DAVID Y. IGE



STATE OF HAWAII DEPARTMENT OF HEALTH

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

Testimony COMMENTING on H.B. 142 HD1, Proposed HD2 RELATING TO HEALTH.

REPRESENTATIVE JOHN M. MIZUNO, CHAIR HOUSE COMMITTEE ON HEALTH

Hearing Date: February 14, 2019 9:31 a.m. Room Number: 329

- 1 Fiscal Implications: Unknown
- 2 **Department Testimony:** The Department of Health is offering comments on House Bill 142
- 3 House Draft 1, Proposed House Draft 2 (H.B. 142 HD1, Proposed HD2) requiring restaurants
- 4 and food concessions with at least 15 establishments to provide the total number of calories for
- 5 each standard menu item listed.
- The Department finds that requirements proposed in the HD2 version is unnecessary
- 7 because it nearly duplicates the Food and Drug Administration (FDA) ruling, which requires
- 8 certain restaurants and similar retail food establishment with 20 or more establishments to
- 9 provide calorie information on menus and menu boards. The FDA published the final rule for
- menu labeling on December 1, 2014, and the compliance date was May 7, 2018, so the proposals
- in HD2 are being addressed.
- The Department supports the previous version of this bill, H.B. 142 HD1 which would
- require restaurants to offer only water, sparkling water, flavored water with no added natural or
- artificial sweeteners, unflavored milk, or non-dairy milk alternatives that contain no more than
- one hundred thirty calories per container or serving, as the default beverage with children's

- 1 meals. The concept of this bill is based on national recommendations for reducing the
- 2 consumption of sugar sweetened beverages (SSBs). The Division of Physical Activity,
- 3 Nutrition, and Obesity (DNPAO) at the Centers for Disease Control and Prevention (CDC)
- 4 recommends decreasing SSBs as an evidence-based strategy for preventing and reducing
- 5 overweight and obesity. The 2015 Dietary Guidelines for Americans also recommends reducing
- 6 the intake of SSBs as a method to control calorie intake and manage body weight. The
- 7 Department supports H.B. 142 HD1 and suggests amending the definition of restaurant to
- 8 broadly describe various types of food establishments where children are likely to frequent with
- 9 their families versus the definition from §281, HRS that regulates the sale of intoxicating liquor.
- Today in Hawaii, more than one in two adults¹ (57.6%) and over one in four high school students² (28.4%) are affected by overweight or obesity. The rate of adults with diabetes in
- Hawaii is 10.5% and an additional 14.6% have been diagnosed with pre-diabetes³. The
- Department estimates that more than 1 in 2 adults have type 2 diabetes and pre-diabetes when
- these numbers are adjusted for people who are undiagnosed. Hawaii spends an estimated \$470
- million on obesity-related medical costs, and \$770 million on diabetes-related medical costs
- annually. SSBs have been identified by numerous scientific studies as a major contributor to

¹ Hawaii Health Data Warehouse, Hawaii State Department of Health, Behavioral Risk Factor Surveillance System, 2016.

² Hawaii Health Data Warehouse, Hawaii State Department of Health, Youth Risk Behavior Surveillance System, 2017.

³ Hawaii Health Data Warehouse, Hawaii State Department of Health, Behavioral Risk Factor Surveillance System, 2016

⁴ Trogdon, JG., Finkelstein, EA., Feagan, CW., & Cohen, JW. (2012). State- and payer-specific estimates of annual medical expenditures attributable to obesity. *Obesity*, 20(1): 214-220. doi: 10.1038/oby.2011.169.

- 1 our costly obesity epidemic.⁵ Additionally, drinking SSBs can significantly contribute to tooth
- 2 decay. SSB consumption is associated with nearly twice the risk of cavities in children.⁶ More
- 3 than seven out of ten Hawaii third-graders are affected by tooth decay and one in four have
- 4 untreated tooth decay. Hawaii also received a failing grade of "F" on three recent oral health
- 5 report cards by the Pew Center.⁸
- 6 Between 1977 and 2001, calorie intake from SSBs increased 135 percent for all age
- 7 groups. 9 While overall SSB consumption has decreased in recent years, particularly among
- 8 children and adolescents, consumption rates remain high. 10 A recent survey conducted by the
- 9 Department found that over half of adolescents in Hawaii (56%) drink SSBs one or more times
- per day and nearly all teens (94%) drink SSBs at least once a week. A typical 20-ounce soda
- contains 14 to 18 teaspoons of sugar and about 240 calories. In comparison, the American Heart
- Association guideline for daily added sugars is no more than 6 teaspoons for women and

⁵ Smith TA, Lin BH, Lee JY. Taxing caloric sweetened beverages: Potential effects on beverage consumption, calorie intake, and obesity. Washington, DC: Economic Research Service (ERS), US Department of Agriculture (USDA); 2010: ERR-100.

⁶ Sohn W, Burt BA, and Sowers MR. (2006). Carbonated soft drinks and dental caries in the primary dentition. *J Dent Res*, 85(3): 262-266.

⁷ Hawaii State Department of Health. (2015 September 25). Hawaii oral health: Key Findings. Retrieved from https://health.hawaii.gov/about/files/2013/06/Key_Findings_wC.pdf.

⁸ Hawaii State Department of Health. (2016 August). Hawaii smiles 2015: The oral health of Hawaii's children. Retrieved from https://health.hawaii.gov/about/files/2013/06/Hawaii-Smiles-Report.pdf.

⁹ Nielsen SJ and Popkin BM. "Changes in Beverage Intake Between 1977 and 2001." *American Journal of Preventive Medicine*, 27(3): 205-210, 205, 2004. Available at:

www.cpc.unc.edu/projects/nutrans/publications/Beverage%20trends-BP-Samara%202004.pdf.

¹⁰ Han E. and Powell LM. "Consumption Patterns of Sugar-Sweetened Beverages in the United States," *Journal of the Academy of Nutrition and Dietetics*, 113 (1): 43-53, 2013. Available at: www.ncbi.nlm.nih.gov/pubmed/23260723.

¹¹ Hawaii State Department of Health. (2012, 2013, & 2017). Rethink Your Drink Adolescent Survey, 2012, 2013, & 2017 combined.

- 1 children, and no more than 9 teaspoons for men. 12 A 2015 study found that healthy children's
- 2 menu defaults resulted in healthier ordering patterns, without reducing revenue. ¹³ This suggests
- 3 that implementing healthy defaults in restaurants can improve child nutrition while ensuring that
- 4 restaurants remain competitive. 14
- Requiring retail food establishments to provide a healthy default beverage as a part of a
- 6 children's meal would encourage families to choose a healthy option when eating outside the
- 7 home. On average, children consume nearly twice as many calories from a restaurant meal (770)
- 8 as they do from a home cooked meal (420). 15 Adding SSBs to these meals adds calories and
- 9 sugar that may contribute to obesity and health problems. Ensuring healthy default options in
- 10 children's meals is part of a comprehensive public health prevention strategy to reduce the risk
- 11 for obesity and type 2 diabetes in Hawaii's children.
- Thank you for the opportunity to provide testimony.
- Offered Amendments: The Department respectfully offers an amendment to the HD1 version
- that is also posted for the definition of restaurants in Section 2, Chapter 321, §321- (d), on page
- 15 3, lines 14-15:

¹² Johnson RK, Appel LJ, Brands, M., Howard, BV, Lefevere, M., Lustig, RH, Sacks, F, Steffen LM, Wylie-Rosett, J. "Dietary Sugars Intake and Cardiovascular Health," *Circulation* 2009:1011-1020.

¹³ Anzman-Frasca, S. et. al. "Changes in children's meal orders following healthy menu modifications at a regional US restaurant chain." *Obesity*, April 28, 2015; 1055-1062.

¹⁴ Anzman-Frasca, S. et. al. "Changes in children's meal orders following healthy menu modifications at a regional US restaurant chain." *Obesity*, April 28, 2015; 1055-1062.

¹⁵ Xoumas-Morse C., Rock CL., Sobo EJ., Neuhouser ML. "Children's Patterns of Macronutrient Intake and Associations with Restaurant and Home Eating." *J. Am Dietetic Assoc* 2001; 101:923-925.

- 1 "Restaurant" shall have the same meaning as in section 281-
- $2 \quad 1.$ means a food establishment that serves food to customers for
- 3 consumption on or off the premises, including fast-food and
- 4 full-service dining establishments. It includes, but is not
- 5 limited to, drive through or walk-up counters, coffee shops,
- 6 cafes, pizza parlors, food stands, movie theater concession
- 7 stands, and dine-in establishments. A restaurant, for purposes
- 8 of this part, may provide alcoholic beverage sales for drinking
- 9 on premises provided that such sales are ancillary to food
- 10 service.



Kelii Gouveia, Chairman – Duke's Waikiki Tammy Fukugawa, Vice Chair – TS Restaurant Michael Miller, Treasurer – Tiki's Grill & Bar

Tom Jones, Incoming Chair – Gyotaku

Dirk Koeppenkastrop, Secretary – IL Gelato Hawaii

Tyler Roukema, Past Chair – Outrigger Canoe Club

Sheryl Matsuoka, Executive Director Leila Morinaga, Executive Assistant Holly Kessler, Director of Membership Relations

2018 - 19 Board of Directors:

Ben Dowling Chris Lee Don Murphy Flisia Flores Frank Nagamine Gary Manago **Greg Maples** Harold Watanabe James Aptakin **Jim Hamachek** Kahau Manzo Mariah Brown Michelle Brumblay Nick Roschi Pat Kashani Paul Yokota Rede Eder Rob Mora

Wade Hashizume
Allied Members:

Scott Mackenzie

Tambara Garrick Tiffany Tanaka

Anne Lee
Biff Graper
Dan Pence
Doug Harris
Gerda Tom
Jason Wong
Jim Cremins
Matt Rose
Michael Griffith
Naomi Azama
Sharon Shigemoto

Advisory Board

Aurora Saulo Christian Ferrer Derek Conselva James Baloaloa Jerry Agrusa Jon Muranaka Jonathan Youngs Justin Yoshino Kehau Giles Ku'ulei Williams Leianne Pedro Lisa Tomihama Liz Xu Peter Bellisario Richard Turbin Sidney Higa Tina Rogers

Victor Lim

To: Rep. John M. Mizuno, Chair

Rep. Bertrand Kobayashi, Vice Chair

Members of the House Committee on Health

From: Victor Lim, Legislative Lead

Hawaii Restaurant Association

Subj: HB 142 HD 2 Calorie Information and Menu Labeling

Date: February 12, 2019

The Hawaii Restaurant Association representing over 3,500 restaurants recommend that this Committee holds this bill.

The federal menu labeling requirement that took effect May 7, 2018, requires many restaurant establishments to post calories on menus and menu boards and make other nutrition information available to guests upon requests.

Congress enacted the federal menu labeling law in 2010, requiring restaurants and similar retail food establishments that are part of a chain of 20 or more locations to add calorie data to menus and make other nutrition information available upon request.

There is a Federal Preemption clause in this law that supersedes all state and local requirements.

Based upon the above facts, we urge that this committee holds the bill in committee. Thank you for allowing us to share our point of view.





Written Testimony of David Thorp American Beverage Association

Before the House Committee on Health Comments to Amend H.B. 142, Proposed H.D. 1 – Relating to Health February 14, 2019

Good morning Chair Mizuno, Vice Chair Kobayashi and members of the committee. Thank you for the opportunity to comment on H.B. 142, Proposed H.D.1– Relating to Health.

I am David Thorp, senior director of government affairs for the American Beverage Association (ABA). The American Beverage Association is the trade association representing the non-alcoholic beverage industry. ABA represents hundreds of beverage producers, distributors, franchise companies and supporting businesses that employ more than 239,000 people across the country.

Beverage industry's local impact on Hawaii's economy

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

Non-alcoholic beverage companies in Hawaii provide more than 1,050 good-paying jobs across our state. The industry helps to support thousands more workers in businesses that rely in part on beverage sales for their livelihoods and, such as grocery stores, restaurants and theaters.

ABA's Default Beverages in Children's Meals Policy

ABA and America's leading beverage companies recognize that parents are more than capable of making the food and beverage choices that are best for their families. When it comes to their youngest children, we have repeatedly heard from parents that they believe that water, milk or juice are the best options. It should be up to a parent to decide if their child can have another kind of beverage as part of a meal or snack at home, or when they are out to eat.

This is why we are committed to working with our restaurant customers and policymakers across the country who are interested in adopting the following default beverages in children's meals:

• Water – Water, sparkling water or flavored water, with no added natural or artificial sweeteners; and/or

- Milk Flavored or unflavored nonfat or low-fat (1 percent) dairy milk or non-dairy beverage that is nutritionally equivalent to fluid milk (i.e. soy milk) in a serving size of 8 ounces or less; and/or
- Juice 100 percent fruit or vegetable juice, or fruit and/or vegetable juice combined with water or carbonated water, with no added natural or artificial sweeteners, in a serving size of 8 ounces or less.

This language is consistent with the "Smart Snacks in Schools" rule that was implemented by the United States Department of Agriculture as part of the "Healthy, Hunger-Free Kids Act of 2010." It is also consistent with the new children's meal standard supported under New York City Council Speaker Corey Johnson's leadership which will be seeking to adopt this standard at a February 25 hearing.

America's beverage companies have long believed it is important to listen to and support parents. That's why we implemented national School Beverage Guidelines almost a decade ago to remove full-calorie beverages from schools and why our member companies don't market to children under the age of 12. These actions keep parents in the driver's seat to decide what's best for their children.

Conclusion

The American Beverage Association and its member companies are committed to offering our consumers choices and we support the intention of H.B. 142, Proposed H.D.1, but respectfully request the Committee consider the ABA's Default Beverages in Children's Meals Policy in place of the current language in H.B. 142, Proposed H.D.1, which limits default choices to only waters and milks

We would fully support this legislation if 100 percent fruit and/or vegetable juice and flavored nonfat or low-fat milks were included as default beverage options, consistent with the science-based nutrition standards for beverages laid out in the Smart Snacks in Schools Rules. It's important to have consistent standards for the benefit of parents and to avoid the confusion and frustration from a patchwork of policies.

Sincerely, David Thorp



February 12, 2019

To: Chair Mizuno

Vice Chair Kobayashi

House Committee on Health

Re: Comments on HB142 HD2

Aloha Chair Mizuno, Vice Chair Kobayashi, and members of the Committee on Health:

Thank you for your dedication to our community and for this opportunity to provide comments on **HB142 HD2**.

Kahoʻomiki, the Hawaiʻi Council on Physical Activity and Nutrition, is a local non-profit organization that supports and encourages lifelong healthy lifestyles through physical activity and good nutrition. We would like to express our concerns over the recent change in language from requiring restaurants from offering healthy beverages as the default option for kid's meals to the current HD2 which focuses on calorie information for menu items. While displaying calorie information can help consumers make healthier decisions, we feel the healthy beverage default policy would have a more significant impact in reducing the consumption of unhealthy beverages.

As listed in the proposed HB142 HD1, soda and other sugary drinks are the single largest source of excess sugar in the American diet, accounting for nearly half of the added sugars consumed.

We highly suggest that the original language of HB142 HD1 be restored. Thank you for this opportunity to share these comments.

Sincerely,

Colby Takeda

President, Kahoʻomiki



HIPHI Board

Michael Robinson, MBA, MA

Chair

Hawaii Pacific Health

Mark Levin, JD Secretary William S. Richardson School

Kilikina Mahi, MBA Treasurer KM Consulting LLC

Joy Barua, MBA Kaiser Permanente

Forrest Batz, PharmD Retired, Daniel K. Inouye College of Pharmacy

Debbie Erskine Kamehameha Schools

Keawe'aimoku Kaholokula, PhD John A. Burns School of Medicine, Department of Native Hawaiian Health

Bryan Mih, MD, MPH John A. Burns School of Medicine, Department of Pediatrics

Rachel Novotny, PhD, RDN, LD University of Hawaii at Manoa, College of Tropical Agriculture and Human Resources

Catherine Taschner, JD McCorriston Miller Mukai MacKinnon LLP

JoAnn Tsark, MPH John A. Burns School of Medicine, Native Hawaiian Research Office

En Young, MBA Sansei, Lanai Date: February 13, 2019

Re:

To: Representative John Mizuno, Chair

Representative Bert Kobayashi, Vice Chair

Members of the Health Committee

Strong Support for HB142 HD 1

Comments for HB142 Proposed HD2, Relating to Health

Hrg: February 14, 2019 at 9:31am at Conference Room 329

The Obesity Prevention Task Force of the Hawai'i Public Health Instituteⁱ is in **Strong Support of HB142 HD1**, which promotes healthy beverage options by making the default beverage offered in restaurants with children's meals a healthy drink. HIPHI defers to the Department of Health on the definition of "restaurants."

HIPHI would like to note that HB 142 Proposed HD2 is identical to HB 138 HD1, which requires owners and operators of fifteen or more food service establishments to provide calorie information for menu items.

Offering healthy beverages as the default option helps to keep our keiki healthy

Restaurants that offer children's menus typically serve refillable sugary drinks like sodas and fruit punch with their advertised kids' meals. Sugary drinks are the single largest source of added sugars in our kids' diets, making up half of all sugars consumed. This measure helps to support parents in keeping their kids' healthy. Instead of getting a sugary drink without asking for one, kids will have the opportunity to start their meal with a healthy beverage, such as water or milk. In a poll by Ward Research for HIPHIⁱⁱ, 77% of registered voters supported a policy to make kids' meals automatically come with a healthy beverage. Support was even higher among parents, at 82%. With more and more families grabbing a meal on the run or dining out, making the healthy choice can often be challenging. That's why it's so important that restaurants and food establishments serve as venues to promote healthy beverage options as part of the bundled kids' meal.

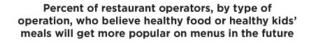
SSBs contribute to a poor diet and are associated with obesity, type 2 diabetes, and tooth decay

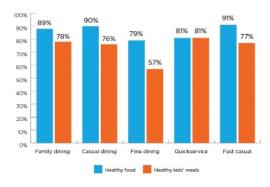
Sugar-sweetened beverages have become a staple item in our diet, primarily because they are inexpensive and heavily marketed, especially to kids. SSBs do not deliver any nutrition and studies have

shown that consumption of SSBs is associated with obesity, type 2 diabetes, cardiovascular disease, and tooth decay. Drinking just one 8-oz sugary drink per day increases a child's odds of becoming obese by 60%.

Although many chain restaurants have removed soda and sugary drinks from their menus, soft drinks are still the most common kids' meal beverage. In a 2017 analysis from the Center for Science in the Public Interest of the 50 top restaurant chainsⁱⁱⁱ, CSPI found that 38 had designated children's menus that included beverages. Of those, 74 percent included sugary drinks (soda, lemonade, sugar-sweetened juice drinks, and other beverages with added sugars) on their kids' menus. 65 percent included juice, 69 percent offered low-fat or fat-free milk, 40 percent offered high-fat (whole or 2 percent) milk, and 13 percent offered bottled water or seltzer (with no added sweeteners).

According to a survey done in 2017 by the National Restaurant Association, 70% of consumers say that they would be more likely to visit a restaurant that offers healthful options^{iv}. In addition, majority of restaurant operators believe that healthful menu options will be more popular in the future. The trend has started with a few large chains and it is time for all restaurants to help our keiki and offer healthier beverage choices.





Source: National Restaurant Association, 2017 Food and Menu Trends Survey

An educational campaign must be accompanied by policy change

This measure benefits public health by making the healthy choice the easy choice. Parents simply want more healthy choices for their kids and to cut down on those familiar requests for sugary drinks. "Healthy-by-default" makes it easier for parents to provide a healthy beverage for their kids and gives us an opportunity to engage restaurants, community groups and the public around the importance of offering healthy beverage options to young children. It's a step in the right direction.

HIPHI is willing and able to partner with the State Department of Health to educate the public on the implementation of this law. The culture of sugary drinks leads to poor health.

California including thirteen jurisdictions have already enacted healthy by default beverage legislation.

HB142 HD1 is an important step in the right direction and helps parents and kids make healthy decisions about what to drink. We respectfully ask you to keep the language of HB142 HD1 and pass this measure out of committee.

Mahalo,

Jessica Yamauchi, MA Executive Director

Hawai'i Public Health Institute is a hub for building healthy communities, providing issue-based advocacy, education, and technical assistance through partnerships with government, academia, foundations, business, and community-based organizations.

ⁱ Created by the legislature in 2012, the Obesity Prevention Task Force is comprised of over 60 statewide organizations, and works to make recommendations to reshape Hawai'i's school, work, community, and health care environments, making healthier lifestyles obtainable for all Hawai'i residents. The Hawai'i Public Health Institute (HIPHI) convenes the Task Force and supports and promotes policy efforts to create a healthy Hawai'i.

ⁱⁱ This study by Ward Research, Inc. summarizes findings from a phone survey among n=812 Hawaii registered voters (maximum sampling error +/-3.3%), conducted between November 5 - 30 2018.

ⁱⁱⁱ Center for Science in the Public Interest, Slow Drip: Soda Declining on Kids' Menus, from https://cspinet.org/news/slow-drip-soda-declining-kids'-menus-20170724

iv National Restaurant Association. Healthy foods drive dining choices, July 25, 2017 from https://www.restaurant.org/Articles/News/Batch2 201901/State-of-the-Industry-Healthy-foods-drive-dining-c

HB-142-HD-1

Submitted on: 2/12/2019 1:49:43 PM

Testimony for HLT on 2/14/2019 9:31:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Shelley Fey	HAHPERD	Support	No

Comments:

I strongly support HB 142 HD1, which promotes healthy beverage options by making the

default beverage offered in restaurants with children's meals a healthy drink. HB 142 Proposed

HD2 is identical to HB 138 HD1, which requires owners and operators of fifteen or more food

service establishments to provide calorie information for menu items.

Sugary drinks are the single largest source of added sugars in our kids' diets, making up half of

all sugars consumed. Soda is already too high in sugar for kids, yet it is usually the default

beverage served with children's meals. Consuming just one sugary drink a day significantly

increases a child's risk to type 2 diabetes, becoming overweight, and developing tooth decay.

With restaurants and fast-food establishments becoming a convenient and popular option for

many families, dining out options can affect a child's diet, making this policy particularly effective in improving children's health.

HB 142 HD1 will help support families by providing more healthy choices for kids. Instead of

getting a sugary drink by default, the meal will come with water or milk. It is never too early for

children to practice healthy eating habits such as eating well and exercising regularly. Food

establishments are an ideal venue for children to practice these healthy habits and to make it

easy for families to make the healthy choice.

This is a step in the right direction to support parents' efforts to protect their children's health. I strongly support this measure and respectfully ask you to keep the language of HB 142 HD1.

Thank you so much for considering this testimony.

Shelley Fey

HAHPERD Board member, Past-President

<u>HB-142-HD-1</u> Submitted on: 2/12/2019 2:26:35 PM

Testimony for HLT on 2/14/2019 9:31:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Laksmi M Abraham	Individual	Support	No

Comments:

<u>HB-142-HD-</u>1

Submitted on: 2/12/2019 2:49:28 PM

Testimony for HLT on 2/14/2019 9:31:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Carissa Holley	Individual	Support	No

Comments:

I strongly support HB142. My kids should not be force fed sugar-sweetened beverages. I am a mom who is fighting against massive marketing and today's childhood "norms" of unhealthy eating. My kids should be offered healthy options. And I as their parent shouldn't be dodging so many unhealthy defaults.

To: The Honorable John Mizuno, Chair

The Honorable Bertrand Kobayashi, Vice Chair

Members of the House Committee on Health

Re: Strong Support of HB 142 HD1, Proposed HD2

Hrg: February 14, 2019 at 9:31am at Conference Room 329

I <u>strongly support</u> HB 142 HD1, which promotes healthy beverage options by making the default beverage offered in restaurants with children's meals a healthy drink. HB 142 Proposed HD2 is identical to HB 138 HD1, which requires owners and operators of fifteen or more food service establishments to provide calorie information for menu items.

Sugary drinks are the single largest source of added sugars in our kids' diets, making up half of all sugars consumed. Soda is already too high in sugar for kids, yet it is usually the default beverage served with children's meals. Consuming just one sugary drink a day significantly increases a child's risk to type 2 diabetes, becoming overweight, and developing tooth decay. With restaurants and fast-food establishments becoming a convenient and popular option for many families, dining out options can affect a child's diet, making this policy particularly effective in improving children's health.

HB 142 HD1 will help support families by providing more healthy choices for kids. Instead of getting a sugary drink by default, the meal will come with water or milk. It is never too early for children to practice healthy eating habits such as eating well and exercising regularly. Food establishments are an ideal venue for children to practice these healthy habits and to make it easy for families to make the healthy choice.

Passage of HB 142 HD1 will make Hawai'i the second healthy by default state, after California. Our keiki are sweet enough. This is a step in the right direction to support parents' efforts to protect their children's health.

I strongly support this measure and respectfully ask you to keep the language of HB 142 HD1.

Mahalo, Lauren Loor To: The Honorable John Mizuno, Chair

The Honorable Bertrand Kobayashi, Vice Chair

Members of the House Committee on Health

Re: Strong Support of HB 142 HD1, Proposed HD2

Hrg: February 14, 2019 at 9:31am at Conference Room 329

I <u>strongly support</u> HB 142 HD1, which promotes healthy beverage options by making the default beverage offered in restaurants with children's meals a healthy drink. HB 142 Proposed HD2 is identical to HB 138 HD1, which requires owners and operators of fifteen or more food service establishments to provide calorie information for menu items.

I am a pediatrician, with over 29 years of experience taking care of keiki in Hawaii, mostly on the Waianae Coast. I have seen the rise of pediatric obesity.

Sugary drinks are the single largest source of added sugars in our kids' diets, making up half of all sugars consumed. Soda is already too high in sugar for kids, yet it is usually the default beverage served with children's meals. Consuming just one sugary drink a day significantly increases a child's risk to type 2 diabetes, becoming overweight, and developing tooth decay. With restaurants and fast-food establishments becoming a convenient and popular option for many families, dining out options can affect a child's diet, making this policy particularly effective in improving children's health.

HB 142 HD1 will help support families by providing more healthy choices for kids. Instead of getting a sugary drink by default, the meal will come with water or milk. It is never too early for children to practice healthy eating habits such as eating well and exercising regularly. Food establishments are an ideal venue for children to practice these healthy habits and to make it easy for families to make the healthy choice.

Passage of HB 142 HD1 will make Hawai'i the second healthy by default state, after California. Our keiki are sweet enough. Let's make it easy for parents to protect their children's health.

I strongly support this measure and respectfully ask you to keep the language of HB 142 HD1.

Mahalo, Cristeta Ancog MD Certified, American Board of Pediatrics

HB-142-HD-1

Submitted on: 2/13/2019 9:26:53 AM

Testimony for HLT on 2/14/2019 9:31:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
jeffrey alameida	Individual	Comments	No

Comments:

I support the language found in HB142 HD1, which would create a healthy by default program, where the offered beverage with a keiki meal would default to a healthy option. This offering would not take away people's choice just create a system where they healthy choice becomes the go to.

Please restore the language that would create Healthy by Default found in HB142 HD1.





Chairman of the Board

Mark Yamakawa

President

Kahealani Rivera, MD

Board Members

Rick Bruno, MD, FACEP
Brandt Farias
Mimi Harris
David Honma
Glen Kaneshige
Brandon Kurisu
Howard Lee
Michael Lui, MD
Kazuma Nakagawa, MD,
FAAN, FAHA
Barbara Petrus
Andrew Rosen
Dave Underriner
Elisa Yadao

Serving Hawaii since 1948

Mission Statement:

"To be a relentless force for a world of longer, healthier lives."

For more information on the AHA's educational or research programs, visit <u>www.heart.org</u> or contact your nearest AHA office.

Office: (808) 377-6630 Fax: (808) 524-0556

Neighbor Islands: Serviced by the Oahu office

American Heart Association testimony offering comment on HB142, HD2, and in SUPPORT of HB 142, HD1, "Relating to Health"

While the American Heart Association supports the intent of HB 142, HD2, we suggest that the health effect of menu labeling for only companies with more than 15 restaurants would be limited. The federal government, as part of the Affordable Care Act, would require restaurants with 20 or more locations to offer menu labeling. The Hawaii restaurants that would be captured by requiring chains with 15 or more outlets would be small.

The potential health effect of HB 142, HD1, "Relating to Health" however, would be substantial. By reducing the marketing of unhealthy beverages to children by making the default beverage included in kid's meals milk or water, HB 142, HD1 would mark the first substantial policy action taken in Hawaii to address overconsumption of sugar by Hawaii keiki.

Restaurants play a central role in the American diet as people increasingly consume more food away from home. The Rudd Center for Food Policy and Obesity reports that 89 percent of parents report making a purchase from a fast-food restaurant for their children in the previous week. Children now consume about 20 percent of their daily calories at fast food establishments and full-service restaurants. Children and teens who eat at restaurants drink more sodas and less milk than those who eat at home.

Sugary drinks, including soda, energy and sports drinks, and flavored waters, provide the single largest source of calories in the diets of American children. Each additional daily serving of a sugar-sweetened beverage increases a child's chance of becoming obese by 60 percent. Sugary drinks are also associated with a greater risk of cardiovascular disease and high blood pressure in adolescents, dental cavities in children, and inadequate intake of vitamins and minerals.

An extra-small (ten-ounce, child-size) cola contains approximately 33 grams of added sugars, which exceeds the 25 grams of added sugars that the American Heart Association (AHA) has established as the daily upper limit for children and teenagers. The AHA recommends that children consume no more than eight ounces of sugary drinks per week; kid-sized beverages vary across restaurants, but are usually six to twelve ounces.

In 2009, the state medical cost attributable to obesity was \$470 million dollars, and this figure continues to rise. As many as 1 in 3 adults could have diabetes by 2050 if current trends continue. Without changes in this trajectory, Hawaii's healthcare costs will be unsustainable for Hawaii's businesses and families. Removing sugary drinks as the default from children's menus can send a signal that they are not appropriate everyday beverages for children and help to establish a healthier next generation.

We urge you to amend HB 142, HD2 and revert back to the language offered in HB 142, HD1. With that amendment, the American Heart Association would strongly support the bill.

Respectfully submitted,

Wersman

Donald B. Weisman

Hawaii Government Relations/Communications Director



<u>HB-142-HD-1</u> Submitted on: 2/14/2019 6:59:33 AM

Testimony for HLT on 2/14/2019 9:31:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Melodie Aduja	O`ahu County Committee on Legislative Priorities of the Democratic Party of Hawai`i	Support	No

Comments: