date: February 26, 2016

Room Number: 229

Fiscal Implications: The Department of Health (DOH) defers to the Department of Human Services on the fiscal implications, recognizing that this measure will add to their regulatory requirements and necessitate resources above current levels. The DOH stands ready to collaborate and offer assistance to our sister agency in their important role in serving families and children.

Department Testimony: The Department of Health offers comments on SB2385 SD1. The purpose of this bill is to develop standards for beverages served in child care settings in an effort to help prevent childhood obesity and dental caries. This bill would ensure that only the healthiest beverages are served by child care settings.

Hawaii's child care settings can play an integral role in children's health and development by providing a healthy food environment because many children spend large amount of time in these settings. Many states, including California and Maryland, already require that healthier drinks, such as water to replace sugar-sweetened beverages and overconsumption of fruit juice in child care settings.¹

The concepts in this bill align with national recommendations for reducing the consumption of sugar-sweetened beverages. The Division of Physical Activity, Nutrition and Obesity (DNPAO) at the Centers for Disease Control and Prevention (CDC) recommends

¹ Robert Wood Johnson Foundation. RWJF Statement on Proposed Revisions to the Child and Adult Food Program. Available at: <http://www.rwjf.org/en/library/articles-and-news/2015/04/rwjf-statement-child-and-adult-care-food-program.html>

1 decreasing the consumption of sugar-sweetened beverages (SSBs) as an evidence-based strategy
2 for preventing and reducing overweight and obesity. To stem childhood obesity, *Caring for Our*
3 *Children: National Health and Safety Performance Standards* recommend that early care and
4 education programs avoid serving all concentrated sweets such as candy, sodas, sweetened
5 drinks, fruit nectars, and flavored milk, and not serving fruit juice to children younger than 12
6 months.

7 Today in Hawaii, more than one in four kindergarteners are overweight or obese and
8 have one of the highest rates of dental caries (cavities) in the nation.² There is a strong
9 correlation between weight and the consumption of SSBs like soda. In children each 12-ounce
10 soft drink consumed daily, increases their odds of becoming obese by 60%.³ The average
11 number of decayed teeth among 5-9 year olds in Hawaii at 3.9 is double the national average of
12 1.9.⁴ According to one study, among young children, aged 1 through 5 years, consumption of
13 SSBs was associated with an 80-100% increased risk of dental caries.⁵ Fruit juice has been
14 shown among children aged 2 to 4 years, to contribute roughly 100 calories to a daily diet,⁶ and
15 drinking too much juice may be associated with obesity, diarrhea and tooth decay.⁷

16 DOH would like to continue to explore with the Department of Human Services on
17 strategies to achieve the goals of this measure through other voluntary, educational methods,
18 including how the DHS child care licensing staff may be able to provide guidance to licensed
19 and registered child care homes and facilities in understanding their essential role to supporting
20 their families and communities in raising children to be healthy and have lower risks for chronic

² Hau'Oli Mau Loa Foundation. Strategic Directions for the Children of Hawaii. Available at: <http://hauolimauloa.org/wp-content/uploads/2013/09/HML-StrategicDirections.pdf>

³ Ludwig DS, Peterson KE, Gortmaker SL. Relation between consumption of sugar-sweetened drinks and childhood obesity: a prospective, observational analysis. *Lancet*. 2001;357:505-8.

⁴ Hau'Oli Mau Loa Foundation. Strategic Directions for the Children of Hawaii. Available at: <http://hauolimauloa.org/wp-content/uploads/2013/09/HML-StrategicDirections.pdf>

⁵ Marshall TA, Levy SM, Broffitt B, Warren JJ, Eichenberger-Gilmore JM, Burns TL, Stumbo PJ. Dental caries and beverage consumption in young children. *Pediatrics*. 2003;112 (3 Pt 1):e184-e191.

⁶ Marshall TA, Levy SM, Broffitt B, Warren JJ, Eichenberger-Gilmore JM, Burns TL, Stumbo PJ. Dental caries and beverage consumption in young children. *Pediatrics*. 2003;112 (3 Pt 1):e184-e191.

⁷ Wojcicki JM, Heyman MB. Reducing Childhood Obesity by Eliminating 100% Fruit Juice. *American Journal of Public Health*: September 2012, Vol. 102, No. 9, pp. 1630-1633.

1 diseases later in life. Licensed and registered child care providers are a great resource and
2 partner for the families and communities of the children for whom they provide care.

3 The Department respectfully requests that the Committee consider continued discussion,
4 collaboration, and data collection by the two Departments regarding the needs of Hawaii's
5 communities and families in developing effective strategies and practices to increase public
6 awareness and support for reducing and preventing childhood obesity, rather than a statutory
7 requirement which would result in burdensome enforcement requirements by the DHS child care
8 licensing staff.

9 Thank you for the opportunity to provide comments.

10 **Offered Amendments:** None.

DAVID Y. IGE
GOVERNOR



RACHAEL WONG, DrPH
DIRECTOR

PANKAJ BHANOT
DEPUTY DIRECTOR

STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES
P. O. Box 339
Honolulu, Hawaii 96809-0339

February 25, 2016

TO: The Honorable Rosalyn H. Baker, Chair
Senate Committee on Commerce, Consumer Protection, and Health

FROM: Rachael Wong, DrPH, Director

SUBJECT: **SB 2385 SD1 – RELATING TO BEVERAGES FOR CHILDREN**

Hearing: Tuesday, February 26, 2016; 10:30 a.m.
Conference Room 229, State Capitol

DEPARTMENT’S POSITION: The Department of Human Services (DHS) appreciates the intent of this bill to address childhood obesity and dental caries, and provides comments for consideration as similar federal regulations already exist.

PURPOSE: The purpose of this measure is to establish additional restrictions on sugar-sweetened beverages and other beverages served in child care facilities.

The Department of Human Services (DHS) strongly supports the early investment in children and their development, which includes promoting healthy living, nurturing well-being, and a multi-generational family-centered and community-centered approach. We do this through ongoing collaboration and partnerships with the Department of Health to support leveraging existing resources and pathways to promote education and outreach to our communities and families about the important issue of reducing and preventing childhood obesity and identifying simple practices everyone can take to help our *keiki* be strong and healthy.

The Department also respectfully requests that before adding additional regulatory duties to a subject matter that is already regulated, the Committee consider that in accordance

with recent amendments to the Child Care and Development Block Grant Act of 2014, Public Law 113-186, the DHS administrative proposals HB 2343 and SB 2872 seeks authority to conduct monitoring inspections of exempt child care providers who are caring for children receiving DHS child care subsidies, as mandated by the federal Act. The anticipated administrative requirement of conducting monitoring inspections for this additional population of child care providers, which will number over 1,000, is a priority for the limited resources of the DHS child care licensing staff, along with on-going regulation of existing licensed and registered child care homes and facilities.

The Department would like to continue to explore with the Department of Health strategies to achieve the goals of this measure through other voluntary, educational methods, including how the Department's child care licensing staff may be able to provide guidance to licensed and registered child care homes and facilities in understanding their essential role to supporting their families and communities in raising today's children to be healthy and have lower risks for chronic diseases later in life. Licensed and registered child care providers are a great resource and partner for the families and communities of the children for whom they provide care.

The Department respectfully requests that the Committee consider continued discussion, collaboration, and data collection by the two Departments regarding the needs of Hawaii's communities and families in developing effective strategies and practices to increase public awareness and support for reducing and preventing childhood obesity, rather than a statutory requirement which would result in additional enforcement requirements by the Department's licensing staff.

The Department's regulations for licensed and registered child care homes and facilities already require that programs that provide meals and snacks must comply with the requirements of the United States Department of Agriculture (USDA) Child and Adult Care Food Program (CACFP), even if the programs are not participating in the USDA CACFP reimbursements. In the current USDA CACFP requirements, milk and 100% fruit or vegetable juice are the only allowable fluids to be served to children in care. Any other type of beverage is not served to children in care by a licensed or registered child care home or facility.

The USDA CACFP issued proposed regulations in early 2015 and allowed comments to be submitted until May 2015. No additional updates have been provided by the USDA regarding the proposed regulations. In the proposed revisions for the CACFP, the USDA was still open to allowing flavored milk to be served for children ages 2-4 years with no more than twenty-two (22) grams of sugar per eight (8) fluid ounces. The proposed USDA revisions did not limit the amount of 100% fruit or vegetable juice to four (4) ounces served per day, as proposed by this measure. Therefore, if this measure is passed as currently drafted, the resulting law would be more restrictive than the USDA's federal food program regarding fruit or vegetable juice servings, even if the CACFP requirements were amended as proposed in early 2015. Also, it is unclear whether this measure considers flavored milk to be a sugar-sweetened beverage. If flavored milk is considered a sugar-sweetened beverage by Hawaii law, this would be another inconsistency with the USDA CACFP requirements which may lead to confusion for providers participating in the USDA CACFP reimbursements.

Since the proposed measure has beverage requirements that are more restrictive than the current and possibly future USDA CACFP requirements, the Department would need to review all licensed and registered child care homes and facilities for compliance with the proposed measure. The Department's child care licensing staff currently do not review the regulations for meal service for licensed and registered child care homes and facilities that are participating in the USDA CACFP reimbursements, which consist of 35% of all regulated providers. Therefore, this would increase the administrative burden for the Department's staff in monitoring these regulated providers already participating in the USDA CACFP reimbursements.

The Department is also concerned that Hawaii legislative mandates may not allow for sufficient flexibility to amend policies and practices in the future when revisions to federal guidelines or research findings are issued.

As currently drafted, this measure may have other unintended consequences. As noted in the preamble, in 2014 the estimate of 65,000 children under the age of 6 in Hawaii in need of child care is a concern as the current inventory of licensed child care facilities and registered family care homes only meets a little more than half of the needed capacity.

In fiscal year 2015, the Department monitored 623 licensed child care facilities and 535 registered family child care homes with a total of 35,332 child care slots. A significant number of children are in unregulated child care settings. The measure as drafted places additional statutory requirements on top of four sets of administrative rules that licensed child care facilities and registered family child care homes already are required to follow.

DHS would also like to note that some licensed and registered child care homes and facilities choose not to provide meal service, and the child's parents or guardians are responsible for providing the meals and beverages for the child. The Senate Committee on Human Services amended this measure to include an exception that exempts beverages provided by the child's parents or guardians from meeting the requirements of this proposal, therefore eliminating an additional burden on providers who do not provide meal service from monitoring and complying with this proposal. While we appreciate the amendment, from a long-standing CACFP policy and support for the provision of nutritious meals and snacks in child care settings, the proposed measure may become a disincentive to providers to initiate a meal program and does little to inform parents about the importance of providing nutritious meals and snacks, and less sugary beverages. One consideration is adding additional resources for prevention outreach, training or incentives on beverage choices to parents, their communities, support networks, and child care providers in all settings that promote and reinforce the establishment of practices of healthy living in early childhood and for whole families.

Despite the proposed provision (c) of this measure, which specifies that "... [t]he Department shall not be required to conduct separate and independent visits for inspections solely to enforce compliance with this section," the Department would have to conduct separate and independent visits to determine compliance with the proposed measure if the Department receives complaints from the public or families of alleged violations of the proposed measure, since one of the core responsibilities of the Department is investigations of reported complaints for violations of the Department's regulations for licensed and registered child care homes and facilities, under section 346-165, HRS, and section 346-175, HRS.

Thank you for the opportunity to provide comments on this bill.



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Testimony in Support of SB 2385, SD1 “RELATING TO BEVERAGES FOR CHILDREN”

The American Heart Association **supports** SB 2385, SD1.

Sugary drinks are an unnecessary part of the American diet that decades ago were just a treat and are now guzzled at alarming rates. From sports drinks to sodas to fruit-flavored drinks, today's children are drinking their age in these sugary drinks each week. Today's children derive 10% to 15% of their total calories from sugary beverages. Reducing consumption will improve rates of obesity, diabetes and heart disease.

Sugary beverages represent the single largest of sugar in the American diet. An average 20-oz. sugary beverage such as soda contains more than 16 teaspoons of sugar.

Too much added sugar from soda and sports drinks can overload critical organs over time, leading to serious diseases such as heart disease, stroke, high blood pressure, type 2 diabetes and dental erosion, pancreatic cancer, and metabolic syndrome. Sugar-sweetened beverages are also associated with a risk of weight gain and obesity.

Drinking just one 12-ounce soda every day increases a child's odds of becoming obese by 60 percent, and doubles the risk of dental carries. While most sugary beverages contain little or no nutritional value, soft drink consumption is also associated with lower intakes of milk (therefore calcium and other nutrients).

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. **1 in 3 children entering kindergarten in Hawaii are overweight or obese.**

Consuming sugar through beverages also fools your body. When you consume sugar as a beverage you don't feel as full. It's easy to down 10 or more teaspoons of sugar in a single 12-oz. soda. **The American Heart Association recommends no more than 6 teaspoons of added sugar per day for women and no more than 9 teaspoons per day for men.** Thus, one average 12-oz. can of sugary beverage can put you over the daily maximum recommended amounts of added sugar.

Overweight and obesity account for approximately \$147 billion in annual health care costs nationally, or 9 percent of all medical spending. **An estimated \$470 million is spent annually on obesity-related health problems in Hawaii. Roughly half of those costs may be paid by Medicare and Medicaid, meaning taxpayers absorb the costs for health care associated with obesity treatment.**

The AHA urges your **SUPPORT** for **SB 2385, SD1** as part of a comprehensive approach to reducing and reversing Hawaii's overweight and obesity epidemic.

Respectfully submitted,

Donald B. Weisman
Hawaii Government Relations Director

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

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Please remember the American Heart Association in your will.





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P: (808) 531-5502

February 26, 2016

To: Senator Rosalyn H. Baker, Chair
Senator Michelle N. Kidani, Vice Chair
Senate Committee on Commerce, Consumer Protection and Health

From: Deborah Zysman, Executive Director
Hawaii Children's Action Network

Re: **SB 2385, SD1 – Relating to Beverages for Children - Support**
Hawaii State Capitol, Conference Room 229 – February 26, 2016 at 10:30 AM

On behalf of Hawaii Children's Action Network (HCAN), formerly Good Beginnings Alliance, we are writing in support of SB 2385, SD1 Relating to Beverages for Children.

HCAN is committed to improving lives and being a strong voice advocating for Hawai'i's children. Last fall, HCAN convened input in person and online from more than 50 organizations and individuals that came forward to support or express interest for a number of issues affecting children and families in our state that resulted in the compilation of 2016 Hawai'i Children's Policy Agenda, which can be accessed at <http://www.hawaii-can.org/2016policyagenda>.

In Hawai'i, more than one in four kindergartners are overweight or obese. As a state, we spend an estimated \$470 million annually on obesity-related medical costs. Hawai'i's children also have one of the highest rates of dental caries (cavities) in the nation, double the national average.

(Bill#) is intended to develop standards for beverages served in childcare facilities in an effort to help prevent childhood obesity and dental caries. While current childcare facility requirements have specific nutrition requirements in place, this bill is intended strengthen requirements focusing on prevention.

These figures underscore the need to provide healthy food and beverages to ensure that the children of Hawai'i can make healthy choices to prevent obesity and dental decay.

For these reasons, HCAN respectfully requests that the committee vote to pass this bill.



HPCA

HAWAII PRIMARY CARE ASSOCIATION

Senate Committee on Commerce, Consumer Protection, and Health

The Hon. Rosalyn H. Baker, Chair

The Hon. Michelle N. Kidani, Vice Chair

Testimony on Senate Bill 2385 SD1

Relating to Beverages for Children

Submitted by Dustin Stevens, Public Affairs and Policy Director

February 26, 2016, 10:30 am, Room 229

The Hawai'i Primary Care Association, which represents community health centers in Hawai'i, supports Senate Bill 2385, establishing restrictions on sugar-sweetened beverages and other beverages served in child care facilities.

There is little doubt that a growing health crisis exists in Hawaii regarding obesity, aided in no small part by the consumption of sugar sweetened beverages. The average person in the state consumes more than 170 liquid calories every day, almost all without any nutritional value. This consumption does not come without consequences, as the average annual obesity related medical expenditures in the state exceed \$470M.

Research has displayed that taste preferences and eating habits are formed in early childhood years, and this bill would aid that by requiring the serving of healthy beverages in child care facilities. In Hawaii, close to 65K children attended some form of child care, spending on average thirty hours per week in non-parental care. By limiting what drinks are served, an enormous number of calories and their related health risks could be avoided.

In addition, the decreased consumption of such beverages would have a positive effect on oral health outcomes. In Hawaii, the average number of decayed teeth among children ages 5-9 is 3.9, more than double the national average. This bill would help alleviate that by limiting the amount of sugared liquids children are coming in contact with.

For these reasons we support Senate Bill 2385 and thank you for the opportunity to testify.

January 28, 2016

To:

[COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH](#)

Senator Rosalyn H. Baker, Chair

Senator Michelle N. Kidani, Vice Chair

From:

Cristeta Ancog M.D, FAAP

Re: Strong Support for SB2385, Relating to Health

Thank you for the opportunity to testify in **strong support** of SB2385. I strongly support setting standards for nutrition in child care facilities by ensuring that healthy beverages are served. Restricting sugar-sweetened beverages and limiting the amount of fruit juice served in child care settings will help prevent childhood obesity and dental cavities in Hawaii.

I am a board certified pediatrician, and am deeply concerned about the epidemic of pediatric obesity in our state. In over 25 years of practice, I have witnessed the increase in overweight and obese children. Across the state, the highest rates are in the low income and Native Hawaiian populations, but every demographic is part of this obesity epidemic. Studies show that 70% of these overweight children will become overweight adults, which increases the complications that are associated with obesity, especially type 2 diabetes and early cardiac disease. We are already seeing these complications in children.

We know that eating habits of children are formed in their early years. Children can easily drink a lot of juice because it tastes good. Drinking sugar-sweetened beverages such as sweetened fruit juice increases caloric intake without adding any nutritional value. Even too much 100% juice is not healthy. While the American Academy of Pediatrics does suggest 100% fruit juice as an acceptable part of a healthy diet, they advise no more than 4 to 6 ounces a day. Any more than this reduces a child's appetite for other, more nutritious foods. Fruit juice offers no nutritional benefits over whole fruit. Whole fruits provide fiber and other nutrients. The AAP recommends that children drink water and milk.

Promoting healthy eating habits in childcare settings will teach children how to lead healthy lifestyles. It is much better to prevent obesity than to treat it later on. We all know how hard it is to make lifestyle changes and lose weight when we are older. Please help create a healthier Hawaii and pass HB1674.

Sincerely,

Cristeta Ancog MD, Fellow, American Academy of Pediatrics, Board Certified, American Board of Pediatrics

98-1941 F Kaahumanu St

Aiea, HI 96701

My name is Dr. Rachel Novotny. I am a resident of Kailua, a Registered and Licensed Dietitian and Nutritionist, employed as Professor of Nutrition in the College of Tropical Agriculture and Human Resources, at the University of Hawaii at Manoa. I am providing personal testimony in Support of SB 2385, "Relating to Beverages for Children".

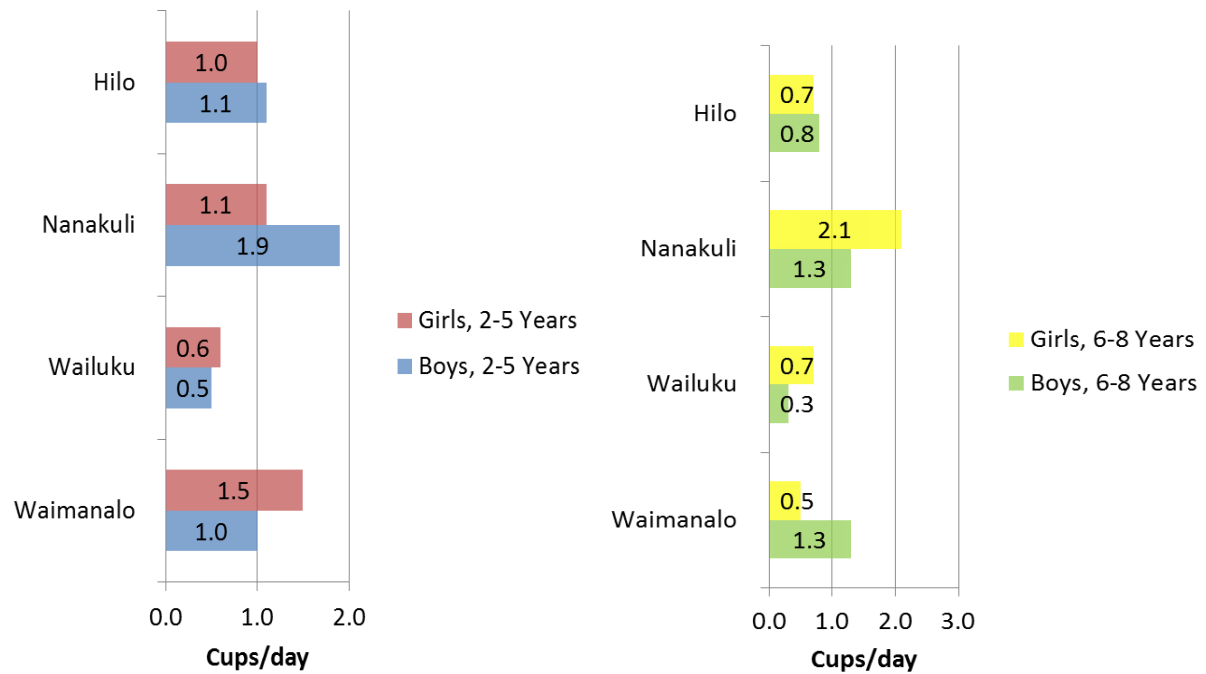
1 in 3 children entering kindergarten in Hawaii are overweight or obese. Preschool aged children are developing lifelong eating and drinking habits, as well as their risk for future obesity and disease. An estimated \$470 million is spent annually on obesity-related health problems in Hawaii. Roughly half of those costs may be paid by Medicare and Medicaid, meaning taxpayers absorb the costs for health care associated with obesity treatment.

Drinking just one 12-ounce soda every day increases a child's odds of becoming obese by 60 percent, and doubles the risk of dental carries. While most sugary beverages contain little or no nutritional value, soft drink consumption is also associated with lower intakes of milk (therefore calcium and other nutrients).

By restricting the serving of these sugary beverages to children in child care centers, we creating a context for children to develop healthy eating habits, where they consume whole fruits and vegetables and drink water, ensuring that the receive adequate nutrients without excessive amounts of calories.

Sugary beverages represent the single largest of sugar in the American diet and an unnecessary part of the diet of children and adults alike. From sports drinks to sodas to fruit flavored drinks, today's children are drinking excessive amounts of these sugary drinks each week, consuming anywhere from 10% to 15% of their total calories from sugary beverages.

Data on sugar sweetened beverage intake among children in Hawaii is shown below (2013, Children's Healthy Living Program, www.chl-pacific.org/reports). Preschool and early elementary age children consume about one cup of sugar sweetened beverages a day, or about 125 calories per day, depending on which sugar sweetened beverage. Soda has 140 kcal for 12 ounces, for example.



As a Registered Dietitian, Nutritionist, parent and citizen, I urge your SUPPORT for SB 2385 as part of a comprehensive approach to creating a supportive environment for health in Hawaii.

From: mailinglist@capitol.hawaii.gov
To: [CPH Testimony](#)
Cc: monicake@hawaii.edu
Subject: *Submitted testimony for SB2385 on Feb 26, 2016 10:30AM*
Date: Wednesday, February 24, 2016 9:48:06 AM

SB2385

Submitted on: 2/24/2016

Testimony for CPH on Feb 26, 2016 10:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Monica Esquivel MS RD	Individual	Support	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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From: mailinglist@capitol.hawaii.gov
To: [CPH Testimony](#)
Cc: stephandjim@aol.com
Subject: Submitted testimony for SB2385 on Feb 26, 2016 10:30AM
Date: Thursday, February 25, 2016 11:55:38 AM

SB2385

Submitted on: 2/25/2016

Testimony for CPH on Feb 26, 2016 10:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Stephanie Austin	Individual	Support	No

Comments: This is important for the oral and physical health of our keiki.

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SB2385 SD1 FORM LETTERS

22 PEOPLE IN SUPPORT

From: [Bev Brody](#)
To: [CPH Testimony](#)
Subject: Support for SB 2385, SD1, Relating to Beverages for Children
Date: Thursday, February 25, 2016 11:46:29 AM

February 25, 2016

To: The Honorable Rosalyn H. Baker, Chair
The Honorable Michelle N. Kidani, Vice Chair
Members of the Senate Committee on Commerce, Consumer Protection, and Health

DM: Senate Committee on Commerce, Consumer Protection, and Health, February 26, 2016, 10:30 am, Room 229

Re: Support for SB 2385, SD1, Relating to Beverages for Children

Thank you for the opportunity to offer testimony in support of SB 2385, SD1, Relating to Beverages for Children.

This bill will develop standards for beverages served in child care facilities in an effort to help prevent childhood obesity and dental caries. SB 2385, SD1 will ensure that only the healthiest beverages are served in child care settings.

Sugar-sweetened beverages, such a soda, and excessive portions of fruit juice contribute to childhood obesity and cavities. In Hawai'i, current child care facility requirements have specific nutrition regulations, however, they do not restrict facilities from serving sugar-sweetened beverages or excessive amounts of fruit juice. Our child care settings can play an integral role in children's health and development by providing a healthy food environment because many children spend large amount of time in early child care settings.

Research demonstrates that taste preferences and lifelong healthy habits are formed in early childhood years. Consuming sugar-sweetened beverages at an early age may perpetuate that preference throughout life. There is overwhelming evidence on the link between obesity and the consumption of sugar-sweetened beverages like soda. Even drinking too much juice may be associated with obesity, diarrhea and tooth decay.

I ask you to support SB 2385, SD1 to protect our children's health by ensuring that only healthy beverages are served in child care settings and as a part of a comprehensive approach to reducing and reversing Hawai'i's overweight and obesity epidemic.

Thank you for the opportunity to provide testimony.

Bev Brody
4751 Wailapa Road
Kilauea, HI 96754

From: [Courtney Voss](#)
To: [CPH Testimony](#)
Subject: Support for SB 2385, SD1, Relating to Beverages for Children
Date: Thursday, February 25, 2016 10:35:49 AM

February 25, 2016

To: The Honorable Rosalyn H. Baker, Chair
The Honorable Michelle N. Kidani, Vice Chair
Members of the Senate Committee on Commerce, Consumer Protection, and Health

DM: Senate Committee on Commerce, Consumer Protection, and Health, February 26, 2016, 10:30 am, Room 229

Re: Support for SB 2385, SD1, Relating to Beverages for Children

Thank you for the opportunity to offer testimony in support of SB 2385, SD1, Relating to Beverages for Children.

This bill will develop standards for beverages served in child care facilities in an effort to help prevent childhood obesity and dental cavities. SB 2385, SD1 will ensure that only the healthiest beverages are served in child care settings.

Today in Hawai'i, more than one in four kindergarteners are overweight or obese and Hawai'i spends an estimated \$470,000,000 annually on obesity-related medical costs. Hawai'i's children also have one of the highest rates of dental cavities in the nation. The average number of decayed teeth among 5-9 year olds in Hawai'i is 3.9 while nationally it is 1.9, double the national average. These figures underscore the need to create healthy food and beverage environments to ensure that the children of Hawai'i can make healthy choices to prevent obesity and dental caries.

In Hawai'i, current child care facility requirements have specific nutrition regulations, however, they do not restrict facilities from serving sugar-sweetened beverages or excessive amounts of fruit juice.

Research demonstrates that taste preferences and lifelong healthy habits are formed in early childhood years. Consuming sugar-sweetened beverages at an early age may perpetuate that preference throughout life. There is overwhelming evidence on the link between obesity and the consumption of sugar-sweetened beverages like soda. In children each 12-ounce soft drink consumed daily, increases their odds of becoming obese by 60%. Research linking sugar-sweetened beverages to dental caries is also strong. Among young children, aged 1 through 5 years, consumption of sugar-sweetened beverages was associated with an 80-100% increased risk of dental caries.

The fruit juice beverage standards in this bill are consistent with recommendations from the American Academy of Pediatrics, as well as the 2005 Dietary Guidelines for Americans. Fruit juice restrictions have been established because among children aged 2 to 4 years, 100% juice contributes roughly 100 calories to a daily diet. Drinking too much juice may be associated with obesity, diarrhea and tooth decay.

Our child care settings can play an integral role in children's health and development by providing a healthy food environment because many children spend large amount of time in early child care settings. More than eleven million children under the age of six in the United States spend an average of thirty hours per week in non-parental child care settings. In 2014, close to 65,000 children in Hawai'i under the age of six potentially were in need of child care.

Many states, including California and Maryland, already require that healthier drinks, such as water replace sugar-sweetened beverages and overconsumption of fruit juice in child care settings. I ask you to support SB 2385, SD1 to protect our children's health by ensuring that only healthy beverages are served in child care settings and as a part

of a comprehensive approach to reducing and reversing Hawai`i's overweight and obesity epidemic.

Thank you for the opportunity to provide testimony.

Courtney Voss
850 Richards Street
Haleiwa, HI 96712

From: [Curtis Palmer](#)
To: [CPH Testimony](#)
Subject: Support for SB 2385, SD1, Relating to Beverages for Children
Date: Thursday, February 25, 2016 10:53:20 AM

February 25, 2016

To: The Honorable Rosalyn H. Baker, Chair
The Honorable Michelle N. Kidani, Vice Chair
Members of the Senate Committee on Commerce, Consumer Protection, and Health

DM: Senate Committee on Commerce, Consumer Protection, and Health, February 26, 2016, 10:30 am, Room 229

Re: Support for SB 2385, SD1, Relating to Beverages for Children

Thank you for the opportunity to offer testimony in support of SB 2385, SD1, Relating to Beverages for Children.

This bill will develop standards for beverages served in child care facilities in an effort to help prevent childhood obesity and dental cavities. SB 2385, SD1 will ensure that only the healthiest beverages are served in child care settings.

Today in Hawai'i, more than one in four kindergarteners are overweight or obese and Hawai'i spends an estimated \$470,000,000 annually on obesity-related medical costs. Hawai'i's children also have one of the highest rates of dental cavities in the nation. The average number of decayed teeth among 5-9 year olds in Hawai'i is 3.9 while nationally it is 1.9, double the national average. These figures underscore the need to create healthy food and beverage environments to ensure that the children of Hawai'i can make healthy choices to prevent obesity and dental caries.

In Hawai'i, current child care facility requirements have specific nutrition regulations, however, they do not restrict facilities from serving sugar-sweetened beverages or excessive amounts of fruit juice.

Research demonstrates that taste preferences and lifelong healthy habits are formed in early childhood years. Consuming sugar-sweetened beverages at an early age may perpetuate that preference throughout life. There is overwhelming evidence on the link between obesity and the consumption of sugar-sweetened beverages like soda. In children each 12-ounce soft drink consumed daily, increases their odds of becoming obese by 60%. Research linking sugar-sweetened beverages to dental caries is also strong. Among young children, aged 1 through 5 years, consumption of sugar-sweetened beverages was associated with an 80-100% increased risk of dental caries.

The fruit juice beverage standards in this bill are consistent with recommendations from the American Academy of Pediatrics, as well as the 2005 Dietary Guidelines for Americans. Fruit juice restrictions have been established because among children aged 2 to 4 years, 100% juice contributes roughly 100 calories to a daily diet. Drinking too much juice may be associated with obesity, diarrhea and tooth decay.

Our child care settings can play an integral role in children's health and development by providing a healthy food environment because many children spend large amount of time in early child care settings. More than eleven million children under the age of six in the United States spend an average of thirty hours per week in non-parental child care settings. In 2014, close to 65,000 children in Hawai'i under the age of six potentially were in need of child care.

Many states, including California and Maryland, already require that healthier drinks, such as water replace sugar-sweetened beverages and overconsumption of fruit juice in child care settings. I ask you to support SB 2385, SD1 to protect our children's health by ensuring that only healthy beverages are served in child care settings and as a part

of a comprehensive approach to reducing and reversing Hawai`i's overweight and obesity epidemic.

Thank you for the opportunity to provide testimony.

Curtis Palmer
45-615 Puuluna Pl
Kaneohe, HI 96744

From: [Dale Cole](#)
To: [CPH Testimony](#)
Subject: Support for SB 2385, SD1, Relating to Beverages for Children
Date: Thursday, February 25, 2016 12:03:11 PM

February 25, 2016

To: The Honorable Rosalyn H. Baker, Chair
The Honorable Michelle N. Kidani, Vice Chair
Members of the Senate Committee on Commerce, Consumer Protection, and Health

DM: Senate Committee on Commerce, Consumer Protection, and Health, February 26, 2016, 10:30 am, Room 229

Re: Support for SB 2385, SD1, Relating to Beverages for Children

Thank you for the opportunity to offer testimony in support of SB 2385, SD1, Relating to Beverages for Children.

This bill will develop standards for beverages served in child care facilities in an effort to help prevent childhood obesity and dental caries. SB 2385, SD1 will ensure that only the healthiest beverages are served in child care settings.

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Research demonstrates that taste preferences and lifelong healthy habits are formed in early childhood years. Consuming sugar-sweetened beverages at an early age may perpetuate that preference throughout life. There is overwhelming evidence on the link between obesity and the consumption of sugar-sweetened beverages like soda. Even drinking too much juice may be associated with obesity, diarrhea and tooth decay.

I ask you to support SB 2385, SD1 to protect our children's health by ensuring that only healthy beverages are served in child care settings and as a part of a comprehensive approach to reducing and reversing Hawai'i's overweight and obesity epidemic.

Thank you for the opportunity to provide testimony.

Dale Cole
75-6111Kaanee Place
Kailua Kona, HI 96740

From: [Forrest Batz](#)
To: [CPH Testimony](#)
Subject: Support for SB 2385, SD1, Relating to Beverages for Children
Date: Thursday, February 25, 2016 12:35:33 PM

February 25, 2016

To: The Honorable Rosalyn H. Baker, Chair
The Honorable Michelle N. Kidani, Vice Chair
Members of the Senate Committee on Commerce, Consumer Protection, and Health

DM: Senate Committee on Commerce, Consumer Protection, and Health, February 26, 2016, 10:30 am, Room 229

Re: Support for SB 2385, SD1, Relating to Beverages for Children

Thank you for the opportunity to offer testimony in support of SB 2385, SD1, Relating to Beverages for Children.

This bill will develop standards for beverages served in child care facilities in an effort to help prevent childhood obesity and dental caries. SB 2385, SD1 will ensure that only the healthiest beverages are served in child care settings.

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Research demonstrates that taste preferences and lifelong healthy habits are formed in early childhood years. Consuming sugar-sweetened beverages at an early age may perpetuate that preference throughout life. There is overwhelming evidence on the link between obesity and the consumption of sugar-sweetened beverages like sodas. Even drinking too much juice may be associated with obesity, diarrhea and tooth decay.

I ask you to support SB 2385, SD1 to protect our keiki's health by ensuring that only healthy beverages are served in child care settings and as a part of a comprehensive approach to reducing and reversing Hawai'i's overweight and obesity epidemic.

Thank you for the opportunity to provide testimony.

Forrest Batz, PharmD

Forrest Batz
HC3 Box 4730
Keaau, HI 96749

From: [Jessanie Marques](#)
To: [CPH Testimony](#)
Subject: Support for SB 2385, SD1, Relating to Beverages for Children
Date: Thursday, February 25, 2016 11:04:49 AM

February 25, 2016

To: The Honorable Rosalyn H. Baker, Chair
The Honorable Michelle N. Kidani, Vice Chair
Members of the Senate Committee on Commerce, Consumer Protection, and Health

DM: Senate Committee on Commerce, Consumer Protection, and Health, February 26, 2016, 10:30 am, Room 229

Re: Support for SB 2385, SD1, Relating to Beverages for Children

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I ask you to support SB 2385, SD1 to protect our children's health by ensuring that only healthy beverages are served in child care settings and as a part of a comprehensive approach to reducing and reversing Hawai'i's overweight and obesity epidemic.

Thank you for the opportunity to provide testimony.

Jessanie Marques
96-1137 Ohia Street
Pahala, HI 96777

From: [Katalina McGlone](#)
To: [CPH Testimony](#)
Subject: Support for SB 2385, SD1, Relating to Beverages for Children
Date: Thursday, February 25, 2016 12:22:21 PM

February 25, 2016

To: The Honorable Rosalyn H. Baker, Chair
The Honorable Michelle N. Kidani, Vice Chair
Members of the Senate Committee on Commerce, Consumer Protection, and Health

DM: Senate Committee on Commerce, Consumer Protection, and Health, February 26, 2016, 10:30 am, Room 229

Re: Support for SB 2385, SD1, Relating to Beverages for Children

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Research demonstrates that taste preferences and lifelong healthy habits are formed in early childhood years. Consuming sugar-sweetened beverages at an early age may perpetuate that preference throughout life. There is overwhelming evidence on the link between obesity and the consumption of sugar-sweetened beverages like soda. In children each 12-ounce soft drink consumed daily, increases their odds of becoming obese by 60%. Research linking sugar-sweetened beverages to dental caries is also strong. Among young children, aged 1 through 5 years, consumption of sugar-sweetened beverages was associated with an 80-100% increased risk of dental caries.

The fruit juice beverage standards in this bill are consistent with recommendations from the American Academy of Pediatrics, as well as the 2005 Dietary Guidelines for Americans. Fruit juice restrictions have been established because among children aged 2 to 4 years, 100% juice contributes roughly 100 calories to a daily diet. Drinking too much juice may be associated with obesity, diarrhea and tooth decay.

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of a comprehensive approach to reducing and reversing Hawai`i's overweight and obesity epidemic.

Thank you for the opportunity to provide testimony.

Katalina McGlone
PO BOX 235166
HONOLULU, HI 96823

From: [Kathryn Braun](#)
To: [CPH Testimony](#)
Subject: Support for SB 2385, SD1, Relating to Beverages for Children
Date: Thursday, February 25, 2016 12:10:57 PM

February 25, 2016

To: The Honorable Rosalyn H. Baker, Chair
The Honorable Michelle N. Kidani, Vice Chair
Members of the Senate Committee on Commerce, Consumer Protection, and Health

DM: Senate Committee on Commerce, Consumer Protection, and Health, February 26, 2016, 10:30 am, Room 229

Re: Support for SB 2385, SD1, Relating to Beverages for Children

Thank you for the opportunity to offer testimony in support of SB 2385, SD1, Relating to Beverages for Children.

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of a comprehensive approach to reducing and reversing Hawai`i's overweight and obesity epidemic.

Thank you for the opportunity to provide testimony.

Kathryn Braun
625 Iolani Ave #504
Honolulu, HI 96813

From: [Lillian McCollum](#)
To: [CPH Testimony](#)
Subject: Support for SB 2385, SD1, Relating to Beverages for Children
Date: Thursday, February 25, 2016 10:39:20 AM

February 25, 2016

To: The Honorable Rosalyn H. Baker, Chair
The Honorable Michelle N. Kidani, Vice Chair
Members of the Senate Committee on Commerce, Consumer Protection, and Health

DM: Senate Committee on Commerce, Consumer Protection, and Health, February 26, 2016, 10:30 am, Room 229

Re: Support for SB 2385, SD1, Relating to Beverages for Children

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I ask you to support SB 2385, SD1 to protect our children's health by ensuring that only healthy beverages are served in child care settings and as a part of a comprehensive approach to reducing and reversing Hawai'i's overweight and obesity epidemic.

Thank you for the opportunity to provide testimony.

Lillian McCollum
35 S Kuakini St Apt F
Honolulu, HI 96813

From: [Lynne Miura](#)
To: [CPH Testimony](#)
Subject: Support for SB 2385, SD1, Relating to Beverages for Children
Date: Thursday, February 25, 2016 10:47:45 AM

February 25, 2016

To: The Honorable Rosalyn H. Baker, Chair
The Honorable Michelle N. Kidani, Vice Chair
Members of the Senate Committee on Commerce, Consumer Protection, and Health

DM: Senate Committee on Commerce, Consumer Protection, and Health, February 26, 2016, 10:30 am, Room 229

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I ask you to support SB 2385, SD1 to protect our children's health by ensuring that only healthy beverages are served in child care settings and as a part of a comprehensive approach to reducing and reversing Hawai'i's overweight and obesity epidemic.

Thank you for the opportunity to provide testimony.

Lynne Miura
455 Aulima Loop
Kailua, HI 96734

From: [Manuel Navalta](#)
To: [CPH Testimony](#)
Subject: Support for SB 2385, SD1, Relating to Beverages for Children
Date: Thursday, February 25, 2016 11:45:43 AM

February 25, 2016

To: The Honorable Rosalyn H. Baker, Chair
The Honorable Michelle N. Kidani, Vice Chair
Members of the Senate Committee on Commerce, Consumer Protection, and Health

DM: Senate Committee on Commerce, Consumer Protection, and Health, February 26, 2016, 10:30 am, Room 229

Re: Support for SB 2385, SD1, Relating to Beverages for Children

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Many states, including California and Maryland, already require that healthier drinks, such as water replace sugar-sweetened beverages and overconsumption of fruit juice in child care settings. I ask you to support SB 2385, SD1 to protect our children's health by ensuring that only healthy beverages are served in child care settings and as a part

of a comprehensive approach to reducing and reversing Hawai`i's overweight and obesity epidemic.

Thank you for the opportunity to provide testimony.

Manuel Navalta
601 Kamokila Blvd, Room 360
Kapolei, HI 96707

From: [Maria Moreno - Chow](#)
To: [CPH Testimony](#)
Subject: Support for SB 2385, SD1, Relating to Beverages for Children
Date: Thursday, February 25, 2016 10:55:36 AM

February 25, 2016

To: The Honorable Rosalyn H. Baker, Chair
The Honorable Michelle N. Kidani, Vice Chair
Members of the Senate Committee on Commerce, Consumer Protection, and Health

DM: Senate Committee on Commerce, Consumer Protection, and Health, February 26, 2016, 10:30 am, Room 229

Re: Support for SB 2385, SD1, Relating to Beverages for Children

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of a comprehensive approach to reducing and reversing Hawai`i's overweight and obesity epidemic.

Thank you for the opportunity to provide testimony.

Maria Moreno - Chow
548 Ulua st.
Kailua, HI 96734

From: [Marilyn Gagen](#)
To: [CPH Testimony](#)
Subject: Support for SB 2385, SD1, Relating to Beverages for Children
Date: Thursday, February 25, 2016 10:59:26 AM

February 25, 2016

To: The Honorable Rosalyn H. Baker, Chair
The Honorable Michelle N. Kidani, Vice Chair
Members of the Senate Committee on Commerce, Consumer Protection, and Health

DM: Senate Committee on Commerce, Consumer Protection, and Health, February 26, 2016, 10:30 am, Room 229

Re: Support for SB 2385, SD1, Relating to Beverages for Children

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of a comprehensive approach to reducing and reversing Hawai`i's overweight and obesity epidemic.

Thank you for the opportunity to provide testimony.

Marilyn Gagen
59-398 Ka Nani Drive
Kamuela, HI 96743

From: [Michelle Gray](#)
To: [CPH Testimony](#)
Subject: Support for SB 2385, SD1, Relating to Beverages for Children
Date: Thursday, February 25, 2016 10:40:28 AM

February 25, 2016

To: The Honorable Rosalyn H. Baker, Chair
The Honorable Michelle N. Kidani, Vice Chair
Members of the Senate Committee on Commerce, Consumer Protection, and Health

DM: Senate Committee on Commerce, Consumer Protection, and Health, February 26, 2016, 10:30 am, Room 229

Re: Support for SB 2385, SD1, Relating to Beverages for Children

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Thank you for the opportunity to provide testimony.

Michelle Gray
430 Lanipua Street
Honolulu, HI 96825

From: [Nicole Kerr](#)
To: [CPH Testimony](#)
Subject: Support for SB 2385, SD1, Relating to Beverages for Children
Date: Thursday, February 25, 2016 11:36:48 AM

February 25, 2016

To: The Honorable Rosalyn H. Baker, Chair
The Honorable Michelle N. Kidani, Vice Chair
Members of the Senate Committee on Commerce, Consumer Protection, and Health

DM: Senate Committee on Commerce, Consumer Protection, and Health, February 26, 2016, 10:30 am, Room 229

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The fruit juice beverage standards in this bill are consistent with recommendations from the American Academy of Pediatrics, as well as the 2005 Dietary Guidelines for Americans. Fruit juice restrictions have been established because among children aged 2 to 4 years, 100% juice contributes roughly 100 calories to a daily diet. Drinking too much juice may be associated with obesity, diarrhea and tooth decay.

Our child care settings can play an integral role in children's health and development by providing a healthy food environment because many children spend large amount of time in early child care settings. More than eleven million children under the age of six in the United States spend an average of thirty hours per week in non-parental child care settings. In 2014, close to 65,000 children in Hawai'i under the age of six potentially were in need of child care.

Many states, including California and Maryland, already require that healthier drinks, such as water replace sugar-sweetened beverages and overconsumption of fruit juice in child care settings. I ask you to support SB 2385, SD1 to protect our children's health by ensuring that only healthy beverages are served in child care settings and as a part

of a comprehensive approach to reducing and reversing Hawai`i's overweight and obesity epidemic.

Thank you for the opportunity to provide testimony.

Nicole Kerr
520 N. Kalaheo
Kailua, HI 96734

From: [Patricia Fleck](#)
To: [CPH Testimony](#)
Subject: Support for SB 2385, SD1, Relating to Beverages for Children
Date: Thursday, February 25, 2016 12:33:41 PM

February 25, 2016

To: The Honorable Rosalyn H. Baker, Chair
The Honorable Michelle N. Kidani, Vice Chair
Members of the Senate Committee on Commerce, Consumer Protection, and Health

DM: Senate Committee on Commerce, Consumer Protection, and Health, February 26, 2016, 10:30 am, Room 229

Re: Support for SB 2385, SD1, Relating to Beverages for Children

Thank you for the opportunity to offer testimony in support of SB 2385, SD1, Relating to Beverages for Children.

This bill will develop standards for beverages served in child care facilities in an effort to help prevent childhood obesity and dental cavities. SB 2385, SD1 will ensure that only the healthiest beverages are served in child care settings.

Today in Hawai'i, more than one in four kindergarteners are overweight or obese and Hawai'i spends an estimated \$470,000,000 annually on obesity-related medical costs. Hawai'i's children also have one of the highest rates of dental cavities in the nation. The average number of decayed teeth among 5-9 year olds in Hawai'i is 3.9 while nationally it is 1.9, double the national average. These figures underscore the need to create healthy food and beverage environments to ensure that the children of Hawai'i can make healthy choices to prevent obesity and dental caries.

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of a comprehensive approach to reducing and reversing Hawai`i's overweight and obesity epidemic.

Thank you for the opportunity to provide testimony.

Patricia Fleck

Patricia Fleck
77-215 Ho'owaiwai Court
Kailua Kona, HI 96740

From: [Patti Ornellas](#)
To: [CPH Testimony](#)
Subject: Support for SB 2385, SD1, Relating to Beverages for Children
Date: Thursday, February 25, 2016 11:38:03 AM

February 25, 2016

To: The Honorable Rosalyn H. Baker, Chair
The Honorable Michelle N. Kidani, Vice Chair
Members of the Senate Committee on Commerce, Consumer Protection, and Health

DM: Senate Committee on Commerce, Consumer Protection, and Health, February 26, 2016, 10:30 am, Room 229

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Research demonstrates that taste preferences and lifelong healthy habits are formed in early childhood years. Consuming sugar-sweetened beverages at an early age may perpetuate that preference throughout life. There is overwhelming evidence on the link between obesity and the consumption of sugar-sweetened beverages like soda. Even drinking too much juice may be associated with obesity, diarrhea and tooth decay.

I ask you to support SB 2385, SD1 to protect our children's health by ensuring that only healthy beverages are served in child care settings and as a part of a comprehensive approach to reducing and reversing Hawai'i's overweight and obesity epidemic.

Thank you for the opportunity to provide testimony.

Patti Ornellas
3343 Kanakolu Street
Lihue, HI 96766

From: [Rhiana Lau](#)
To: [CPH Testimony](#)
Subject: Support for SB 2385, SD1, Relating to Beverages for Children
Date: Thursday, February 25, 2016 12:31:01 PM

February 25, 2016

To: The Honorable Rosalyn H. Baker, Chair
The Honorable Michelle N. Kidani, Vice Chair
Members of the Senate Committee on Commerce, Consumer Protection, and Health

DM: Senate Committee on Commerce, Consumer Protection, and Health, February 26, 2016, 10:30 am, Room 229

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Thank you for the opportunity to provide testimony.

Rhiana Lau
1314 South King Street, Suite 415
Honolulu, HI 96814

From: [Ronald Chow](#)
To: [CPH Testimony](#)
Subject: Support for SB 2385, SD1, Relating to Beverages for Children
Date: Thursday, February 25, 2016 10:57:20 AM

February 25, 2016

To: The Honorable Rosalyn H. Baker, Chair
The Honorable Michelle N. Kidani, Vice Chair
Members of the Senate Committee on Commerce, Consumer Protection, and Health

DM: Senate Committee on Commerce, Consumer Protection, and Health, February 26, 2016, 10:30 am, Room 229

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of a comprehensive approach to reducing and reversing Hawai`i's overweight and obesity epidemic.

Thank you for the opportunity to provide testimony.

Ronald Chow
548 Ulua Street
Kailua, HI 96734

From: [Shay Chan Hodges](#)
To: [CPH Testimony](#)
Subject: Support for SB 2385, SD1, Relating to Beverages for Children
Date: Thursday, February 25, 2016 10:54:28 AM

February 25, 2016

To: The Honorable Rosalyn H. Baker, Chair
The Honorable Michelle N. Kidani, Vice Chair
Members of the Senate Committee on Commerce, Consumer Protection, and Health

DM: Senate Committee on Commerce, Consumer Protection, and Health, February 26, 2016, 10:30 am, Room 229

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Thank you for the opportunity to provide testimony.

Shay Chan Hodges
37 Puu Koa Place
Haiku, HI 96708

From: [Tami MacAller](#)
To: [CPH Testimony](#)
Subject: Support for SB 2385, SD1, Relating to Beverages for Children
Date: Thursday, February 25, 2016 11:01:02 AM

February 25, 2016

To: The Honorable Rosalyn H. Baker, Chair
The Honorable Michelle N. Kidani, Vice Chair
Members of the Senate Committee on Commerce, Consumer Protection, and Health

DM: Senate Committee on Commerce, Consumer Protection, and Health, February 26, 2016, 10:30 am, Room 229

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Thank you for the opportunity to provide testimony.

Tami MacAller
1234 testing
Kailua Kona, HI 96740

From: [Tyler Ralston](#)
To: [CPH Testimony](#)
Subject: Support for SB 2385, SD1, Relating to Beverages for Children
Date: Thursday, February 25, 2016 11:09:40 AM

February 25, 2016

To: The Honorable Rosalyn H. Baker, Chair
The Honorable Michelle N. Kidani, Vice Chair
Members of the Senate Committee on Commerce, Consumer Protection, and Health

DM: Senate Committee on Commerce, Consumer Protection, and Health, February 26, 2016, 10:30 am, Room 229

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Tyler Ralston
PO Box 10528
Honolulu, HI 96816