Committee members and invited attendees introduced themselves. Most of those present indicated that they were relatively inexperienced with Hawaii legislative process, so the self-identification of bills and assigning a lead to them at this time was premature. The 2014 State legislative calendar was shared, with the 2 impending dates: Opening day (1/15) and Bill introduction cut-off (1/23).

Gerald Ohta provided a brief overview of APHA’s policy development process and recommended that the committee review related evidence-based APHA policy statements prior to writing testimony, but noted that affiliates were not obligated to reflect APHA policy in position statements, if it did not fit the affiliate’s situation. He shared a number of online resources, including the 3 APHA overarching priorities: Building PH Infrastructure, Ensuring the Right to Health and Health Care, and Creating Health Equity (Attachment 1).

“Health in All Policies” was also mentioned, although it has not appeared much in specific legislative language to date.

The group went over the “Guidelines for Actions Taken by Legislative & Governmental Relations Committee-HPHA” in draft form (Attachment 2) and discussed whether any of the members had comments or questions about the proposed guidelines. It was reported by Chris LL that in the 2012 legislative session when the Leg. Committee was last active, Committee members identified 3 primary areas to focus on (Complete Streets, Safe Routes to Schools and Smoking bans) and were given latitude by the BOD to develop and deliver HPHA testimony within those broad areas. Most of the testimony on these and other bills HPHA testified on were written and submitted by Chris and other Leg. Committee members. In 2013, it appears that the Leg. Committee did not meet and no legislative testimony was submitted by HPHA. One conclusion reached was that Legislative Committee activity and focus has varied greatly from year to year.

The member survey carried out by the HPHA BOD in fall 2013 was open-ended and asked members what they wanted to have HPHA focus on in the coming session. Per Holly K., of the 60 responses, the most common were: soda tax (26%), e-cigarettes (16%); affordable care (14%), obesity (12%); nutrition & child health (10%). Also mentioned were an accredited SPH and homelessness. Discussion occurred re: whether these responses were reflective of the 600+ current members of HPHA, and if it would be possible to carry out a more focused HPHA member survey, if needed.

The Committee discussed at length how to best approach HPHA representation on broader or specific bills, given that there has been little discussion to date within HPHA about its members’ thinking on issues, particularly ones that have complex technical aspects and/or history, such as certifying midwives, fluoridation or e-cigarettes. It was noted that there are a number of well-established legislative and community coalitions and governmental agencies that deal well with subject-specific issues, such as tobacco, maternal and child health, injury prevention, elder care and more. It was felt that HPHA needs to find it place within the advocacy system that reflects its PH mission. Also, relationships with policy-makers are as important as providing an opinion on an issue and the development of the relationships takes time, beyond a single session. Gerald suggested that we also need to further develop commonly agreed-upon definitions of some of these concepts, such as “Health Equity”.

After much discussion, it was agreed to conduct another survey monkey poll of our 600+ HPHA members about their 1-2 priority legislative issues that directly relate to the 3 APHA overarching priorities: Building PH infrastructure, Ensuring the right to health and health care, and Creating health equity, to gather more member input, which will be carried out in the next week and prior to session opening on Jan. 15th. This
information will hopefully provide the Legislative Committee with more member-based information to further develop and respond to upcoming 2014 legislative bills that fall within these 3 overarching priorities.

Committee members will be researching more information on what other states are doing/have done in these 3 areas as well, and will share this information with the Board. One source is the National Conference of State Legislatures (NCSL at [http://www.ncsl.org/](http://www.ncsl.org/)).

Our legislative contacts (Robert and others) will help us by providing us with issue and bill updates as they come along at the Legislature. Introduced bills that have significant connections to the 3 overarching priorities as well as other health-related bills will be routed along to the Committee members for review and comment. The Committee may ask the Board for latitude in responding to bills that fit in these 3 areas, but this latitude needs to be further defined. The developed guidelines will continue to guide the Committee until this is better defined.

The Committee plans to meet again in mid-February, to track its process and which bills are being following/testified on. It was generally felt that Committee and HPHA process needs to be further developed, before products can be produced that are reflective of HPHA’s constituency.

Meeting was adjourned at 2:35pm.