



Office of the Speaker
Judith T. Won Pat, Ed.D.

CHAIR, COMMITTEE ON EDUCATION, PUBLIC LIBRARY & WOMEN'S AFFAIRS

Ufisinan I Etmás Ge'helo'Gi Lihelaturan Guåhan
32ND Guam Legislature
I Mina' Trentai Dos Na Lihelaturan Guåhan
155 HESLER PLACE HAGATNA, GUAM 96910
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(PIDB)

FESTIVAL OF THE
PACIFIC ARTS
(FESTPAC)

September 10, 2013

The Honorable Rory J. Respicio
Chairperson
Committee on Rules
I Mina' Trentai Dos Na Lihelaturan Guåhan
32nd Guam Legislature
155 Hesler Place
Hagatna, Guam 96910

RE:  Committee Report on Bill No. 153-32 (COR) as Amended.

Dear Chairperson Respicio:

Transmitted herewith for your consideration is the Committee Report on Bill No. 153-32 (COR) as Amended: "An act relative to the rights of nursing mothers and children relative to breastfeeding to be known as the "Nana Yan Patgon Act," to add a new Chapter 4B, Division 1 of Title 19, Guam Code Annotated; to amend Section 22107, Division 2, Chapter 22 of Title 7, Guam Code Annotated; to add a new Section 80.49.1 of Chapter 80, Article 2 of Title 9, Guam Code Annotated; and, by adding a new Section 1036 to Chapter 10 of Title 1, Guam Code Annotated." and which was referred to the Committee on Education, Public Library and Women's Affairs.

Committee votes are as follows:

- 6 TO DO PASS
- 0 TO NOT PASS
- 0 TO REPORT OUT ONLY
- 0 TO ABSTAIN
- 0 TO PLACE IN INACTIVE FILE

Senscramentje,

Judith T. Won Pat, Ed.D.
Chairperson

2013 OCT 28 AM 10:43



Office of the Speaker
Judith T. Won Pat, Ed.D.

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PACIFIC ARTS
(FESTPAC)

COMMITTEE REPORT ON

**Bill No. 153-32 (COR) - A.A. Yamashita, Ph.D. / D.G.
Rodriguez, Jr.**

**As Amended by the Committee on Education, Public Library
and Women's Affairs**

“An act relative to the rights of nursing mothers and children relative to breastfeeding to be known as the "Nana Yan Patgon Act," to add a new Chapter 4B, Division 1 of Title 19, Guam Code Annotated; by amending Section 22107, Division 2, Chapter 22 of Title 7, Guam Code Annotated; to add a new Section 80.49.1 of Chapter 80, Article 2 of Title 9, Guam Code Annotated; and, to add a new Section 1036 to Chapter 10 of Title 1, Guam Code Annotated.”



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Judith T. Won Pat, Ed.D.

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FESTIVAL OF THE
PACIFIC ARTS
(FESTPAC)

September 3, 2013

MEMORANDUM

**TO: All Members
Committee on Education, Public Library and Women's Affairs**

**FROM: Speaker Judith T. Won Pat, Ed.D.
Chairperson**

SUBJECT: Committee Report on Bill No. 153-32 (COR) As Amended.

Transmitted herewith for your consideration is the Committee Report on Bill No. 153-32 (COR) as Amended "An act relative to the rights of nursing mothers and children relative to breastfeeding to be known as the "Nana Yan Patgon Act," to add a new Chapter 4B, Division 1 of Title 19, Guam Code Annotated; to amend Section 22107, Division 2, Chapter 22 of Title 7, Guam Code Annotated; to add a new Section 80.49.1 of Chapter 80, Article 2 of Title 9, Guam Code Annotated; and, by adding a new Section 1036 to Chapter 10 of Title 1, Guam Code Annotated."

This report includes the following:

- Committee Vote Sheet
- Committee Report Digest
- Bill No. 153-32 (COR)
- Bill No. 153-32 (COR) as Amended
- Public Hearing Sign-in Sheet
- Copies of Submitted Testimony & Supporting Documents
- COR Referral of Bill No. 153-32 (COR)
- Fiscal Note Requirement
- Notices of Public Hearing
- Public Hearing Agenda

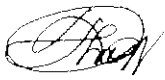

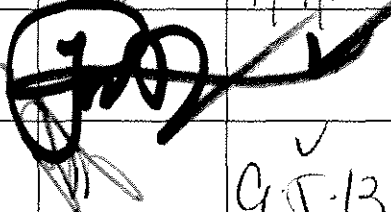

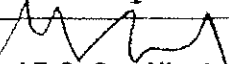
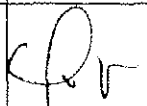
Please take the appropriate action on the attached voting sheet. Your attention to this matter is greatly appreciated. Should you have any questions or concerns, please do not hesitate to contact me.

Senseramente,

Judith T. Won Pat, Ed.D.
Chairperson

COMMITTEE VOTING SHEET
COMMITTEE ON EDUCATION, PUBLIC LIBRARY AND WOMEN'S AFFAIRS

Bill No. 153-32 (COR) as Amended "An act relative to the rights of nursing mothers and children relative to breastfeeding to be known as the "Nana Yan Patgon Act," to add a new Chapter 4B, Division 1 of Title 19, Guam Code Annotated; to amend Section 22107, Division 2, Chapter 22 of Title 7, Guam Code Annotated; to add a new Section 80.49.1 of Chapter 80, Article 2 of Title 9, Guam Code Annotated; and, by adding a new Section 1036 to Chapter 10 of Title 1, Guam Code Annotated."

	SIGNATURE	TO PASS	NOT TO PASS	TO REPORT OUT ONLY	ABSTAIN DUE TO POTENTIAL CONFLICT	TO PLACE IN INACTIVE FILE
Judith T. Won Pat, Ed.D., Chairperson		✓ 9-5-13				
Aline A. Yamashita, Ph.D. Vice Chairperson		9/9/13				
Frank B. Aguon, Jr. 9/9/13						
Tina R. Muna-Barnes		✓ 9-5-13				
Vicente C. Pangellnan						
Rory J. Respicio						
Dennis G. Rodriguez, Jr.						
Michael F.Q. San Nicolas		✓ 9/5/13				
V. Anthony Ada		9/9/13				



Office of the Speaker
Judith T. Won Pat, Ed.D.

CHAIR, COMMITTEE ON EDUCATION, PUBLIC LIBRARY & WOMEN'S AFFAIRS

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VICE CHAIR

PACIFIC ISLAND
 DEVELOPMENT BANK
 (PIDB)

MEMBER

FESTIVAL OF THE
 PACIFIC ARTS
 (FESTPAC)

COMMITTEE REPORT DIGEST

I. OVERVIEW

The Committee on Education, Public Library and Women's Affairs convened a public hearing on July 25, 2013 at 9:00 am in *I Liheslatura's* Public Hearing Room. On the agenda was the consideration Bill No. 153-32 (COR) - A.A. Yamashita, Ph.D. / D.G. Rodriguez, Jr. - An act relative to the rights of nursing mothers and children relative to breastfeeding to be known as the "Nana Yan Patgon Act," by adding a new Chapter 4B, Division 1 of Title 19, Guam Code Annotated; by amending Section 22107, Division 2, Chapter 22 of Title 7, Guam Code Annotated; by adding a new Section 80.49.1 of Chapter 80, Article 2 of Title 9, Guam Code Annotated; and, by adding a new Section 1036 to Chapter 10 of Title 1, Guam Code Annotated.

Public Notice Requirements

All legal requirements for public notices were met, with requests for publication sent to all media and all Senators on July 17, 2013, (5-Day Notice) and July 22, 2013 (48-Hour Notice) via email. Copies of the hearing notices are appended to the committee report.

Senators Present

Speaker Won Pat, Ed.D.
 Senator Aline A. Yamashita, Ph.D.
 Senator Michael F.Q. San Nicolas
 Senator Brant McCreadie
 Senator Thomas Morrison

Chairperson
 Vice Chairperson

Appearing before the Committee

Ms. Kirsten L. Roberts, CLC
 Mr. James W. Gillan
 Ms. Zama Martinez
 Mr. Charlie Morris
 Ms. Kathryn Wood, MN, RNC,
 Ms. Jennifer Camacho
 Mr. Alberto "Tony" A. Lamorena V

Submission of Written Testimony only

Mr. Chuck Tanner, MHA, M.Ed., FACHE
 Ms. Maggie Murphy Bell

Ms. Romona Nelson
Ms. Emily Brown
Ms. Laura Nelson
Ms. Janelle A. Cepeda
Mr. Sanjay Sharma
Mr. Jerry Crisostomo
Ms. Pauline Lizama, RN
Ms. Cherry May Tandoc
Ms. Jennifer Vance
Ms. Juanita Crisotomo
Ms. Dominique Cepeda
Ms. Leliani Benavente
Ms. Lolita Taitano
Ms. Lyann Cruz
Ms. Fe Balisto Ayers
Ms. Anne Pnmero
Ms. Mercy L. Repil
Ms. Evelyn Torre
Ms Mary A. Y. Okada, Ed.D

II. SUMMARY OF TESTIMONY AND DISCUSSION

- **Speaker Won Pat, Ed.D.** called Ms. Roberts, Mr. Gillan, Ms. Martinez and Mr. Morris to testify on Bill No. 153-32 (COR)

- **Speaker Won Pat, Ed.D.** asked the author of the legislation to provide remarks.

-**Vice Chairperson Yamashita, Ph.d** thanked the Speaker for quickly facilitating the hearing date of the legislation. The Vice Chairperson stated she will keep her remarks brief, because she is confident that the individuals testifying will tell the story of why this measure is important to the health of our island. The Vice Chairperson expressed that breastfeeding can curtail illnesses for children and help mothers with their health issues and return them to work quicker. The Vice Chairperson acknowledged Jennifer, Levin and others for bringing the breastfeeding issue forward. The Vice Chairperson emphasized that the legislation does not seek to mandate, but support choice.

-**Ms. Roberts** testified in support of the legislation. Her written testimony is appended to the committee report.

- **Mr. Gillan** the Director of the Department of Public Health and Social Services testified in support of the legislative measure, but he suggested amendments to the bill. His written testimony is appended to the committee report.

- **Ms. Martinez** an employee of the Women, Infant and Children (WIC) program and breastfeeding counselor testified in support of the bill. She shared her experiences as a nursing mother and the vast support she received from her family and community as a nursing mother. She believes the support of others is a contributing factor for her breastfeeding success and the proposed legislation will empower our community to make the healthy choice. She stated from her observation that mothers under the WIC program are limited with their choices concerning breastfeeding when they return to work. She elaborated

that mothers of newborns experience lack of support from their employers or coworkers. She felt that mothers knowing that they have choices will empower them to continue their nursing. She reiterated that the nursing of her two children and the challenges she faced and it was through the support of others that helped her. She stated the WIC program provides the tools, education, information and encouragement to help mothers.

- **Mr. Morris** the Administrator for Nutrition Services of Public Health and the Director of WIC testified in support of the legislation. He believes that the business community may have concerns about breastfeeding and setting aside time during working hours for breastfeeding or expressing breast milk. He spoke about the United States being a breastfeeding society prior to World War II and after the war shifting to infant formula in a bottle which is a departure from a natural process. He noted that all mammals nurse their infants since the beginning of time. He stated that it is an unnatural process to provide babies with formula and even to regiment a schedule for a baby to feed, since a baby breastfeeds on demand. He stated there is a direct correlation between babies that are breastfeed and reducing the possibility of being obese later in life. He encouraged the business community to support breastfeeding, because it will promote good health and better productivity which means less absentness by mothers.

- **Speaker Won Pat** asked Mr. Gillian since the medically indigent program is locally funded program if mothers of newborns be required to participate in the breastfeeding program.

- **Mr. Gillan** responded that it should be a policy decision, since there may be difficulties implementing such requirement. He stated the department could utilize successful models from WIC and others to get the message out. He stated that many of the clients of MIP and Medicare have not bought into the idea of using primary care, routine healthcare and even prenatal care, and they are showing up to the hospital six months into their pregnancy or in labor without any prenatal care. He believes the key is to getting to them early and to ascertain if the department can legally enroll them in classes as a condition to be eligible for MIP, since MIP is based on income. He stated legislation is not needed requiring them to take such educational course, but encouraging the department to submit reports on the status of the program.

- **Speaker Won Pat, Ed.D.** asked if he is aware of any discussion making it a requirement to participate in the federal programs - WIC, The Temporary Assistance for Needy Families (TANF) and Supplemental Nutrition Assistance Program (SNAP).

- **Mr. Gillan** replied he was not aware of any such discussion pertaining to this specific issue. However, he gave an example that State governments questioning why recipients of SNAP are able to purchase sugary drinks under the program.

-**Speaker Won Pat, Ed.D.** stated that federal law supersedes local law and she suggested if federal law is silent on this matter, may be it could be recommended to the federal counterparts that conditions could be placed to eligible in the program. The Speaker stated the goal is to increase the participation in the program.

-**Mr. Morris** expressed support for the educational aspect and agreed with Director Gillian that the most effective method is not to coerce individuals to receive a benefit. He stated that WIC is a fine example of having breastfeeding counselors who are able to provide information to mothers. He stated that he has philosophic problems withholding the benefits of the WIC program if a mother misses a breastfeeding class.

- **Speaker Won Pat, Ed.D.** asked if there are federal funds available for a breastfeeding campaign. The Speaker gave an example of how Palau has billboard signs promoting breastfeeding and the women are becoming more aware of the importance of breastfeeding.

- **Mr. Morris** replied yes it is being done, but more can be done. He stated that they are approaching it through WIC and also the non communicable disease consortium. He stated it is one of our initiatives to encourage breastfeeding to prevent obesity.

- **Speaker Won Pat, Ed.D.** asked Mr. Morris his opinion regarding section 4B110 of the bill, specifically the language: "The education campaign shall include a component that requires mothers of newborn infants who receive any form of public assistance from the Department of Public Health and Socials services undergo prenatal educational courses on the promotion and benefits of breastfeeding." The Speaker asked if the word shall be replaced with may to encourage the Department to pursue it.

-**Vice Chairperson Yamashita, Ph.D.** stated the legislation is not mandating breastfeeding, but provide mothers participating in the existing programs to have access to breastfeeding programs.

-**Mr. Gillan** replied it is clear that Senator Yamashita wants to make these educational materials available. He suggested amending the language of the bill to reflect that breastfeeding information shall be published in pamphlets for distribution. He reiterated not to make it a condition to participate in the program, but a component to provide them information. He spoke about Palau's breastfeeding education campaign and how they utilized the community transformation grant by the Centers for Disease Control and Prevention to fund the campaign. He pointed out this is very competitive grant and he will be working with a women's group to pursue the grant.

- **Speaker Won Pat, Ed.D.** stated that Guam is the most westernized society in the region and how we have moved away from breastfeeding. The Speaker stated we can learn from the other islands how they handle their breastfeeding education campaign.

-**Senator San Nicolas** asked Mr. Gillan about the employers giving breaks times to mothers as addressed in the bill. The Senator stated the bill provides that an employer must provide reasonable unpaid break time and the employer is not required to provide break time if it would unduly disrupt the operations of the employer. The Senator stated that he is a huge fan of breastfeeding and he expressed that breastfeeding should not be an unpaid break and the employer should not have the flexibility to decide if it would disrupt operations. The Senator asked if there is Federal statute that break time should be unpaid.

- **Mr. Gillan** stated that Department of Labor is the appropriate agency to answer the question. He stated that employees already have a fifteen minute breaks in the morning and the afternoon to include one hour lunch. He stated the difficulty may be in policing, more than likely it will be a person making complaint and the Department of Labor will have to step up to address these issues. He stated that his department will ensure that time and space will be available for breastfeeding mothers.

-**Vice Chairperson Yamashita, Ph.d.** stated that she has been working with the Department of Labor to ensure the rules and regulations are followed. The Vice Chairperson stated the bill reflects Federal labor law and it is also respectful to the private sector. The Vice Chairperson stated the Chamber of Commerce is supportive of the measure.

-**Speaker Won Pat, Ed.D.** believes the language of the bill gives the mother flexibility to breastfeed during certain hours at work.

-**Speaker Won Pat, Ed.D.** thanked the witnesses for their testimonies and the Speaker called Ms. Wood, Ms. Camacho and Mr. Lamorena V to testify before the committee.

-**Ms. Wood** the Acting Director of Nursing at the University of Guam testified on behalf of Dr. Robert Underwood, President of the University of Guam in support of Bill No. 153-32. Dr. Underwood's written testimony is appended to the committee report.

-**Ms. Wood** spoke on her behalf as a nurse and former breastfeeding mother. She expressed her support of the legislation. She spoke about her children being healthy because of breastfeeding. She stated that she chose to breastfeed because she was aware of the health benefits.

-**Ms. Camacho** thanked the Speaker for expediting the hearing date of the bill. She shared her experiences when she breastfed her child at restaurants or a businesses and she wondered if the owner or manager was going ask her breastfeed elsewhere or a customer might find it uncomfortable. She stated this caused her to question if Guam has any law to protect breastfeeding mothers in public and this how this legislation started. She stated with the assistance of her husband, they discovered that no law existed. She stated as a breastfeeding mother, employer and a business person and with the assistance of others that they worked on a bill that is private sector friendly, public sector friendly and family friendly. She believes the bill will benefit Guam, Families and infants. She asked the Senators to vote yes on Bill 153.

-**Mr. Lamorena V** the Executive Director of the Civil Service Commission testified in support of the bill with recommended amendments. His written testimony is appended to the committee report.

- **Vice Chairperson Yamashita, Ph.d.** thanked everyone who helped in drafting the bill for their engagement.

- **Speaker Won Pat, Ed.D.** read a list of individuals who submitted written testimony in support of the legislation

- **Speaker Won Pat , Ed.D.** announced that there being no additional testimonies from witnesses or comments by the Senators and the Committee will continue to accept written testimonies for the next ten (10) days for Bill No. 153-32 (COR) and she adjourned the public hearing.

III. FINDINGS AND RECOMMENDATIONS

The following are the amendments to Bill No. 153-32 (COR):

- Technical changes to section and item numbers.

- Technical changes for clarity.

- §4B103 - The following language added "or private designated area."

- §4B104 - The following language added "except the private home or residence of another."

- §4B107 - The legislative and judiciary branches added to this section. The following language added "or private designated area."

- §4B108 - The following language added in subsection (a) "or private designated area." The word "shall" replaces "may" making it mandatory instead of being optional.

- §4B109 - The Department of Administration (DOA) replaces the Civil Service Commission responsible authority to investigate workplace discrimination within the executive branch. Also included the legislative and judicial branches and all autonomous and semiautonomous agencies, public corporations

and other public instrumentalities of the government of Guam shall be responsible investigating allegations of workplace discrimination and/or grievances by nursing women employed within the respective entities

- §4B110 - The Department of Administration (DOA) replaces the Civil Service Commission and DOA shall promulgate the rules and regulations with the Department of Labor when it is deemed necessary.

- §4B111 – Pregnant women added to this section. Instead of requiring pregnant women and mothers of newborn infants who receive any form the Department of Public Health and Social Services to attend prenatal educational courses, they will be strongly encouraged to attend.

- §4B112 - Pregnant women added to this section.

- Section 5. Severability Clause added.

The Committee Education, Public Library and Women's Affairs to which was referred Bill No. 153-32 (COR) and does hereby reports out Bill No. 153-32 (COR) as Amended by the Committee - A.A. Yamashita, Ph.D. / D.G. Rodriguez, Jr. An act relative to the rights of nursing mothers and children relative to breastfeeding to be known as the "Nana Yan Patgon Act," to add a new Chapter 4B, Division 1 of Title 19, Guam Code Annotated; to amend Section 22107, Division 2, Chapter 22 of Title 7, Guam Code Annotated; to add a new Section 80.49.1 of Chapter 80, Article 2 of Title 9, Guam Code Annotated; and, to add a new Section 1036 to Chapter 10 of Title 1, Guam Code Annotated, with the recommendation TO DO PASS.

I MINA' TRENTAI DOS NA LIHESLATURAN GUÁHAN
2013 (FIRST) Regular Session

BILL NO. 153-32 CLOA

Introduced by:

Aline A. Yamashita, PhD *(AJ)*
DG Rodriguez, Jr. *OR*

AN ACT RELATIVE TO THE RIGHTS OF NURSING MOTHERS AND CHILDREN RELATIVE TO BREASTFEEDING TO BE KNOWN AS THE "NANA YAN PATGON ACT," BY ADDING A NEW CHAPTER 4B, DIVISION 1 OF TITLE 19, GUAM CODE ANNOTATED; BY AMENDING SECTION 22107, DIVISION 2, CHAPTER 22 OF TITLE 7, GUAM CODE ANNOTATED; BY ADDING A NEW SECTION 80.49.1 OF CHAPTER 80, ARTICLE 2 OF TITLE 9, GUAM CODE ANNOTATED; AND, BY ADDING A NEW SECTION 1036 TO CHAPTER 10 OF TITLE 1, GUAM CODE ANNOTATED.

2013 JUL 16 PM 2:42 *(Signature)*

1 BE IT ENACTED BY THE PEOPLE OF GUAM:

2 Section 1. A new Chapter 4B is added to Division 1 of Title 19, Guam Code
3 Annotated, to read:

4 "CHAPTER 4B

5 NANA YAN PATGON ACT

- 6 §4B100. Title.**
- 7 §4B101. Legislative Findings.**
- 8 §4B102. Purpose and Declaration of Policy.**
- 9 §4B103. Right to Breastfeed.**
- 10 §4B104. Breastfeeding — Prohibition Against Discrimination.**
- 11 §4B105. Nursing Mothers — Workplace Accommodations.**
- 12 §4B106. Nursing Rooms — Government of Guam Agencies.**

1 §4B107. Nursing Mothers — Educational InstitutionsAccommodations.

2 §4B108. Discrimination — Responsible Agencies.

3 §4B109. Rules and Regulations.

4 §4B110. Breastfeeding Promotion and Education — Department of
5 Public Health and Social Services.

6 §4B111. Breastfeeding Promotion and Education — Guam Memorial
7 Hospital, Maternal Health Care Providers and Maternal
8 Health Care Facilities.

9 §4B112. Effective Date.

10

11 §4B100. Title.

12 This Chapter *shall* be known, and may be cited, as the “*Nana yan Patgon Act*” or
13 the “Mother and Child Act.”

14 §4B101. Legislative Findings.

15 *I Liheslaturan Guahan* finds that throughout the United States, laws have been
16 enacted to ensure that women have the right to breastfeed children in recognition of the
17 health and economic benefits of breastfeeding. Currently, Guam lacks any laws relative
18 to breastfeeding to address potential obstacles a woman may face when wanting to
19 breastfeed a child.

20 *I Liheslatura* finds that the Patient Protection and Affordable Care Act
21 (“Affordable Care Act”) amended Section 7 of the Fair Labor Standards Act (“FLSA”) to
22 require employers to provide reasonable break time for an employee to express breast
23 milk for her nursing child for one year after the child’s birth each time such employee has

1 need to express the milk. Employers are also required to provide a place, other than a
2 bathroom, that is shielded from view and free from intrusion from coworkers and the
3 public, which may be used by an employee to express breast milk.

4 *Legislation* also finds that in 2011, Surgeon General of the United States Regina
5 M. Benjamin, MD, MBA, released the “*Call to Action to Support Breastfeeding*” citing
6 health benefits and outlining steps to be taken to remove obstacles that women face when
7 wanting to breastfeed their children.

8 The Centers for Disease Control (hereafter “*CDC*”) Breastfeeding Report Card
9 for the US, 2012, showed that breastfeeding increased from 74.6 percent in 2008 births to
10 76.9 percent in 2009 births. However, the CDC also reported that of the 2008 figure only
11 23.4 percent met the recommended breastfeeding duration of twelve (12) months, and
12 only 13 percent of infants were exclusively breastfed at the end of six (6) months, which
13 indicated that women may need more support to continue breastfeeding.

14 Dr. Benjamin’s “*Call to Action*” identified ways that families, communities,
15 employers and health care professionals can improve breastfeeding rates and increase
16 support for breastfeeding. Recommendations included communities expanding and
17 improving programs that provide mother-to-mother support and peer counseling;
18 healthcare systems ensuring that maternity care practices provide education and
19 counseling on breastfeeding; hospitals becoming more “baby-friendly,” by taking steps
20 like those recommended by the UNICEF/WHO’s Baby-Friendly Hospital Initiative;
21 clinicians ensuring that they are trained to properly care for nursing mothers and babies;
22 the promotion of breastfeeding to pregnant patients and ensuring that mothers receive the
23 best advice on how to breastfeed; employers working toward establishing paid maternity

1 leave and high-quality lactation support programs, employersexpanding the use of
2 programs that allow nursing mothers to have their babies close by so they can feed them
3 during the day, providing women with break time and private space to express breast
4 milk; and, families providing mothers the support and encouragement they need to
5 breastfeed.

6 *I Liheslatura* further finds thatbreastfeeding protects babies from infections and
7 illnesses that include diarrhea, ear infections, and pneumonia. Breastfed babies are also
8 less likely to develop asthma, and those who are breastfed for six (6) months are less
9 likely to become obese. Nursing mothers also have a decreased risk of breast and ovarian
10 cancers and postpartum depression.

11 A study published in the journal *Pediatrics* estimated that the US would save \$13
12 billion per year in healthcare and other costs if 90 percent of US babies were exclusively
13 breastfed for six (60) months. Dr. Benjamin also added that, by providing
14 accommodations for nursing women, employers would be able to reduce their company's
15 healthcare costs and lower their absenteeism and turnover rates.

16 **§4B102. Purpose and Declaration of Policy.**

17 The purpose and policy of this Chapter is to ensure that women have a right to
18 breastfeed children or express breast milk in a safe and clean environment without the
19 fear of social constraints, discrimination, embarrassment or even prosecution. It is
20 nationally recommended that babies from birth to at least one (1) year of age be breastfed
21 unless medically contraindicated, in order for babies to attain an optimal healthy start in
22 life. Breastfeeding can also be considered a low-cost means of improving health for both
23 mothers and babies, and education, awareness, encouragement, promotion and

1 acceptance of breastfeeding is vital as it will provide maternal and infant health benefits
2 and economic benefits.

3 **§4B103. Right to Breastfeed.**

4 1) Notwithstanding any other provision of the law, a woman may breastfeed a baby
5 or express breast milk in any location, public or private, where the woman is
6 otherwise authorized to be.

7 2) Breastfeeding a child or expressing breast milk as part of breastfeeding shall not
8 be considered an act of public indecency and shall not be considered indecent
9 exposure, sexual conduct, lewd touching, or obscenity as prescribed in Chapter 28
10 of Title 9, Guam Code Annotated.

11 3) No entity, public or private, in Guam may enact a policy that prohibits or restricts
12 a woman breastfeeding a child or expressing breast milk in a public or private
13 location where the woman and child are otherwise authorized to be.

14 4) No person shall interfere with a woman breastfeeding a child in any location,
15 public or private, where the woman and child is otherwise authorized to be.

16 **§4B104. Breastfeeding – Prohibition Against Discrimination.**

17 It is a discriminatory practice to deny, or attempt to deny, the full and equal
18 enjoyment of the goods, services, facilities, privileges, advantages, and accommodations
19 of a place of public accommodations to a woman because she is breastfeeding a child.

20 **§4B105. Nursing Mothers – Workplace Accommodations.**

21 For the purposes of this section, "employer" is defined as a person or entity that
22 employs one or more employees.

23 (A) An employer must provide reasonable unpaid break time each day to an employee

1 who needs to express breast milk for an infant child up to the age of two (2). The
2 break time must, if possible, run concurrently with any break time already
3 provided to the employee. An employer is not required to provide break time
4 under this section if to do so would unduly disrupt the operations of the employer.

5 (B) An employer must make reasonable efforts to provide a room or other location, in
6 close proximity to the work area, other than a toilet stall, where the employee can
7 express her milk in privacy.

8 (C) An employer may not discriminate – meaning to restrict, harass or penalize–
9 against an employee who chooses to express breast milk in the workplace.

10 **§4B106. Nursing Rooms — Government of Guam Agencies.**

11 Government of Guam agencies, departments and instrumentalities shall provide a
12 safe and clean room, in close proximity to the work area, other than a toilet stall, where a
13 nursing mother, who is an employee of the government of Guam, can express her milk in
14 privacy.

15 Additionally, the AB Won Pat Guam International Airport will identify an area,
16 other than a toilet stall, within its facilities as a “Family Room” where traveling families
17 may nurse young children in privacy and safety.

18 **§4B107. Nursing Mothers — Educational Institutions Accommodations.**

19 For the purposes of this section, “Educational Institution” is defined as any public school,
20 university or college with enrolled students.

21 (A) Educational institutions must make reasonable efforts to provide a safe and clean
22 room or other location, in close proximity to the work area, other than a toilet
23 stall, where a nursing mother can express her milk in privacy.

1 (B) Educational institutions may not discriminate – meaning to restrict, harass or
2 penalize – against a woman who chooses to express breast milk.

3 **§4B108. Discrimination — Responsible Agencies.**

4 The Guam Department of Labor Director (hereafter “GDOL”) *shall* be responsible
5 for recording data and addressing allegations of discrimination against nursing women in
6 the workplace of both government and non-government of Guam entities, and to ensure
7 that women are aware of breastfeeding rights in statute. Information may be made
8 available through informational pamphlets and/or published in the department’s website.

9 Allegations of discrimination reported to the GDOL shall undergo due process
10 pursuant to Title VII of the Civil Rights Act of 1964, Guam laws and other
11 applicable statutes and regulations and may also be forwarded to the US Department of
12 Labor, Guam Office when determined appropriate.

13 Pursuant to Chapter 4 of Title 4, Guam Code Annotated, the Civil Service
14 Commission *shall* investigate allegations of workplace discrimination and/or grievances
15 by nursing women employed by the government of Guam.

16 **§4B109. Rules and Regulations.**

17 The Directors of the Department of Labor and the Civil Service Commission shall
18 issue joint rules and regulations, pursuant to the provisions of the Administrative
19 Adjudication Act, governing the procedures whereby a person can make a claim of
20 discrimination and how the allegations will be processed and resolved.

21 The Department of Labor shall also coordinate with government of Guam agency
22 directors and private business employers’ organizations in an effort to ensure that
23 informational/educational sessions are conducted with employers and human resources

1 managers and/or administrators to increase awareness and education of breastfeeding
2 rights and statutes.

3 **§4B110. Breastfeeding Promotion and Education – Department of Public**
4 **Health.**

5 The Director of the Department of Public Health and Social Services shall develop
6 and implement a community-wide public education program promoting breastfeeding
7 and its benefits. The education campaign *shall* include a component that requires
8 mothers of newborn infants who receive any form of public assistance from the
9 Department of Public Health and Social Services to undergo prenatal educational courses
10 on the promotion and benefits of breastfeeding. The Department of Public Health and
11 Social Services may coordinate with the Guam Memorial Hospital to develop and
12 determine the curriculum and/or requirements, and other related details, to fulfill the
13 requirement of prenatal educational courses, in accordance with this Chapter.

14 Breastfeeding information may be published in pamphlets for distribution at
15 public health central offices and its satellite facilities and published on the department's
16 website. Additionally, the Department of Public Health and Social Services may produce
17 written information on breastfeeding and the health benefits to the child and mother, and
18 distribute such information to Maternal Health Care Providers and Maternal Health Care
19 Facilities as described, *infra*, upon request.

20 The Department of Public Health and Social Services may promulgate rules and
21 regulations to carry out the provisions of this section.

22 **§4B111. Breastfeeding Promotion and Education — Maternal Health Care**
23 **Providers and Maternal Health Care Facilities.**

1 For purposes of this section, "Maternal Health Care Providers" means a physician,
2 midwife, or other authorized practitioner attending a pregnant woman; and "Maternal
3 Health Care Facility" includes hospitals and freestanding birthing centers providing
4 perinatal services.

5 Every hospital, that provides obstetrical care shall:

- 6 1) Provide new mothers, where appropriate as determined by the attending
7 physician, with information on breastfeeding and the benefits to the child;
8 and
- 9 2) Provide new mothers, where appropriate as determined by the attending
10 physician, with information on local breastfeeding support groups and
11 Department of Public Health and Social Services programs; or
- 12 3) Every licensed physician who provides obstetrical or gynecological
13 consultation shall, where appropriate as determined by such physician,
14 inform patients as to the prenatal preparation for and postnatal benefits of
15 breastfeeding a child.

16 **§4B112. Effective Date.**

17 This Act *shall* take effect ninety (90) days after its enactment.

18 **Section 2.** Section 22107, Division 2, Chapter 22 of Title 7, Guam Code
19 Annotated, is hereby *amended* to read:

20 **§ 22107. Exempt When.**

21 A person may claim exemption from service as a juror if he or she is:

- 22 (1) a member in the active service of the armed forces of the United States;
- 23 (2) an elected official, or a judge, of the United States or the Territory of Guam;

- 1 (3) an actively engaged member of the clergy;
- 2 (4) an actively practicing attorney, physician, dentist, or registered nurse;
- 3 (5) a member of the Fire or Police Department of an employee of a government
- 4 contractor engaged in providing internal security or fire protection for such
- 5 contractors;
- 6 (6) a person who has served as a juror, either in the Superior Court or the United
- 7 States District Court of Guam, within two (2) years preceding the time of
- 8 filling out the juror qualification form; or
- 9 (7) over sixty-five years old; or
- 10 (8) any woman who is breastfeeding, but only if the child receives nourishment
- 11 exclusively from breastfeeding and the woman is able to present a medical
- 12 attestation from a physician, a Certified Lactation Counselor (CLC), or an
- 13 International Board Certified Lactation Consultant (IBCLC) to such fact.

14 **Section 3.** A new Section 80.49.1 of Chapter 80, Article 2 of Title 9, Guam Code

15 Annotated, is *added* to read:

16 **§ 80.49.1. Nursing Mothers — Penal Institutions Accommodations.**

17 For purposes of this Section, “Penal Institutions” means:

18 (A) Prison: any confinement facility under the direct or indirect supervision or control

19 of the Department of Corrections (‘DOC’) any portion of which is designed to

20 incarcerate sentenced offenders.

21 (B) Detention Facility:

22 (1) any place used for confinement, pursuant to an order of a court, of:

23 (a) persons charged with or convicted of an offense;

1 (b) persons against whom judicial proceedings leading to
2 involuntary confinement have begun, are pending or have been
3 concluded; or

4 (c) persons against whom extradition orders are sought or have
5 been obtained.

6 (2) any place to which a person ordered to be confined to a detention
7 facility pursuant to Paragraph (1) has been or is being lawfully taken for
8 purposes of labor, court appearance, recreation, medical or hospital care,
9 transit or similar purpose.

10 The Director of the Penal Institution must make reasonable efforts to provide a
11 sanitary room, other than a toilet stall, where a nursing mother can express her milk in
12 privacy and to provide a breast pump.

13 Nursing mothers may also be allowed to breastfeed their babies during their
14 incarceration or detention as long as safeguards are in place, as determined by the
15 Director, to prevent her escape and as long as it is not a threat to the infant's and the
16 public's safety and welfare.

17 **Section 4.** A new Section 1036 is *added* to Chapter 10 of Title 1, Guam Code
18 Annotated, to read:

19 **§ 1036. Breastfeeding Awareness Month.**

20 (A) August of each year is hereby designated as "*Breastfeeding Awareness Month*," to
21 educate our community and promote the benefits of breastfeeding to infants and
22 mothers.

1 (B) *I Moga 'lahen Guahan* shall issue annually a proclamation calling on all interested
2 parties to hold activities on behalf of the practice of breastfeeding and to develop
3 ways to support collective awareness of such activity."

I MINA' TRENTAI DOS NA LIHESLATURAN GUÁHAN
2013 (FIRST) Regular Session

BILL NO. 153-32 (COR)

Introduced by:
As Amended by the Committee on
Education, Public Library and Women's
Affairs

Aline A. Yamashita, PhD
DG Rodriguez, Jr.

AN ACT RELATIVE TO THE RIGHTS OF NURSING MOTHERS AND CHILDREN RELATIVE TO BREASTFEEDING TO BE KNOWN AS THE "NANA YAN PATGON ACT," ~~BY TO ADDING A NEW CHAPTER 4B, DIVISION 1 OF TITLE 19, GUAM CODE ANNOTATED; BY TO AMENDING SECTION 22107, DIVISION 2, CHAPTER 22 OF TITLE 7, GUAM CODE ANNOTATED; BY TO ADDING A NEW SECTION 80.49.1 OF CHAPTER 80, ARTICLE 2 OF TITLE 9, GUAM CODE ANNOTATED; AND, BY TO ADDING A NEW SECTION 1036 TO CHAPTER 10 OF TITLE 1, GUAM CODE ANNOTATED.~~

1 **BE IT ENACTED BY THE PEOPLE OF GUAM:**

2 **Section 1.** A new Chapter 4B is hereby added to Division 1 of Title 19, Guam
3 Code Annotated, to read:

4 **"CHAPTER 4B**

5 **NANA YAN PATGON ACT**

- 6 **§4B1001.** Title.
- 7 **§4B1042.** Legislative Findings.
- 8 **§4B1023.** Purpose and Declaration of Policy.
- 9 **§4B1034.** Right to Breastfeed.
- 10 **§4B1045.** Breastfeeding — Prohibition Against Discrimination.

- 1 **§4B1056. Nursing Mothers —Workplace Accommodations.**
- 2 **§4B1067. Nursing Rooms — Government of Guam Agencies.**
- 3 **§4B1078. Nursing Mothers - Educational InstitutionsAccommodations.**
- 4 **§4B1089. Discrimination - Responsible Agencies.**
- 5 **§4B10910. Rules and Regulations.**
- 6 **§4B1101. Breastfeeding Promotion and Education - Department of**
- 7 **Public Health and Social Services.**
- 8 **§4B1112. Breastfeeding Promotion and Education - Guam Memorial**
- 9 **Hospital, Maternal Health Care Providers and Maternal**
- 10 **Health Care Facilities.**
- 11 **§4B1123. Effective Date.**

12

13 **§4B1001. Title.**

14 This Chapter *shall* be known, and may be cited, as ~~the~~ “The Nana yan Patgon

15 *Act*” or ~~the~~ “The Mother and Child Act.”

16 **§4B1042. Legislative Findings.**

17 *I Liheslaturan Guahan* finds that throughout the United States, laws have been

18 enacted to ensure that women have the right to breastfeed children in recognition of the

19 health and economic benefits of breastfeeding. Currently, Guam lacks any laws relative

20 to breastfeeding to address potential obstacles a woman may face when wanting to

21 breastfeed a child.

22 *I Liheslatura* finds that the Patient Protection and Affordable Care Act

23 (“Affordable Care Act”) amended Section 7 of the Fair Labor Standards Act (“FLSA”) to

1 require employers to provide reasonable break time for an employee to express breast
2 milk for her nursing child for one year after the child's birth each time such employee has
3 need to express the milk. Employers are also required to provide a place, other than a
4 bathroom, that is shielded from view and free from intrusion from coworkers and the
5 public, which may be used by an employee to express breast milk.

6 *I Liheslatura* also finds that in 2011, Surgeon General of the United States Regina
7 M. Benjamin, MD, MBA, released the "*Call to Action to Support Breastfeeding*" citing
8 health benefits and outlining steps to be taken to remove obstacles that women face when
9 wanting to breastfeed their children.

10 The Centers for Disease Control (hereafter "*CDC*") Breastfeeding Report Card
11 for the US, 2012, showed that breastfeeding increased from 74.6 percent in 2008 births to
12 76.9 percent in 2009 births. However, the CDC also reported that of the 2008 figure only
13 23.4 percent met the recommended breastfeeding duration of twelve (12) months, and
14 only 13 percent of infants were exclusively breastfed at the end of six (6) months, which
15 indicated that women may need more support to continue breastfeeding.

16 Dr. Benjamin's "Call to Action" identified ways that families, communities,
17 employers and health care professionals can improve breastfeeding rates and increase
18 support for breastfeeding. Recommendations included communities expanding and
19 improving programs that provide mother-to-mother support and peer counseling;
20 healthcare systems ensuring that maternity care practices provide education and
21 counseling on breastfeeding; hospitals becoming more "baby-friendly," by taking steps
22 like those recommended by the UNICEF/WHO's Baby-Friendly Hospital Initiative;
23 clinicians ensuring that they are trained to properly care for nursing mothers and babies:

1 the promotion of breastfeeding to pregnant patients and ensuring that mothers receive the
2 best advice on how to breastfeed; employers working toward establishing paid maternity
3 leave and high-quality lactation support programs, employers expanding the use of
4 programs that allow nursing mothers to have their babies close by so they can feed them
5 during the day, providing women with break time and private space to express breast
6 milk; and, families providing mothers the support and encouragement they need to
7 breastfeed.

8 *I Liheslatura* further finds that breastfeeding protects babies from infections and
9 illnesses that include diarrhea, ear infections, and pneumonia. Breastfed babies are also
10 less likely to develop asthma, and those who are breastfed for six (6) months are less
11 likely to become obese. Nursing mothers also have a decreased risk of breast and ovarian
12 cancers and postpartum depression.

13 A study published in the journal *Pediatrics* estimated that the US would save \$13
14 billion per year in healthcare and other costs if 90 percent of US babies were exclusively
15 breastfed for six (6) months. Dr. Benjamin also added that, by providing accommodations
16 for nursing women, employers would be able to reduce their company's healthcare costs
17 and lower their absenteeism and turnover rates.

18 **§4B1023. Purpose and Declaration of Policy.**

19 The purpose and policy of this Chapter is to ensure that women have a right to
20 breastfeed children or express breast milk in a safe and clean environment or private
21 designated area without the fear of social constraints, discrimination, embarrassment or
22 even prosecution. It is nationally recommended that babies from birth to at least one (1)
23 year of age be breastfed unless medically contraindicated, in order for babies to attain an

1 optimal healthy start in life. Breastfeeding can also be considered a low-cost means of
2 improving health for both mothers and babies, and education, awareness, encouragement,
3 promotion and acceptance of breastfeeding is vital as it will provide maternal and infant
4 health benefits and economic benefits.

5 **§4B1034. Right to Breastfeed.**

6 1) (a) Notwithstanding any other provision of the law, a woman *may* breastfeed a
7 baby or express breast milk in any location, public or private, except the private
8 home or residence of another, where the woman is otherwise authorized to be.

9 2) (b) Breastfeeding a child or expressing breast milk as part of breastfeeding *shall*
10 not under any circumstance violate ~~be considered an act of public indecency and~~
11 ~~shall not be considered indecent exposure, sexual conduct, lewd touching, or~~
12 ~~obscenity as prescribed in~~ Article 2, Chapter 28 of Title 9, Guam Code Annotated.

13 3) (c) No entity, public or private, in Guam ~~may~~ *shall* enact a policy that prohibits or
14 restricts a woman breastfeeding a child or expressing breast milk in a public or
15 private location, except the private home or residence of another, where the
16 woman and child are otherwise authorized to be.

17 4) (d) No person *shall* interfere with a woman breastfeeding a child in any location,
18 public or private, except the private home or residence of another, where the
19 woman and child is otherwise authorized to be.

20 **§4B1045. Breastfeeding – Prohibition Against Discrimination.**

21 It is a discriminatory practice to deny, or attempt to deny, the full and equal
22 enjoyment of the goods, services, facilities, privileges, advantages, and accommodations
23 of a place of public accommodations to a woman because she is breastfeeding a child.

1 **§4B105. Nursing Mothers –Workplace Accommodations.**

2 For the purposes of this section, "employer" ~~is defined as~~ means a person or entity
3 that employs one (1) or more employees.

4 (a) An employer must provide reasonable unpaid break time each day to an
5 employee who needs to express breast milk for an infant child up to the age of
6 two (2). The break time must, if possible, run concurrently with any break time
7 already provided to the employee. An employer is not required to provide break
8 time under this ~~section~~ chapter if to do so would unduly disrupt the operations of
9 the employer.

10 ~~(A)~~ (b) An employer must make reasonable efforts to provide a room or other
11 location, in close proximity to the work area, other than a toilet stall, where the
12 employee can express her milk in privacy.

13 ~~(B)~~ (c) An employer may not discriminate – meaning to restrict, harass or penalize–
14 against an employee who chooses to express breast milk in the workplace.

15 **§4B1067. Nursing Rooms — Government of Guam Agencies.**

16 ~~Government of Guam, agencies, departments and instrumentalities, The executive,~~
17 legislative and judiciary branches, and all autonomous and semiautonomous agencies,
18 public corporations and other public instrumentalities of the government of Guam, shall
19 provide a safe and clean room or private designated area, in close proximity to the work
20 area, other than a toilet stall, where a nursing mother, who is an employee of the
21 government of Guam, can express her milk in privacy.

22 Additionally, the A.B. Won Pat Guam International Airport will identify an area,
23 other than a ~~toilet stall~~ restroom, within its facilities as a “Family Room” where traveling

1 families may nurse young children in privacy and safety.

2 **§4B1078. Nursing Mothers — Educational Institutions Accommodations.**

3 For the purposes of this section, "Educational Institution" ~~is defined as~~ means any public
4 school, university or college with enrolled students.

5 (A)(a) Educational institutions must make reasonable efforts to provide a safe and
6 clean room or ~~other location~~ private designated area, ~~in close proximity to the~~
7 ~~work area~~, other than a toilet stall, where a nursing mother can express her milk in
8 privacy.

9 (B)(b) Educational institutions ~~may~~ shall not discriminate – meaning to restrict,
10 harass or penalize – against a woman who chooses to express breast milk.

11 **§4B1089. Discrimination — Responsible Agencies.**

12 The Guam Department of Labor Director (hereafter “GDOL”) *shall* be responsible
13 for recording data and addressing allegations of discrimination against nursing women in
14 the workplace of both the government and non-government of Guam entities, and to
15 ensure that women are aware of breastfeeding rights in statute. Information *may* be made
16 available through informational pamphlets and/or published in the department’s website.
17 ~~Pursuant to Chapter 4 of Title 4, Guam Code Annotated, the Civil Service Commission~~
18 The Department of Administration shall investigate allegations of workplace
19 discrimination and/or grievances by nursing women employed by within the Executive
20 Branch of the government of Guam pursuant to Chapter 4 of Title 4 of the Guam Code
21 Annotated. The legislative and judicial branches and all autonomous and
22 semiautonomous agencies, public corporations and other public instrumentalities of the
23 government of Guam shall investigate allegations of workplace discrimination and/or

1 grievances by nursing women employed within the respective entities pursuant to
2 established rules and regulations and procedures.

3 **§4B10910. Rules and Regulations.**

4 If deemed necessary, ~~the~~ Directors of the Department of Labor and ~~the Civil~~
5 ~~Service Commission- Department of Administration~~ shall issue promulgate joint rules
6 and regulations, pursuant to the provisions of the Administrative Adjudication Act,
7 governing the procedures whereby a person can make a claim of discrimination and how
8 the allegations will be processed and resolved.

9 The Department of Labor *shall* also coordinate with government of Guam agency
10 directors and private business employers' organizations in an effort to ensure that
11 informational/educational sessions are conducted with employers and human resources
12 managers and/or administrators to increase awareness and education of breastfeeding
13 rights and statutes.

14 **§4B1101. Breastfeeding Promotion and Education – Department of Public**
15 **Health.**

16 The Director of the Department of Public Health and Social Services *shall*
17 develop and implement a community-wide public education program promoting
18 breastfeeding and its benefits. The education campaign *shall* include a component that
19 ~~requires~~ strongly encourages pregnant women and mothers of newborn infants who
20 receive any form of public assistance from the Department of Public Health and Social
21 Services to ~~undergo~~ attend prenatal educational courses on the promotion and benefits of
22 breastfeeding. The Department of Public Health and Social Services ~~may~~ *shall* coordinate
23 with the Guam Memorial Hospital to develop and implement ~~determine the curriculum~~

1 ~~and/or requirements, and other related details, to fulfill the requirement of prenatal~~
2 educational courses, in accordance with this Chapter. Breastfeeding information ~~may~~
3 shall be published in pamphlets for distribution at the Department of pPublic hHealth and
4 Social Services ~~central offices and its satellite~~ facilities and ~~published~~ posted on the
5 department's website. Additionally, the Department of Public Health and Social Services
6 ~~may produce written information on breastfeeding and the health benefits to the child and~~
7 ~~mother, and~~ shall distribute such information to Maternal Health Care Providers, and
8 Maternal Health Care Facilities as described, *infra*, and to other entities upon request.

9 ~~The Department of Public Health and Social Services may promulgate rules and~~
10 ~~regulations to carry out the provisions of this section.~~

11 ~~§4B1142.~~ **Breastfeeding Promotion and Education — Maternal Health Care**
12 **Providers and Maternal Health Care Facilities.**

13 For purposes of this section, "Maternal Health Care Providers" means a physician,
14 midwife, or other authorized practitioner attending a pregnant woman; and "Maternal
15 Health Care Facility" includes hospitals and freestanding birthing centers providing
16 perinatal services. Every Maternal Health Care Provider and Maternal Health Care
17 Facility ~~hospital, that provides obstetrical care~~ shall:

18 1) (a) Provide pregnant women and new mothers, where appropriate as
19 determined by the attending physician, with information on breastfeeding
20 and the benefits to the child; and

21 2) (b) Provide pregnant women and new mothers, where appropriate as
22 determined by the attending physician, with information on local
23 breastfeeding support groups and Department of Public Health and Social

1 Services programs; or

2 3) (c) Every licensed physician who provides obstetrical or gynecological
3 consultation shall, where appropriate as determined by such physician,
4 inform patients as to the prenatal preparation for and postnatal benefits of
5 breastfeeding a child.

6 **§4B1123. Effective Date.**

7 This Act *shall* take effect ninety (90) days after its enactment.

8 **Section 2.** Section 22107, Division 2, Chapter 22 of Title 7, Guam Code
9 Annotated, is hereby *amended* to read:

10 **§ 22107. Exempt When.**

11 A person may claim exemption from service as a juror if he or she is:

- 12 (1) a member in the active service of the armed forces of the United States;
- 13 (2) an elected official, or a judge, of the United States or the Territory of Guam;
- 14 (3) an actively engaged member of the clergy;
- 15 (4) an actively practicing attorney, physician, dentist, or registered nurse;
- 16 (5) a member of the Fire or Police Department of an employee of a government
17 contractor engaged in providing internal security or fire protection for such
18 contractors;
- 19 (6) a person who has served as a juror, either in the Superior Court or the United
20 States District Court of Guam, within two (2) years preceding the time of
21 filling out the juror qualification form; or
- 22 (7) over sixty-five years old; or

1 (8) any woman who is breastfeeding, but only if the child receives nourishment
2 exclusively from breastfeeding and the woman is able to present a medical
3 attestation from a physician, a Certified Lactation Counselor (CLC), or an
4 International Board Certified Lactation Consultant (IBCLC) to such fact.

5 **Section 3.** A new Section 80.49.1 of Chapter 80, Article 2 of Title 9, Guam Code
6 Annotated, is *added* to read:

7 **§ 80.49.1. Nursing Mothers — ~~Penal Institutions~~ Accommodations.**

8 For purposes of this Section, “~~Penal Institutions~~” means:

9 (A) ~~Prison: any confinement facility under the direct or indirect supervision or control~~
10 ~~of the Department of Corrections (“DOC”) any portion of which is designed to~~
11 ~~incarcerate sentenced offenders.~~

12 (B) ~~Detention Facility:~~

13 (1) ~~any place used for confinement, pursuant to an order of a court, of:~~

14 (a) ~~persons charged with or convicted of an offense;~~

15 (b) ~~persons against whom judicial proceedings leading to~~
16 ~~involuntary confinement have begun, are pending or have been~~
17 ~~concluded; or~~

18 (c) ~~persons against whom extradition orders are sought or have~~
19 ~~been obtained.~~

20 (2) ~~any place to which a person ordered to be confined to a detention~~
21 ~~facility pursuant to Paragraph (1) has been or is being lawfully taken for~~
22 ~~purposes of labor, court appearance, recreation, medical or hospital care,~~
23 ~~transit or similar purpose.~~

1 ~~———— The Director of the Penal Institution must make reasonable efforts to provide a~~
2 ~~sanitary room, other than a toilet stall, where a nursing mother can express her milk in~~
3 ~~privacy and to provide a breast pump.~~

4 ~~———— Nursing mothers may also be allowed to breastfeed their babies during their~~
5 ~~incarceration or detention as long as safeguards are in place, as determined by the~~
6 ~~Director, to prevent her escape and as long as it is not a threat to the infant's and the~~
7 ~~public's safety and welfare.~~

8 (a) The Director of the Department of Corrections must make reasonable efforts to
9 provide a breast pump and a sanitary room, other than a toilet stall, or a private area
10 where a nursing mother confined at the Department of Corrections facilities can express
11 her milk.

12 (b) A nursing mother confined at the Department of Corrections facilities may be allowed
13 to breastfeed her child in a sanitary room, other than a toilet stall, or a private area as long
14 as safeguards are in place, as determined by the Director, to prevent her escape and as
15 long as it is not a threat to the infant's and the public's safety and welfare.

16 **Section 4.** A new Section 1036 is *added* to Chapter 10 of Title 1, Guam Code
17 Annotated, to read:

18 **§ 1036. Breastfeeding Awareness Month.**

19 (A)(a) August of each year is hereby designated as “*Breastfeeding Awareness*
20 *Month,*” to educate our community and promote the benefits of breastfeeding to
21 infants and mothers.

22 (B)(b) *I Maga'lahaen Guahan* shall issue annually a proclamation calling on all
23 interested parties to hold activities on behalf of the practice of breastfeeding and
24 to develop ways to support collective awareness of such activity.”

1 **Section 5. Severability.** If any provision of this Law or its application to any
2 person or circumstances is found to be invalid or contrary to law, such invalidity
3 shall not affect other provisions or applications of this Law which can be given
4 effect without the invalid provisions or application, and to this end the provisions
5 of this Law are severable.

COMMITTEE ON EDUCATION PUBLIC LIBRARY & WOMEN'S AFFAIRS

SIGN-IN SHEET

PUBLIC HEARING

July 25, 2013, 2:00 p.m.

Bill No. 153-32 (COR) - A.A. Yamashita, Ph.D. / D.G. Rodriguez, Jr.

An act relative to the rights of nursing mothers and children relative to breastfeeding to be known as the "Nana Yan Patgon Act," by adding a new Chapter 4B, Division 1 of Title 19, Guam Code Annotated; by amending Section 22107, Division 2, Chapter 22 of Title 7, Guam Code Annotated; by adding a new Section 80.49.1 of Chapter 80, Article 2 of Title 9, Guam Code Annotated; and, by adding a new Section 1036 to Chapter 10 of Title 1, Guam Code Annotated.

NAME	AGENCY OR ORGANIZATION (IF ANY)	SUPPORT? OPPOSE?	WRITTEN TESTIMONY	ORAL TESTIMONY	CONTACT NUMBER	EMAIL ADDRESS
Kirsten Roberts	USAF/Guam Mamas	Support	X	X	777-7824	kirsten.roberts.clc
Ima B. Lugo	DP/ASS	SUPPORT	X	X		
Zama Martinez	DPHSS/WIC/BFAC	support	✓	✓	475-0112	
Charlie Morris	DPHSS/BNS/WIC	support		X	475-0787	charles.morris@dphss.guar
Kathryn Wood	UDG	support	X	X	735-2658	kwood@legis.gu
Jennifer Canuto	SELF/CARE PLUS	Support		X	689-0970	

COMMITTEE ON EDUCATION PUBLIC LIBRARY & WOMEN'S AFFAIRS

SIGN-IN SHEET

PUBLIC HEARING

July 25, 2013, 2:00 p.m.

Bill No. 153-32 (COR) - A.A. Yamashita, Ph.D. / D.G. Rodriguez, Jr.

An act relative to the rights of nursing mothers and children relative to breastfeeding to be known as the "Nana Yan Patgon Act," by adding a new Chapter 4B, Division 1 of Title 19, Guam Code Annotated; by amending Section 22107, Division 2, Chapter 22 of Title 7, Guam Code Annotated; by adding a new Section 80.49.1 of Chapter 80, Article 2 of Title 9, Guam Code Annotated; and, by adding a new Section 1036 to Chapter 10 of Title 1, Guam Code Annotated.

NAME	AGENCY OR ORGANIZATION (IF ANY)	SUPPORT? OPPOSE?	WRITTEN TESTIMONY	ORAL TESTIMONY	CONTACT NUMBER	EMAIL ADDRESS
Toby CANARSA	CSC	S	✓		6471855	

Hafa Adai Chairwoman Speaker Judith Won Pat; Senator Aline Yamashita; members of the committee and honorable senators.

I am Kirsten Roberts. I am a SSgt in the United States Air Force here in Guam at Andersen AFB, but I am here today to represent all breastfeeding mothers on Guam as a Certified Lactation Counselor (CLC).

I am absolutely in favor of this measure to protect the rights of breastfeeding mothers and babies on Guam. How an infant is fed in the first 5 years of his or her life is the foundation for future health, and breastfeeding is the most unsurpassed way to fill this nutritional need.

However, if a breastfeeding mother must return to work within the first year after having her baby, she will need to be able to express or pump her breastmilk. If her employer is unwilling to provide her with a clean and private place to express milk, along with adequate break time to accomplish this, her efforts to breastfeed may be severely hindered. Having time and a place to express breastmilk when a mother is separated from her baby is paramount to successful breastfeeding.

As a breastfeeding mother myself, I would not have been able to have the long term success if I was not allowed adequate time and a place at work to pump. Thankfully I had the protection of Air Force Instruction 44-102, which states the need for a private room (not a restroom) and authorizing pumping breaks of 15-30 minutes every three to four hours.

Unfortunately many mothers here on Guam do not have this type of protection...not yet anyhow. This bill would afford them the same opportunity to give their babies the absolute best start in life, the way I was able to for my daughter.

It will also help to instill confidence in them to feed their hungry babies when they are out in public as patrons and visitors at the many businesses, restaurants, schools, parks, and government facilities on Guam without the fear of reprisal. Breastfeeding in public the first few times can be a bit nerve-racking, yet if a mother knows that she has society and the law on her side, she will feel free and more comfortable to do so. This in turn will help to normalize breastfeeding and even encourage other mothers to do the same for their babies.

Most states and U.S. territories already have similar laws like this in place to protect the rights of breastfeeding mothers and their babies, so why not Guam? Let us match our protection of mothers and babies with how we already value and cherish them. As a lactation professional and a mother, I urge this esteemed committee before me to consider this much needed bill.

2 | Kirsten L. Roberts, CLC

Thank you for time and for what you do for Guam.

Very respectfully,

Kirsten L. Roberts, CLC

671-777-7824

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www.facebook.com/GuamMamas



GOVERNMENT OF GUAM

DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
DIPATTAMENTON SALUT PUPBLEKO YAN SETBISION SUSIAT



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GOVERNOR

JAMES W. GILLAN
DIRECTOR

RAY TENORIO
LIEUTENANT GOVERNOR

LEO G. CASIL
DEPUTY DIRECTOR

Honorable Judith T. Won Pat
Chairperson, Committee on Education
Public Libraries and Women's Affairs
32nd Guam Legislature (First) Regular Session

JUL 24 2013

RE: BILL NO. 153-32 "AN ACT RELATIVE TO THE RIGHTS OF NURSING MOTHERS AND CHILDREN RELATIVE TO BREASTFEEDING."

Dear Speaker Won Pat:

Thank you for the opportunity to present testimony on this bill, to be known as the "Nana Yan Patgon Act". The Department supports the intent of this Bill and agrees with the findings of many studies which demonstrate the enormous benefits to be gained by allowing mothers to breastfeed or express breast milk in the work place.

Our Women's Infants and Children's Nutrition program (WIC) continuously promotes the benefits of breast feeding to its clients. Our MCH and family Planning also encourages expectant moms to choose this health alternative for their babies.

We support this initiative whenever and wherever it is reasonable to do so. We do have some difficulty with the requirement under Section 4B110. This Section requires the Department to establish and implement a community – wide program promoting breast feeding and its benefits.

One component would be to require mothers of newborn infants who receive any form of public assistance from the department to undergo prenatal educational courses. There are several federally funded assistance programs which prohibit us from requiring any conditions in order to qualify for benefits. Among these are the WIC program, TANF, SNAP and Medicaid programs.

We could set this as a requirement for any of our 100 percent locally funded programs. My concern would be the costs associated with establishing or paying for an education program.

Should you have any questions, please do not hesitate to ask.

Very truly yours,

JAMES W. GILLAN



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July 25, 2013

The Honorable Judith T. Won Pat, Ed.D.
Speaker & Chairperson
Committee on Education, Public Library and Women's Affairs
32nd Guam Legislature
155 Hesler Place
Hagatna, Guam 96910

RE: BILL NO. 153-32, THE NANA YAN PATGON ACT

Buenas yan Hafa Adai Madam Chair and Committee Members,

The University of Guam is in full support of Bill 153-32, the Nana Yan Patgon Act. UOG commits to make reasonable efforts to provide safe and clean rooms in close proximity to the work area to allow our female employees and students to express breast milk in privacy. Throughout the University, our leaders and citizens offer reasonable accommodations, including rooms for this purpose. In the School of Nursing and Health Sciences faculty, staff, and students are a fine example. Female students are afforded use of a safe and clean facility to express milk. This room also serves as a study room for our nursing students. With space being a premium, we accommodate space needs through the use of multi-purpose rooms and flexible scheduling.

As a public institution of higher education, we cultivate an open, honest, inclusive, and respectful environment. As an equal opportunity employer, we do not discriminate (restrict, harass, or penalize) based on race, color, religion, gender, national origin, disability, citizenship status, or age. We do not discriminate against a woman, *siNana*, who chooses to express her breast milk to feed her child, *I Patgon*.

The University of Guam is transforming into the "Great UOG." Our greatness is in our leadership, taking our mission of learning, teaching, discovery, and service to preserve the essential strengths of the region's culture and natural resources and in applying these strengths to transform our students, the University's partners (the community), and the University itself.

A handwritten signature in cursive script, reading "Robert A. Underwood".

Dr. Robert A. Underwood
President, University of Guam



EDDIE BAZA CALVO
Governor

RAY TENORIO
Lieutenant Governor

**I Gobietnon Guahan
CIVIL SERVICE COMMISSION
KUMISION I SETBISION SIBIT**

Suite 6A Phase II Complex
777 Route 4, Sinajana, Guam 96910
P.O. Box 2950 Hagatna, Guahan 96932
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Alberto "Tony" Lamorena V
Director

July 25, 2013

CSC NO: 2013-26

Honorable Judith T. Won Pat, Ed.D.
Speaker
32nd Guam Legislature
155 Hesler Place
Hagatna, Guam 96910

VIA FACSIMILE

RE: Bill 153-32, An Act relative to the rights of nursing mothers and children relative to breastfeeding to be known as the "Nana Yan Patgon Act," by adding a new Chapter 4B, Division 1 of Title 19, Guam Code Annotated; by amending Section 22107, Division 2, Chapter 22 of Title 7, Guam Code Annotated; by adding a new Section 80.49.1 of Chapter 80, Article 2 of Title 9, Guam Code Annotated; and, by adding a new Section 1036 to Chapter 10 of Title 1, Guam Code Annotated.

Hafa Adai Speaker Won Pat,

On behalf of the Civil Service Commission, thank you for the opportunity to submit this written testimony in support of Bill 153-32. While the Commission supports the proposed legislation generally, there are a few issues that should be raised with regard to the current language and the manner in which authority and responsibility for enforcement is divided between government agencies.

First, the Commission recommends that the language contained in Section 4B108 delegating the responsibility of investigation of workplace discrimination and/or grievances be changed to reflect that such issues be investigated by the Department of Administration in the case of discrimination allegations (as such can be handled under the current Equal Employment Opportunity program) and the respective agency in the case of grievances. Executive branch line agencies and most autonomous and semi-autonomous agencies already have a set of rules and regulations governing how grievances should be handled and for most agencies, the final review is conducted by the Civil Service Commission.

Second, to the extent the bill instructs the Commission to develop rules in conjunction with the Department of Labor, the Commission submits that if the initial investigation and/or grievance process is handled at the Department of Administration or within the respective agency, the Commission could then utilize its current rules (and any future amendments or additions) that it already utilizes when reviewing appeals of violations of the Equal Employment Opportunity program or government employee grievances.

Si Yu'us Ma'ase,

A handwritten signature in black ink, appearing to read 'A. Lamorena V.', with a stylized flourish at the end.

Alberto A. "Tony" Lamorena V
Executive Director

March 11, 2013

**Testimony to the 32nd Guam Legislature
Bill 153-32 CCOR
Nana Yan Patgon Act**

My name is Charles "Chuck" Tanner and my purpose here today is to provide testimony on Bill 153-32 COR. My profession is - health care administrator. I am a Fellow with the American College of Healthcare Executives (ACHE); I am the current Chairman for Guam Cancer Care, the President Elect for the Guam Local Program Chapter of the ACHE, and the chair of the policy and advocacy committee of the NCD Consortium/ Guam Comprehensive Cancer Coalition. For the purposes of this testimony I speak only for myself.

I fully support the passage of this bill and congratulate Senators Yamashita and Rodriguez on putting pen to paper to address the issue.

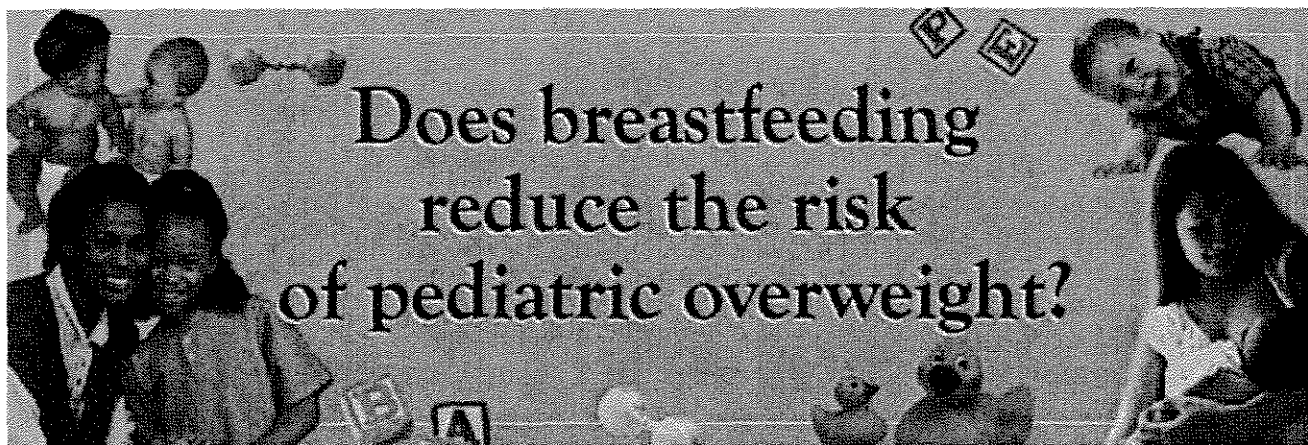
I will defer to my physician colleagues but will state that the literature is ripe with evidenced based studies and well-documented scientific studies that validate the benefits of breastfeeding.

I would like to refer you to an excellent website, www.womenshealth.gov to access many of these resources.

As a member of the Non-Communicable Disease Consortium, a goal of our Nutrition team is to advocate for breastfeeding as part of their strategic plan. I believe this Bill is supportive of their efforts to improve the health for the people of Guam and fight non-communicable disease. The following excerpts are a sample of many articles on the benefits of breastfeeding.

Breast milk fights disease – The cells, hormones, and antibodies in breast milk protect babies from illness. This protection is unique; formula cannot match the chemical makeup of human breast milk. In fact, among formula-fed babies, ear infections and diarrhea are more common. Formula-fed babies also have higher risks of:

- ☑ Necrotizing (nek-roh-TEYE-zing) enterocolitis (en-TUR-oh-coh-lyt-iss), a disease that affects the gastrointestinal tract in preterm infants.
- ☑ Lower respiratory infections
- ☑ Asthma
- ☑ Obesity
- ☑ Type 2 diabetes



Does breastfeeding reduce the risk of pediatric overweight?

The beneficial effects of breastfeeding children are well documented and include a lower risk for ear¹⁻³ and respiratory infections,⁴ atopic dermatitis,⁵ gastroenteritis,⁶ necrotizing enterocolitis,⁷ type 2 diabetes⁸, and sudden infant death syndrome (SIDS)⁹⁻¹⁴. For mothers, benefits of breastfeeding include decreased risk of breast¹⁵⁻¹⁷ and ovarian cancer,^{18,19} and type 2 diabetes.²⁰ Breastfeeding also benefits mothers by speeding the return of uterine tone,^{21,22} stopping post-birth bleeding,²¹ and temporarily suppressing ovulation, which aids the spacing of children.^{21,23} Potentially there is still another benefit, which involves pediatric weight status.

The health of American children is being threatened by overweight and the conditions that may stem from this problem, such as elevated serum lipid and insulin concentrations,^{24,25} elevated blood pressure,²⁴ type 2 diabetes,²⁶ and psychosocial problems.²⁷ This Research to Practice (R2P) brief explores the relationship between breastfeeding and pediatric overweight, and it specifically examines:

- The relationship between breastfeeding and lower risk of pediatric overweight and how this relationship may be influenced by factors such as duration, exclusivity, and age at follow-up.
- Possible explanations for the association of breastfeeding with reduced risk of pediatric overweight.
- Recent surveillance data on initiation, duration, and exclusivity of breastfeeding
- Research to Practice: Evidence-based interventions to promote breastfeeding.

Research Review: Breastfeeding and Pediatric Overweight

In 1981, Kramer²⁸ reported a significantly reduced risk for overweight among children who were breastfed. Since that report, several studies have provided varying degrees of support for this effect. This variation may be due in part to differences in study design, the populations studied, sample size, definitions of breastfeeding and overweight, length of follow-up, reporting bias, and control of confounding factors. In 2004 and 2005, three groups of researchers, Arenz et al.,²⁹ Owen et al.,³⁰ and Harder et al.,³¹ published the results of meta-analyses that examined the relation between breastfeeding and pediatric overweight using mostly studies conducted in developed countries. This R2P scientific brief will review the findings of these three meta-analyses.

Arenz et al.²⁹ were more restrictive than the other two groups, as they required population-based cohort, cross-sectional, or case-control studies; adjustment for at least three confounding variables; odds ratios (ORs) or relative risks; follow-up for 5 to 18 years; feeding mode reported; and use of one of three cutoffs of BMI (body mass index) percentile as their definition of obesity. Arenz et al.²⁹ included just nine studies, all published between 1997 and 2003.

Owen et al.³⁰ excluded duplicate reports of results but did not require an adjusted OR or control for covariates. They allowed any definition of overweight or obesity and included historical cohort, prospective cohort, cross-sectional, and case-control study designs. They also



Research to Practice Series, No. 4

July 2007

National Center for Chronic Disease Prevention and Health Promotion
Division of Nutrition and Physical Activity



Does the association of breastfeeding with pediatric overweight diminish as the child gets older?

Studies suggest that the protection against overweight from being initially breastfed rather than being given formula may persist into the teenage years and adulthood. Among the 28 studies in the Owen et al.³⁰ review, the unadjusted OR for obesity among those who were breastfed was 0.50 for infants (95% CI=0.26, 0.94); 0.90 for young children (95% CI= 0.87, 0.92); 0.66 for older children (95% CI=0.60, 0.72); and 0.80 for adults (95% CI=0.71, 0.91). For adults, however, Owen et al.³⁰ were able to include only two studies.^{36,42} In brief, the association between breastfeeding and overweight appears to remain with increasing age of the child.

In conclusion, breastfeeding is associated with a reduced odds of pediatric overweight; it also appears to have an inverse dose-response association with overweight (longer duration, less chance of overweight). While more research is needed, exclusive breastfeeding appears to have a stronger effect than combined breast and formula feeding, and the inverse association between breastfeeding and overweight appears to remain with increasing age of the child. The three meta-analyses reported in these review articles²⁹⁻³¹ suggest a 15% to 30% reduction in odds of overweight from breastfeeding. These results lead to the question: Why does breastfeeding result in a reduced risk of pediatric overweight?

Why might breastfeeding be associated with reduced risk of pediatric overweight?

There are several possible explanations for why breastfeeding appears to reduce the risk for overweight, but conclusive evidence is not yet available. The studies presented in this brief are limited in that they are based on observational studies and cannot demonstrate causality. One possible explanation for why the literature indicates that breastfeeding reduces the risk of overweight is that the findings are not true but instead are the result of confounding. It may be that mothers who breastfeed choose a healthier lifestyle, including a healthy diet and adequate physical activity for themselves and their children. This healthier lifestyle could result in a spurious relationship between breastfeeding and reduced risk of overweight. The results of Arenz et al.²⁹ and Owen et al.,³⁰ however, suggest a true relationship between breastfeeding and reduced risk of overweight, because after adjusting for potential confounding variables, significant inverse associations remained. For example, Arenz et al.²⁹ reported a significant adjusted OR of 0.78 (95% CI: 0.71, 0.85) among nine studies that adjusted for at least three of the following confounding or

interacting factors: birth weight, parental overweight, parental smoking, dietary factors, physical activity, and socioeconomic status/parental education. Similarly, when Owen et al.³⁰ conducted a subanalysis of six studies that controlled for possible lifestyle confounders, the significant inverse association between breastfeeding and pediatric overweight remained, but it was smaller than in the unadjusted analysis. While randomized clinical trials are required to adequately test this relationship, it is unethical to randomize infants to a group with no breastfeeding because of breastfeeding's known health benefits.

There are several biological mechanisms by which breastfeeding may reduce the risk of overweight. First, because breastfed infants control the amount of milk they consume, their self-regulation of energy intake, which involves their responding to internal hunger and cues that they are full, may be better than that of bottle fed infants, who may be encouraged by external cues to finish a feeding.⁴⁵

A second possibility pertains to insulin concentrations in the blood, which vary by feeding mode. Formula-fed infants have higher plasma insulin concentrations and a more prolonged insulin response.⁴⁶ Higher insulin concentrations stimulate more deposition of fat tissue, which in turn increases weight gain, obesity, and risk of type 2 diabetes.⁴⁷ Also, the high protein intake of formula-fed infants may stimulate the secretion of insulin.⁴⁸ A third possibility is that concentrations of leptin (the hormone that is thought to inhibit appetite and control body fatness) may be influenced by breastfeeding. One study found that after controlling for confounding variables such as BMI, children who had the highest intake of breast milk early in life had more favorable leptin concentrations relative to their fat mass.⁴⁹ In conclusion, there are several potential explanations for why breastfeeding appears to reduce the risk for overweight, but more research is needed in this area.



must be significant, such as a Cochrane systematic review concluding effectiveness of an intervention. The Cochrane Library is a comprehensive collection of up-to-date information on the effects of health care interventions. In the second category the evidence is limited, such as no systematic review or an intervention that is not found to be effective standing alone but has been evaluated when included as a component of an effective multifaceted intervention.

EVIDENCE-BASED INTERVENTIONS

The six interventions with evidence of effectiveness are:

- Maternity care practices
- Support for breastfeeding in the workplace
- Peer support
- Educating mothers
- Professional support
- Media and social marketing

Maternity Care Practices

Maternity care practices refer to the events immediately before, during, and after labor and delivery that take place in the hospital or other birthing facility.

Experiences and practices during the first hours and days of life are influential in how likely breastfeeding is to be initiated, and they also influence feeding practices after mother and child leave the hospital. Therefore, it is essential that breastfeeding be supported during this time through established policies and practices within the medical facility. There is significant evidence that making changes in maternity care at the institutional level can increase rates of breastfeeding initiation and lengthen its duration. Some ideas for improving maternity care practices include:

- Pay for training for hospital staff on breastfeeding, especially in hospitals serving low-income families.
- Examine and evaluate current policies and regulations in maternity care facilities; update if necessary.
- Establish links between maternity facilities and networks in the community that support breastfeeding.
- Sponsor a meeting of key decision makers at maternity care facilities to highlight the importance of evidence-based breastfeeding practices.
- Implement a program within a facility using incremental change – choose one practice that needs to be changed and work toward adjusting it to be evidence based and supportive of breastfeeding.

Support for Breastfeeding in the Workplace

Working outside the home or working full-time is associated with lower rates of breastfeeding initiation

and shorter duration. Because the majority of new mothers work full-time, and as they often return to work within a few months of childbirth, it is important that the workplace environment be supportive of breastfeeding. Research supports the effectiveness

of lactation support programs at the workplace in promoting breastfeeding. Some ideas for encouraging support at the workplace are as follows:

- Provide educational materials to employers outlining the benefits (to both employees and employers) of a supportive work environment for breastfeeding.
- Establish a model program for lactation support in your state health department or organization.
- Promote legislation to mandate or incentivize programs at the work site that support lactation.
- Create recognition programs for employers who support their breastfeeding employees.

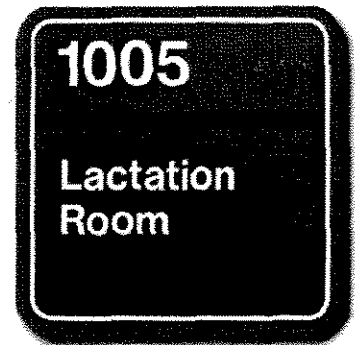
Peer Support

Women tend to rely on their social networks, especially their friends and other mothers, for advice on rearing children. Peer support programs train women who are currently breastfeeding or have breastfed in the past to counsel other women. These programs have been shown to be effective, both on their own and as part of a larger program, in increasing the initiation and duration of breastfeeding. Here are some ideas for implementing peer support programs:

- Fund one full-time position in the state to coordinate peer counseling services for women not eligible for WIC (Special Supplemental Nutrition Program for Women, Infants and Children).
- Create or expand the coverage of peer counseling programs within WIC. Improve the quality of existing peer counseling programs by increasing contact hours, enhancing training, and initiating prenatal visits earlier.
- Use an International Board Certified Lactation Consultant (IBCLC) to support and supervise peer counselors.

Educating Mothers

Although many women have an understanding of the benefits associated with breastfeeding, most new mothers do not have information or knowledge about the actual act of breastfeeding an infant. Research supports the idea that educating pregnant women and new mothers



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Does breastfeeding reduce the risk of pediatric overweight?
Atlanta: Centers for Disease Control and Prevention, 2007.*

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The BUSINESS CASE for BREASTFEEDING

STEPS FOR CREATING A BREASTFEEDING FRIENDLY WORKSITE

RESOURCE GUIDE



International Board of Lactation Consultant Examiners

Information on the credential and ways a lactation consultant can help families with breastfeeding. Includes a U.S. registry of credentialed lactation consultants.
www.iblce.org/

International Lactation Consultant Association

Distributes the World Health Organization's "Maternity Protection at Work Kit" and provides a complete list of available resources to support working mothers with breastfeeding.
www.ilca.org/

La Leche League International

Complete state-by-state listing of legislation regarding breastfeeding, including laws supporting working women and helpful resources.
www.lalecheleague.org/Law/LawUS.html?m=0,1,0/

National Business Group on Health

Advises large employers on healthcare including lactation support to employees. Downloadable resources include the "Breastfeeding Support at the Workplace: Best Practices to Promote Health and Productivity."
www.businessgrouphealth.org/prevention/breastfeeding_workplace.cfm/

United States Breastfeeding Committee

Provides downloadable "issue papers" on the cost benefits of breastfeeding, and the importance of worksite and childcare support programs.
www.usbreastfeeding.org/

State and Local Organizations

California WIC Works

Resources for employers, and information regarding California's working and breastfeeding legislation.
www.wicworks.ca.gov/breastfeeding/BFResources.html/

Oregon Department of Human Services

Provides a packet of materials for employers, including Oregon's DHS worksite policy and recognition program for breastfeeding-friendly worksites.
www.ohd.hr.state.or.us/bf/working.cfm/

Texas Mother-Friendly Worksite Program

Outlines steps to a mother-friendly business environment, and designates/recognizes Texas companies that meet the established criteria.
www.dshs.state.tx.us/wichd/lactate/mother.shtm/

The Breastfeeding Coalition of Washington

(a program of WithinReach, formerly Healthy Mothers, Healthy Babies Coalition of Washington State)
Provides free materials in English and Spanish that employers can download and use in establishing a worksite lactation program.
www.withinreachwa.org/forprof/materials/BCW_packet.htm/

In addition to these groups, check the Web site of your State or local breastfeeding coalition, or lactation consultant affiliate group (www.ilca.org/). Many of these groups provide helpful web-based articles of interest to employers interested in supporting breastfeeding employees. A few examples:

Breastfeeding Task Force of Greater Los Angeles

www.breastfeedingtaskforla.org/

Massachusetts Breastfeeding Coalition

www.massbfc.org/

Wisconsin Department of Health

dhfs.wisconsin.gov/health/Nutrition/Breastfeeding/bffriendlycomm.htm/

RESOURCES FOR MOTHERS - MATERIALS
U.S. Government Organizations

U.S. Department of Health and Human Services/Office on Women's Health

Downloadable information sheets on breastfeeding. Toll-free telephone information line also available (800-994-9662), staffed by operators who are trained peer counselors. "Easy Guide to Breastfeeding" booklets are available for five different audience groups of women (Caucasian, African American, American Indian and Alaska Native, Chinese, and Latina) and are available as a free download.
www.womenshealth.gov/

Breast Pump Manufacturers

Examples of manufacturers that produce industrial-sized, hospital-grade electric pumps, portable electric breast pumps, and other breastfeeding equipment and supplies:

**Ameda Breastfeeding Products,
Hollister Incorporated**
2000 Hollister Drive
Libertyville, IL 60048-3781
866-99-AMEDA
800-624-5369
www.ameda.com/

Medela, Incorporated
1101 Corporate Dr.
McHenry, IL 60050
800-435-8316
www.medela.com/

Whittlestone
P.O. Box 2237
Antioch, CA 94531
877-608-MILK
707-748-4188
www.whittlestone.com/

Local distributors of breast pumps can be identified through medical supply outlets or the hospital lactation department. Your local hospital can also give information on suppliers of other types of breast pumps that might be appropriate for employed breastfeeding women.

OTHER IMPORTANT INFORMATION

Academy of Breastfeeding Medicine
www.bfmed.org/

American Academy of Pediatrics
www.aap.org/

American Academy of Family Physicians
www.aafp.org/

**American College of Obstetrics and
Gynecologists**
www.acog.org/

**Association of Women's Health, Obstetric
and Neonatal Nurses (AWHONN)**
www.awhonn.org/

National Alliance of Breastfeeding Advocacy
www.naba-breastfeeding.org/

**National Association of Pediatric Nurse
Practitioners**
www.napnap.org/

World Alliance for Breastfeeding Action
www.waba.org.my/

These lists of organizations and manufacturers are provided as examples only. Mention of trade names, commercial practices, or organizations in this publication does not imply endorsement by the U.S. Department of Health and Human Services or the U.S. Government.



How do you feel these same components impact the operation of your department?

Program Components	Positive Impact 3	No Impact Observed 2	Negative Impact 1
Availability of a lactation room for milk expression			
Opportunity to breastfeed baby at work			
Flexible milk expression breaks			
Flexible return to work policy (ex: part-time, job sharing, telecommuting, etc.)			
Worksite education opportunities such as prenatal classes and monthly support groups			
Other:			

Please describe what you feel works BEST about the company's lactation support program.

Please describe what may NOT be working well about the company's lactation support program.

What suggestions or ideas do you feel would help improve the program?

Other comments: _____

Milk Expression Room	Extremely Valuable 5	Valuable 4	Somewhat Helpful 3	Not Helpful 2	Did not Participate 1
Company designated lactation room					
Private office					
Other location: (please indicate)					
Breastfed baby at work					

Milk Storage	Extremely Valuable 5	Valuable 4	Somewhat Helpful 3	Not Helpful 2	Did not Participate 1
Company designated refrigerator					
Public shared refrigerator					
Personal Cooler					

Breast Pump Equipment	Extremely Valuable 5	Valuable 4	Somewhat Helpful 3	Not Helpful 2	Did not Participate 1
Company provided/subsidized breast pump					
Personal breast pump at home or work					

Which lactation support services did you find most helpful?

What worksite challenges made it difficult to reach your infant feeding goals?

What recommendations do you feel the company should consider to further improve the program?

If you marked "Did not Participate" for any of the answers above, please record your reason for not participating:

Other comments:

Month 3

Strategy Planning

- Convene a stakeholders meeting with diverse departmental representatives to discuss results of data collected, and to review options for:
 - Milk expression break policies
 - Constructing, renovating, or converting a designated space in the company into one or more lactation rooms
 - Breast pump equipment
 - Storage and handling of human milk
 - Gaining buy-in from other employees

- Establish a mechanism for gathering baseline data that could be used as a comparison for tracking program success.

Month 4

Program Development

- Present program strategy to management and appropriate departments to gain approvals and buy-in.

- Assign a task force to begin program development.

- Begin development of a company-wide breastfeeding support policy.

- Process contracts and purchase orders required for program components, including:
 - Facilities contractors
 - Breast pumps
 - Amenities for the lactation room
 - Lactation consultation services
 - Educational and promotional materials

- Complete physical improvements for a lactation room.

Month 4-5

Program Implementation

- Plan a coordinated approach to announce and promote the program.

- Inform department heads and supervisors about the program.

- Provide a brief training orientation about the program with current employees.

Lactation Program Assessment Form

Human Resources	
Number of employed women of childbearing age (16-44)	
Percent of female employees employed full-time	
Number of male employees ages 16-44	
Number of pregnancies among employees annually	
Breastfeeding rates of employees (if known)	
Current turnover rate among women who take maternity leave	
Current rates of absenteeism among new mothers and fathers	
Company Policies	
What existing policies provide support services for breastfeeding employees?	
What is the company's maternity leave policy? Does the company provide FMLA or Disability Insurance for maternity leave?	
What policies allow for a gradual return to work following maternity leave? <ul style="list-style-type: none"> <input type="checkbox"/> Part-time employment <input type="checkbox"/> Job-sharing <input type="checkbox"/> Telecommuting <input type="checkbox"/> Flextime <input type="checkbox"/> Other _____ 	

<p>Where do employees currently store breast milk that they express during the work hours?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Employee provided cooler pack <input type="checkbox"/> Company provided cooler pack <input type="checkbox"/> Small refrigerator designated for breast milk storage <input type="checkbox"/> Public shared refrigerator <input type="checkbox"/> Unknown
<p>What educational materials are currently available for pregnant and breastfeeding employees?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Prenatal/postpartum classes <input type="checkbox"/> Pamphlets <input type="checkbox"/> Books <input type="checkbox"/> Videos <input type="checkbox"/> Company Web site <input type="checkbox"/> Information about community resources <input type="checkbox"/> Other _____
<p>What community resources are available to assist in developing a lactation support program and/or to provide direct services to breastfeeding employees?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Hospital or private clinic nurses <input type="checkbox"/> Lactation consultants at the hospital or in private practice <input type="checkbox"/> WIC program <input type="checkbox"/> La Leche League group <input type="checkbox"/> Local breastfeeding coalition <input type="checkbox"/> Other groups
<p>What in-house promotion options are available?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Company newsletter <input type="checkbox"/> Memos/emails <input type="checkbox"/> Company Web site <input type="checkbox"/> Employee health fair <input type="checkbox"/> Other _____

- **Education**

Prenatal and postpartum breastfeeding classes and informational materials are available for all mothers and fathers, as well as their partners.

- **Staff Support**

Supervisors are responsible for alerting pregnant and breastfeeding employees about the company's worksite lactation support program, and for negotiating policies and practices that will help facilitate each employee's infant feeding goals. It is expected that all employees will assist in providing a positive atmosphere of support for breastfeeding employees.

[List other components specific to your company's program]

Employee Responsibilities

- **Communication with Supervisors**

Employees who wish to express milk during the work period shall keep supervisors informed of their needs so that appropriate accommodations can be made to satisfy the needs of both the employee and the company.

- **Maintenance of Milk Expression Areas**

Breastfeeding employees are responsible for keeping milk expression areas clean, using anti-microbial wipes to clean the pump and area around it. Employees are also responsible for keeping the general lactation room clean for the next user. This responsibility extends to both designated milk expression areas, as well as other areas where expressing milk will occur.

- **Milk Storage**

Employees should label all milk expressed with their name and date collected so it is not inadvertently confused with another employee's milk. Each employee is responsible for proper storage of her milk using [*company provided refrigerator/personal storage coolers*].

- **Use of Break Times to Express Milk**

When more than one breastfeeding employee needs to use the designated lactation room, employees can use the sign-in log provided in the room to negotiate milk expression times that are most convenient or best meet their needs.



INSIDE THIS BOOKLET

Steps to Support	1
Getting Started.	2
Merging Work Requirements with Employee Needs	5
Program Options	
Privacy during Milk Expression.	8
Flexible Breaks and Work Options	13
Education Resources.	13
Workplace Support	16
Promoting the Program	18
Evaluating the Program's Return on Investment (ROI)	18



Lactation programs of various companies described in this booklet and on the accompanying "Tool Kit" CD-ROM are used as examples of organizations with breastfeeding programs. Mention of trade names, commercial practices, or organizations in this publication does not imply endorsement by the U.S. Department of Health and Human Services or the U.S. Government.

GETTING STARTED



Executive Summary:

- Start small with a simple pilot program.
- Actively solicit input from employees to determine their needs and communicate the employers' interest in this topic.
- Gain buy-in from company stakeholders.
- Get help from available community resources.

Lactation support programs for employees can be tailored to fit the needs of your organization, and can be as simple or as elaborate as desired. Companies typically report that developing a program is easier than they had imagined.

A variety of models for breastfeeding support programs have been implemented in diverse workplace settings:

- One U.S. Army installation found a creative way to support breastfeeding soldiers who serve overseas by providing a breast pump and arranging for shipping of expressed milk back to the United States through next-day courier services (see *Madigan Army Medical Center in the "Employer Spotlight" section of the Tool Kit*).
- The corporate office of a California retail operation provides onsite childcare so that breastfeeding employees can breastfeed their children during the work day (see *Patagonia in the "Employer Spotlight" section of the Tool Kit*).
- Many companies provide designated lactation rooms for breastfeeding employees to express milk.
- Other companies allow employees to use a conference room or other designated area to breastfeed or express milk.

Program models are as varied as the companies themselves. A few simple guidelines, however, can be applied in most start-up situations.

1. Begin a Pilot Project

Most companies with successful lactation support programs recommend starting small with a simple pilot project that may grow as the needs of employees become more apparent. For example, a simple "no frills" milk expression area can be the start of a program that could later add other components such as education resources, flexible break options, lactation support, and additional lactation rooms or amenities. Most employers report that providing a simple, small space for milk expression takes little time and effort and reaps significant benefits in employee satisfaction and retention.

2. Gain Buy-In

Managers and front-line supervisors have a powerful role as partners with human resources in creating a supportive environment in the workplace. Assure team members that a breastfeeding-friendly environment in the workplace is cost-effective and that the nominal costs help the company achieve its business goals and support the goals of individual business units. *The Business Case for Breastfeeding* (available with this kit) provides clear evidence of the value of a lactation support program.

3. Assess the Need for a Program

Assessing the business environment can help with justification and support for a lactation support program and assist in the strategic planning process. Include such questions as:

- How many women are likely to be affected by a support program?
- What department should be responsible for program oversight?
- How should space be allocated for a lactation room?
- What resources are available to equip the lactation room?
- What program policies should be developed?
- What record keeping may be required by the company?
- What promotional venues are optimal for reaching potential program users, their colleagues and supervisors, and the general community?

A sample assessment is included in the *Tool Kit*.

4. Determine the Administrative Home for the Program

Most companies establish the administrative home for a lactation support program within the human resource division, dovetailing it comfortably with various department services and offerings such as:

- Employee health benefits platform...provides broad appeal and an opportunity to market the program as an important and valued employee benefit.

Potential Company Stakeholders	How They Contribute
Human Resource Specialist	<ul style="list-style-type: none"> ■ Understands employee needs and motivators ■ Knows how to integrate a new program within existing company programs and policies ■ Experienced at quantifying the ROI for programs ■ Assists with potential evaluation efforts as part of existing employee satisfaction surveys
Wellness Coordinator or Occupational Health Nurse	<ul style="list-style-type: none"> ■ Skilled in addressing health needs of employees ■ Can provide creative ideas and support for integrating the program into existing employee health services
Facilities Management	<ul style="list-style-type: none"> ■ Provides solutions for adapting or converting building space for use as lactation rooms ■ Provides expertise in planning future building projects which include space for lactation rooms ■ Knowledgeable about security, accessibility, housekeeping considerations, and equipment maintenance issues
Current and Previous Breastfeeding Employees	<ul style="list-style-type: none"> ■ Understand the needs and issues of breastfeeding women in their particular worksite situation ■ Employees from different staff levels and positions will provide the most useful guidance in creating a program that meets diverse needs
Representative staff from varied departments	<ul style="list-style-type: none"> ■ Can provide feedback on potential concerns that might arise from co-workers when the lactation support program is implemented
Pregnant Employees	<ul style="list-style-type: none"> ■ Can provide feedback on typical concerns about returning to work and sustaining lactation as well as messages that provide reassurance about the support they can expect from the company
Financial Advisor	<ul style="list-style-type: none"> ■ Provides guidance on current and future funding resources, and assists in resource allocation strategies
Public Relations	<ul style="list-style-type: none"> ■ Assists in promoting the program with potential users, colleagues, and supervisors ■ Promotes the program within the community as a valuable employee benefit
Supervisors	<ul style="list-style-type: none"> ■ Provide insight on merging needs of the business with employee concerns

Figure 1

employee education and a supportive environment can help ease these stresses and help mothers feel good about their decision to combine working and breastfeeding.

Lack of support. Lack of support and misconceptions about breastfeeding within families, workplaces, and the community create additional challenges. An environment where breastfeeding is accepted and supported will encourage women to meet their breastfeeding goals. Further, a workplace support program helps fathers and family members assist the new mother.

Making enough milk for baby. Many women worry about how being separated from their babies during employment will impact their ability to make enough milk. Although separation can indeed affect the amount of milk a mother makes, research shows that regular milk expression in a comfortable, relaxing environment can help women produce ample milk to nourish their babies. Many company lactation programs provide access to a lactation consultant, a staff nurse, or other health care professional to assist mothers with their ongoing questions about maintaining their milk supply. (See the "Education Resources" section of the Tool Kit for more

information about ways to access health professionals who can assist breastfeeding employees.)

Why Women Need to Express Milk

Milk production is a constant, ongoing process. Whenever the baby suckles and removes milk, the mother's body automatically makes more milk to replace it. The more often the baby feeds, the more milk the mother's body makes. If the baby does not take the milk directly, it must be regularly removed by hand or with an efficient breast pump about as often as the baby usually feeds; otherwise, the mother's breasts become overly full and uncomfortable. This can lead to an infection and ultimately a drop in her milk supply.

Most women who return to work easily sustain their milk supply and avoid the pressure and discomfort of becoming overly full by simply expressing their milk every 2 to 3 hours for around 15 minutes per session. After the baby is 6 months old and begins eating solid foods, the number of milk expression breaks usually begins to diminish. (See the "Deciding on Breast Pump Equipment" section on page 9 to learn more about types of breast pumps that a company can consider providing employees to help them efficiently remove milk.)



PROGRAM OPTIONS



Executive Summary:

- Employees value a private area to express milk comfortably.
- A lactation room can be as small as 4' x 5' and as simple or elaborate as desired.
- Companies can choose from many options to furnish the lactation room and provide appropriate milk expression equipment.
- Mothers need to express milk around 2 to 3 times during the work day for approximately 15 minutes per session.
- Access to educational materials, lactation help, and mother-to-mother support is highly valued by employees.

Privacy During Milk Expression

Of utmost importance to a breastfeeding employee when she returns to work is a location to comfortably and safely express milk during the workday. A safe environment helps a woman physiologically relax for more efficient milk removal. The reality is that many employees today work in open areas or cubicles that are not private. Simple lactation rooms can be created out of little used areas within existing building space. These rooms can be as simple or elaborate as desired. (See Figure 4 "Lactation Room Options" on page 11.) The nominal cost is usually a one-time expenditure (other than costs involved with standard maintenance), and the return on investment is continuous since multiple breastfeeding women can make use of the facility over a long period of time.

Allocating Space

The amount of space needed for a lactation room is minimal. It does not require a full-sized office. The size can be as small as 4' x 5' to accommodate a comfortable chair and a small table or shelf for a breast pump.

Ideally, assign a space that already provides an electrical outlet, can be locked from the inside, and is near a source of both hot and cold water for washing hands, pump attachments, and milk collection containers. Since installing plumbing can be expensive, consider finding little used spaces near a women's restroom, employee lounge, or other area where a sink is available.

Breastfeeding employees should never be expected to express milk in a restroom! Restrooms are unsanitary, usually lack appropriate electrical connections, and do not provide a place to comfortably operate a breast pump.

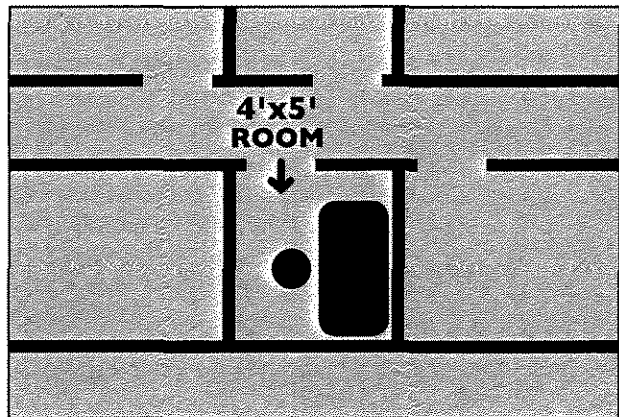


Figure 2

The architectural drawing in Figure 2 is one example of how to set up a lactation room. Space options include:

- A little used existing office space or other room;
- A clean, infrequently used closet or small storage area;
- Sectioning off a small corner of a room with either permanent walls or portable partitions;
- A walled off corner of a lounge adjacent to the women's restroom; and
- Adapting a "small unused space" that is not utilized well for other needs.

If space is not available, consider allowing employees to express milk in a conference room, a vacant office, a storeroom, or dressing room. For companies with few female employees, using locked office space is an option.

Involve facilities management staff and at least one breastfeeding employee experienced in milk expression as you examine options. This will increase awareness of the importance of allocating space for lactation rooms in future building renovations or additions.

Portable electric breast pump

Portable electric breast pumps are valued by many working mothers because they are light enough to transport to and from work, and can be conveniently used to express milk both at work and at home. The portable electric pumps are often packaged in a discreet business-like carrying case that includes a personal cooler for safely storing the milk collected throughout the day, a milk collection kit, and storage containers for the milk. Because portable electric pumps are designed for personal use, they cannot be safely shared with other women for sanitary reasons. Some businesses choose to provide portable pumps as an employee health benefit; others subsidize the cost of the pump.

Cost:

Portable electric breast pump purchase: \$165-\$350 each (may be less with some companies depending on whether a tote or other amenities are included)

See Figure 3 on page 9 for an example of annual capital outlay for breast pump equipment in a company with 20 breastfeeding employees per year.*

Storing Human Milk

Because of the unique antibacterial properties in human milk, breast milk can be safely stored in a refrigerator or personal cooler. Employees should discuss options for storing their milk with their supervisors. These include:

- The mother can elect to use her own personal cooler
- The company can provide a small cooler (or provide the portable electric pump which includes a cooler)
- The company can provide a small "college dorm room" sized refrigerator in or near the lactation room

Milk can also be safely stored in a standard refrigerator at 32-39°F for up to 48 hours, and in the refrigerator freezer at 0°F or below for up to 3 months. The Federal Occupational Safety and Health Administration's (OSHA) interpretation of regulation 29 CFR 1910.1030 states that breast milk is not an "occupational exposure." (See U.S. Dept. of Labor, OSHA's Standard No. 1910.1030, available at: http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=INTERPRETATIONS&p_id=20952.)

Most women are more comfortable keeping their milk in a safer, more private place than a public shared refrigerator. Occasionally colleagues may not be comfortable with milk

stored in a shared refrigerator. Employers should respect the needs of all employees.

Breast milk should always be labeled with the employee's name and the date it was collected. Employees take responsibility for storing their own milk and taking it home at the end of each work period to give to childcare providers.

Room Amenities

The lactation room amenities can be as simple or elaborate as desired based on company resources and needs of the employees. Some companies begin with a very simple room and basic furnishings and expand amenities as needs grow. (See Figure 4 on page 11.)

Scheduling Room Usage

If large numbers of breastfeeding employees will use the room, companies may want to consider scheduling room usage. A variety of methods can be used:

- Electronic sign-in...a computerized room schedule that allows employees to log in their preferred pumping times daily or weekly.
- Schedule sign-in sheet or dry-erase board kept in the room or by the person who has the key to the room.
- E-mail notices sent to employees who are using the room.
- First-come, first-served basis, with an "Occupied" sign outside the door (this is effective if there are only a few women needing the room).

The lactation room should be kept locked between uses to safeguard equipment, supplies, and milk that may be stored in a refrigerator. Many companies issue a key to each mother enrolled in the lactation support program. Keys can also be retained by the program coordinator, staff nurse, or other designated individual and checked out by mothers as needed.

Cleaning the Room

Lactation program policies should stipulate that individual users take responsibility for keeping the room clean. Disinfectant, anti-microbial wipes, or spray should be provided so that each user can clean the outside of the pump and the area around the pump when she is finished. Wastebasket contents should be removed daily. If your company does not provide a cleaning crew, consider a schedule that assigns users to conduct routine inspection and cleaning of the room. Many companies provide general maintenance oversight of the room within their administrative services department.

EMPLOYER SPOTLIGHT

U.S. Department of Defense/The Pentagon
Washington, D.C.

“The lactation rooms are smart and professional. The Pentagon is a very male dominated environment, and having somewhere to go not only to pump, but also to talk about babies and motherhood with other employees, has been quite helpful.”

Pentagon Employee



The Pentagon, headquarters of the United States Department of Defense, is a virtual city in itself, with more than 23,000 military and civilian staff. It also houses a highly regarded successful corporate lactation program as part of its employee work-life program.

Despite the enormous size of the Pentagon (with three times the floor space of the Empire State Building and 17.5 miles of corridors!) and predominantly male workforce, the typical lactation support program components used by most companies also work well here. These components include private, comfortable space and leave time to express milk, a refrigerator to store milk, and breastfeeding education and support. Access to the lactation rooms is not a problem; despite the vast size of the Pentagon, it takes no more than 7 minutes to walk between any two points in the building. If usage is an indicator of success, the Pentagon proudly reports a usage average of 667 visits to the rooms per month.

Program Components:

Private Area to Express Milk:

Two Nursing Mothers' Rooms accommodating multiple users through curtained or walled-off areas. Each room provides a refrigerator, sink, an area to store breast pump equipment, and comfortable chairs and tables. Rooms are secured with punch code locks.

Breastfeeding Equipment:

The company provides a hospital-grade electric breast pump; employee purchases her own accessory kit.

Milk Expression Scheduling:

Employees work with individual supervisors to arrange leave time for milk expression.

Education:

Educational materials on breastfeeding.

Support:

Mother-to-mother support in the multiple-user room set-up.

Contact:

Nurse Educator for DiLorenzo Tri-Care Clinic
Corridor 8, Room MG 886A4
5801 Army Pentagon
Washington, D.C. 20310-5801
703.692.8898

This will in no way be used to sell a product or service.



Prenatal Education

Prenatal classes for both mothers and fathers can be provided during the lunch break to educate families about infant feeding options and the breastfeeding support they can expect in their workplace. Even in companies with predominantly male employees, classes for both expectant fathers and their pregnant partners are a valued health benefit that can result in higher rates of breastfeeding.

Brown-bag "lunch and learns" can be taught by a staff nurse, an International Board Certified Lactation Consultant (IBCLC) from the community, a WIC breastfeeding coordinator or nutritionist, a local La Leche League Leader, or other health professional from a hospital or doctor's office. A local breastfeeding coalition can also provide names of qualified instructors. (See "Resource Guide" section in the Tool Kit for sources of instructors.)

Topics for classes often include reasons to breastfeed, basic breastfeeding techniques, and tips for balancing work and breastfeeding, along with proper procedures for expressing and storing human milk.

Another option for education is to allow employees to take leave to attend classes available in the community. Classes are often available through local hospitals, private health clinics, WIC, La Leche League, or local breastfeeding groups.

In addition to classes, many companies provide pamphlets, books, and videos for pregnant employees. (See the "Resource Guide" section in the Tool Kit for respected sources of free and low-cost materials and downloadable resources for mothers.) Some companies include a breastfeeding



page on their company Web site with downloadable resources and Frequently Asked Questions about working and breastfeeding.

Postpartum Lactation Counseling

Research has shown that lactation support by a qualified expert helps women continue breastfeeding longer, which contributes to the company's ROI. Postpartum lactation support services often include one-on-one assistance in the hospital or at home to help mothers get breastfeeding off to a good start while mothers and babies are learning.

Some mothers' insurance companies will pay for up to two visits with an International Board Certified Lactation Consultant (IBCLC). The company benefits coordinator can inform the mother to check with her insurance to see if lactation consults or breast pumps are included health benefits.

Some corporate lactation programs contract with an IBCLC or other health professional to provide lactation support.

Education Options		
<p>Basic Services</p> <p>Education Company makes pregnancy and breastfeeding pamphlets, books, and videos available</p> <p>Lactation Consultations Company provides mothers with names of lactation consultants and other resources in the community</p>	<p>Even Better</p> <p>Company offers classes on pregnancy and breastfeeding during the lunch hour</p> <p>Company contracts with an IBCLC or other lactation expert to assist employees with their questions or concerns</p>	<p>State of the Art</p> <p>Education is available for dads as well as partners of male employees</p> <p>Contract lactation expert services are also available for female partners of male employees</p>

Figure 6

Employer Spotlight | CIGNA continued from page 15

Program Impact:

- Annual savings of \$240,000 in health care expenses for breastfeeding mothers and children
- 77 percent reduction in lost work time due to infant illness, with annual savings of \$60,000
- Lower pharmacy costs due to 62 percent fewer prescriptions
- Increased breastfeeding rates – 72.5 percent at 6 months compared to national average of 21.1 percent for employed mothers
- Recognized as a Workplace Model of Excellence by the National Healthy Mothers/ Healthy Babies Coalition

- A formal study conducted by the UCLA Centers for Healthy Children found that the program enabled mothers to efficiently express breast milk without impacting workplace productivity, and did indeed result in substantial cost savings to the company. The program also accomplished its goal of improving breastfeeding rates, which are now significantly higher than the national average.

Contact:

Director, Employee Health
CIGNA Corporation
1601 Chestnut St., TL 37B
Philadelphia, PA 19192
215.761.3921

They may also inform employees about lactation consultants in the community, hospital or private clinic nurses, the WIC Program, La Leche League breastfeeding counselors, 24-hour breastfeeding hotlines, and support groups that can help women deal with early challenges of breastfeeding. (See the "Resource Guide" Section in the Tool Kit for ways to contact qualified groups.)

Back to Work Education

The company contract with an IBCLC or other health professional often includes a personalized "Back to Work Consult" as a company health benefit. This consult can help mothers make the transition back to work, assist with using a breast pump, and answer common questions. This session includes specific information tailored to the employee's unique situation, including:

- Setting up a milk expression schedule at home and work to fit her unique job situation;
- Identifying places to express milk at work;
- Effective techniques for milk expression;
- Storing and handling human milk specific to the employee's situation;
- Maintaining and building milk supply;
- Talking with the supervisor about her needs; and
- Adjusting to the physical and emotional needs of returning to work.

Ongoing Education

The company contract with a lactation consultant can also include ongoing access to a lactation consultant to

help employees address the challenges of maintaining and building their milk supply while continuing to work, and as babies grow. A resource library of materials on working and breastfeeding can be a valuable asset for employees. (A list of potential resources is available in the "Resource Guide" Section in the Toolkit.)

Workplace Support

Nearly all breastfeeding employees report that what they value most about their company's lactation program is company support, including verbal and written support from supervisors, colleagues, and other breastfeeding employees. Although a written worksite policy can help ensure supportive practices, many companies do not have written policies but have excellent lactation support programs that are highly valued by employees.

Support from Supervisors

Employees appreciate the verbal support they receive and the tangible results of that support in the form of policies, programs, and facilities that support regular milk expression at the workplace. This support can be enhanced in a variety of ways:

- Incorporate information about the basic needs of breastfeeding employees in established company training programs for managers and supervisors.
- Establish program policies that recognize the needs of breastfeeding employees in the workplace. (See a sample policy in the Tool Kit portion of the CD.)

PROMOTING THE PROGRAM

Once the program is in place it should be widely promoted with potential users (both breastfeeding employees and male employees whose partners may be pregnant), as well as colleagues, supervisors, and managers. Promotion builds interest and needed support for the program. Promoting the program outside the company also helps improve the company's positive image within the community.

Some companies believe that integrating it with existing work-life programs provides a ready-made avenue for internal promotion because it can be integrated in the widespread promotion of other programs. However, there are many other ways to build interest, including:

- Employee wellness or health fairs;
- Staff meetings;

- Open-house for the lactation room (serve refreshments and invite the media!);
- Articles in internal print or web-based newsletters;
- Outreach tables set up in prominent areas, with lactation consultants from the program on hand to answer questions and distribute materials to employees;
- Promotional packets for pregnant employees and partners;
- Word of mouth;
- "Lunch and Learn" sessions;
- Baby shower for expectant employees and partners;
- Posters and bulletin board displays;
- Employee health benefits mailings;
- Company-wide mailing or e-mail; and
- Paycheck stuffers promoting the program.



EVALUATING THE PROGRAM'S ROI

Collecting simple feedback about the value of the program can help quantify the Return on Investment. This data can be useful in securing ongoing funding and support for the program.

Simple Process Evaluation

Begin with a simple process evaluation to obtain feedback from women who utilize the program to aid in ongoing program improvement. Options include:

Usage Logs – A record kept in the lactation room for users to record the hours the room is in use and to communicate any needs that may arise. Usage logs are valuable in demonstrating use and determining the need for additional rooms.

Lactation Support Program Exit Surveys

– These provide feedback from the women who benefited from the program regarding what they valued most and recommendations for improving the program. Feedback forms are included on the CD.

Standard Employee Satisfaction

Surveys – These include questions pertaining to

the lactation support program. Typical questions measure satisfaction with the lactation room accommodations, availability of the room when needed, willingness of supervisors to provide needed flexibility for milk expression breaks, and usefulness of resources or materials, as well as length of time the employee breastfed. If the company program is provided for partners of male employees, as well, they should be included in the employee satisfaction survey, even if they are only participating in some of the services.

Standard Co-Worker Satisfaction

Surveys – A survey of co-workers can provide insight into how well the program is being accepted, and what concerns might need to be addressed.

Other Helpful Data

It may also be helpful for the company to collect simple data to track the progress of the lactation support program. This can include collecting information on rates of absenteeism, turnover, health care costs, and breastfeeding duration among employees utilizing the program.



Easy Steps to Supporting Breastfeeding Employees

Published in 2008 by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau.

"...HRSA, the lead U.S. Department of Health and Human Services Agency for improving access to health care for underserved and vulnerable individuals..."

This booklet was produced under contract for the U.S. Department of Health and Human Services, Health Resources and Services Administration by Every Mother, Inc. and Rich Winter Design and Multimedia.

This booklet is available during 2008 at www.mchb.hrsa.gov/pregnancyandbeyond
Print copies can be obtained from the HRSA Information Center 1-888-Ask-HRSA

THE BUSINESS CASE FOR BREASTFEEDING

Companies successful at retaining valued employees after childbirth find that two components can make the difference: providing dedicated space for milk as well as a 50% breastfeeding employee to express milk in privacy, and providing workplace lactation support.

The payoff is significant: more satisfied, loyal employees and cost savings to the business. These savings are seen in such areas as:

- Retention of experienced employees;
- Reduction in sick time taken by both women and their children; illnesses and higher product than from common childhood illnesses, infections, and germs; and
- Lower health care and insurance costs.

This business provides business executives and managers, as well as human resource managers, with the business case for breastfeeding. Now supporting breastfeeding employees contributes to their company's return on investment (ROI).



THE RETURN ON INVESTMENT

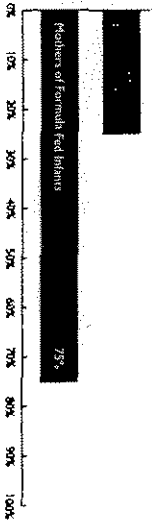
Supporting your breastfeeding employees saves money. Here's how:

1. Breastfeeding employees miss work less often

That's because breastfed infants are healthier! Humans with healthy infant immune systems and higher product than from common childhood illnesses, infections, and germs. For babies in children's settings where they are exposed to a multitude of germs and viruses, breast milk provides even greater protection. Mothers and fathers of breastfed infants typically spend more time at work rather than taking leave to care for sick children.

- **Business Savings**
- One-day absence to care for sick children occur more than twice as often for mothers of formula feeding infants!

Percentage of Infant Illnesses
Requiring 1-Day Maternal Absence from Work!



2. Breastfeeding lowers health care costs

The reduced health care costs for breastfed infants translate into lower medical insurance claims for businesses. Babies who are not breastfed visit the physician more often, spend more time in the hospital, and require more prescriptions than breastfed infants. One study found that for every 1,000 babies not breastfed, there were 2,093 extra physician visits, 212 extra hospitalizations days, and 609 extra prescriptions for these babies alone - not employees, and gastrointestinal infections. This does not include the cost of respiratory infection, cancer, which are reduced when a mother breastfeeds, or neonatal diseases such as pre-eclampsia (blood cancer), which are reduced when a mother breastfeeds.



3. Investing in a workplace lactation support program can yield substantial dividends to the company

Companies of all types have found that implementing a lactation support program can have a positive impact on their bottom line. Just a few of these important dividends include lower turnover rates, additional health care savings, higher productivity and loyalty, and positive public relations.

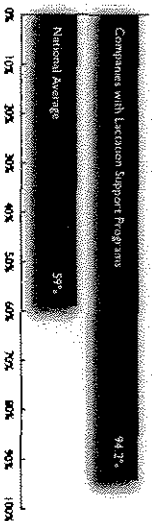
Lower Turnover Rates

Employees are more likely to return to work after childbirth when their workplace provides a supportive environment for continued breastfeeding. Being able to have supervised employees after childbirth means lowering or eliminating the costs a company otherwise would incur to hire temporary staff or re-train, hire, and train replacement staff, both of which involve additional lost revenue while getting these new staff up to speed.

Business Savings

- Mutual of Omaha's lactation support program led to a retention rate of 89 percent of their maternity workforce compared to the national average of only 79 percent.
- Another study of several companies with lactation programs showed a retention rate of 94.2 percent.
- A New Zealand study estimated \$75,000 in savings for each employee who returns to work after maternity leave.

Retention Rate for Employees
of Companies with Lactation Support Programs



Additional Health Care Savings

Companies that provide comprehensive on-site lactation support programs enjoy additional health care cost savings. That's because these programs encourage employees to breastfeed longer and to breastfeed exclusively to 6 months (the recommendation of the American Academy of Pediatrics) which provides the greatest health advantages for breastfeeding employees and their infants. When programs include prenatal education to help improve birth outcomes, the savings are even greater.



Business Savings

- Mutual of Omaha found that health care costs for members are three times lower for babies whose mothers participated in their company's maternity and lactation program. The person health care costs were \$2,146 lower for employees who did not participate in the program, with a yearly savings of \$115,881 in health care claims for the breastfeeding mothers and babies.

Higher Productivity and Loyalty

Employees whose companies provide breastfeeding support consistently report improved morale, better satisfaction with their jobs, and higher productivity. They also feel the support saves their commission, sales to work and enables them to return from maternity leave sooner.

Business Savings

- Although 80 percent of its employees are male, the Los Angeles Department of Water and Power found that a lactation support program for mothers, fathers, and partners of male employees made a dramatic difference in reducing turnover and absenteeism rates for both male and female workers. They also found that 83 percent of employees were more positive about the company as a result of the program, and 67 percent intended to make it their long-term employer.

Positive Public Relations

Providing a supportive environment for breastfeeding employees improves your overall company image and enhances your ability to recruit top-notch staff. Many companies with support programs receive local, state, and national recognition and media attention, a positive boost to recruitment efforts and general goodwill in the community.

Positive Public Relations

Infants, women with children are the fastest growing segment of the workforce. Nearly 55 percent of women with children under the age of 3 are employed in the United States, more than 70 percent of all new mothers today. Almost all breastfeed to give their babies important nutrition and health benefits. "I didn't think I'd be a mother, and I've never regretted that I provide lactation support for both female employees and partners of male employees, because you can't give the job benefits tax law, and help protect your company's new generation still through the retirement of valued employees."

Maggie Murphy Bell
P.O. Box 5064
Hagåtña, Guam 96932

The Honorable Judith T. Won Pat, Ed.D
Speaker, 32nd Guam Legislature
155 Hesler Place
Hagåtña, Guam 96932

Re: Bill 153-32 (COR)

Madame Speaker:

This testimony is in full support of Bill 153-32 (COR).

There is overwhelming scientific support that breastfeeding contributes to the decrease in chronic diseases in children and a decrease in breast and ovarian cancers for mothers. But just as important as breast milk is for physical health, mother and child skin-to-skin contact leads to improved cognitive and emotional development for the infant.

Breastfeeding also has significant economic benefits for families. A 2010 study by the U.S. Department of Health and Human Services showed that if 90% of U.S. families could meet medical recommendations to breastfeed exclusively for six months, the U.S. would save \$13 billion in health care dollars. Major medical authorities recommend that babies get no food or drink other than breast milk for their first six months of life and continue to breastfeed for at least the first one to two years of life. But, mothers need more support: only 15% of U.S. mothers are

exclusively breastfeeding at six months, and only 24% are still breastfeeding at one year of age.

Nationally, interest in breastfeeding is at an all-time high: 74% of women breastfeed their infant at birth. But breastfeeding rates drop rapidly after hospital discharge. As mothers return to work, they are more likely to discontinue breastfeeding early if they do not receive the support they need at the workplace.

Mothers who continue breastfeeding after returning to work need the support of their coworkers, supervisors, and others in the workplace. Individual employers can do a great deal to create an atmosphere that supports employees who breastfeed. Such an atmosphere will become easier to achieve as workplace support programs are promoted to diverse employers.

Furthermore, mothers are frequently discriminated against for feeding their children while they are out supporting the economy by shopping for their families and eating in restaurants. Fear of this discrimination prevents many mothers from choosing optimal nutrition for their babies as recommended by the American Academy of Pediatrics, the World Health Organization, and others. Bill 153-32 will not only serve mothers and babies, it will inform businesses of the law and allow them to avoid the negative media attention that sometimes follows an incident where an ill-informed employee humiliates a mother who is trying only to feed her child.

The Patient Protection and Affordable Care Act ("Affordable Care Act") amended section 7 of the Fair Labor Standards Act ("FLSA") to require employers to provide reasonable break time for an employee to express breast milk for her nursing child for one year after the child's birth each time such employee has need to express the milk. Employers are also required to provide a place, other than a bathroom, that is shielded from view and free from intrusion from coworkers and the public, which may be used by an employee to express breast milk. The break time requirement

became effective when the Affordable Care Act was signed into law on March 23, 2010.

I applaud Senator Yamashita for the drafting of Bill 153-32. This Bill is a good first step toward establishing a business environment where all breastfeeding women—including exempt *and* non-exempt employees, contractors, consultants, volunteers, clients, customers, visitors, students, trainees, and interns — have access to the same level of support, and where additional aspects of breastfeeding accommodations are actively considered.

Breastfeeding is a win-win for the baby, the family and employers! Every citizen should encourage breastfeeding. The benefits of breastfeeding affect every part of our society. Breastfeeding reduces infant mortality and morbidity more than any other intervention, which translates into healthier children who have a greater chance to grow up as healthier adults. Breastfeeding is the most cost-effective way to decrease disease and save healthcare dollars.

Sincerely,

Maggie Murphy Bell

Hafa Adai Senator Yamashita and Senator Rodriguez,

Guahu si Ramona Nelson and I am in full support of Bill No. 153, also known as the “Nana Yan Patgon Act”. Five years ago I was blessed with the opportunity of becoming the mother to Antonio Thomas Nelson Duenas. As a first time mother, I was eager to provide Antonio with the best of everything starting with the basics, such as healthcare and proper nutrition. I was familiar with the health benefits of breast feeding such as the protection from infections and illnesses. I was especially interested in the U.S. Department of Health and Human Services’ research findings regarding the decreased risk of breast and ovarian cancers in mothers who breastfeed. Therefore, from the moment Antonio was delivered at Sagua Managu and placed on my chest, I knew I would breast feed him. It simply felt like the natural thing to do. During the first hours of Antonio’s life, breast feeding him was the only task that I can say I succeeded in (I failed miserably in swaddling him, bathing him and changing his diaper).

Eight months after giving birth to Antonio, and still breastfeeding, I decided to return to work. After strategic planning and with much empathy from my female coworkers, I would lock my office door once or twice a day in order to discreetly utilize a breast pump and to store my breast milk. Identifying a reasonable time to breastfeed at work proved to be difficult with my workload and available schedule. There were also a few awkward scenarios when my boss would knock on my door and insist that I open it immediately. Despite these inconveniences, I continued to breast feed Antonio into toddlerhood mainly due to his diagnosis of growth hormone deficiency.

Although President Obama signed the “Patient Protection and Affordable Care Act” (P.L. 111-148) a year after I had already weaned my son from breast milk, I am grateful that this law is currently in existence. Through this specific federal health reform provision, it is reassuring to learn that breastfeeding can be supported in the workplace. Moreover, I am encouraged that more mothers today will consider breast feeding once they are aware of their rights under the Fair Labor Standards Act of 1938. Furthermore, if passed, Bill No. 153 would help align Guahan’s efforts with the Healthy People 2020 initiative of increasing the proportion of mothers who breastfeed by the year 2020. Lastly, Bill No. 153 would serve as our island’s great response to the Surgeon General’s “Call to Action” (Press Release, January 20, 2011) to reduce the obstacles preventing women who want to breastfeed their babies.

To Whom It May Concern:

My name is Emily Brown, and I'm a breastfeeding mother. I almost wasn't a breastfeeding mom, because my daughter and I had many setbacks in the beginning, and I had to work hard to be able to get her to latch and nurse. I spent six full weeks using a nipple shield, an aid in latching, to feed my daughter. I spent countless nights up, feeding around the clock. Many of you may know this, but most babies nurse every two hours or so in the beginning. For my daughter, it was more like every thirty minutes!

One of the things about breastfeeding is that without support from those around you, it seems impossible. I had the cards stacked against me. The state of Florida's "Healthy Start" program sent me tins and tins of powdered baby formula. Well meaning family members told me it was ok if I just admit that I couldn't do it. Commercials on television were telling me that formula was "just as healthy and natural" as human breastmilk. I knew that it wasn't true, though. No doctor or medical facility will tell you that anything is better than breastmilk for your baby. I couldn't understand why everyone was ready to give up, but I wasn't. I persevered and we are still going strong now at nearly 18 months of nursing!

I'll never forget the first time I tried to feed my daughter Emory in a public place. She was two months old and had JUST stopped requiring a nipple shield. Or, so I thought. My husband was nagging me about taking our oldest daughter Marley to the Jacksonville Zoo in Jacksonville, Florida, so I gave in and decided that I would try. Emory slept so well in the Moby (a baby wrap) but it was about 100 degrees (literally) and so humid that I wasn't sure I'd be able to make it. We got to the zoo and headed straight back to the waterpark. Marley was so excited and Emory decided she wanted to eat----RIGHT THEN. I got Marley situated in the splash park, went to a table with an umbrella, and plopped down with all of the junk I carried in. I didn't have a Boppy (breastfeeding pillow) with me and she was so tiny that I had to prop my feet up to adjust to her size. On top of that, putting the cover over us made us both start sweating profusely. Then, she seemed to forget how to latch, and I was left sitting there, baby screaming, milk spewing in every direction, cover falling off, sweating...and I suddenly realize that four women at the table next to me are staring me down. Not in an, "Aw, poor her..." way. More like, "Lady, what the heck?" sort of way. Their stares were increasingly irritated, and they made motions towards me and shook their heads.

I wasn't sure how in the world these women, all of whom had a toddler in tow, were able to glare so angrily at someone who was holding a two month old. It truly baffled me. Moreover, had they not breastfed? Had they not struggled with a crying baby before? I was covered up, for goodness sake! I had a nursing wrap that went to my knees!! I was even more flustered. I grabbed my stuff, yelled for Marley over a now irate Emory, and took them both to the family restroom. I cried as I stood in the middle of the room, not wanting to touch anything, trying to feed this little mouth and Marley crying about not wanting to go home. It was hot, it stank of urine and feces, there were no chairs, the air conditioning was off and I began to cry. I cried because I was frustrated, because I was standing in a bathroom to feed my baby, and because I felt completely bullied over something that is one of the most natural acts a mother can do for her child. Finally, Emory ate enough to be satiated. I bundled our stuff up, walked out with a tear-stained, red face and avoided eye contact with these bullies at the table. I cried all the way to the car, Marley cried

the whole way home, and Emory screamed because she was not satisfied with what little milk I was able to maintain my composure long enough to provide her.

My first mistake was going to the zoo with a two month old alone (or without another adult for assistance). It seems everyone was pushing me to get out, go do things, get back to "my life" as they put it. What they didn't realize was, "my life" was this baby now. I didn't want to get out of the house. It was too hot, we were too new to feeding, and I was too unsure of myself to feed while people watched disapprovingly. Had I been in a culture where people didn't stare you down angrily, or they didn't shout, "COVER IT UP!" all of the time, perhaps I would have been able to have a different experience. The heat combined with our inexperience and the lack of support made for a horrible first experience for me.

My second mistake was letting some group of people I will NEVER see again force me into hiding when I was doing nothing wrong. I wasn't sitting with my breast out in plain sight, but so what if I had? I was off to myself in a corner, trying to feed my little mouth. Also, NEVER should we be forced to feed in a bathroom. The amount of germs, disgustingness and foul odors in there...I wouldn't eat my food in one, so why should my newborn have to?

My third mistake was running to my car with my tail between my legs. I don't know how America has gotten to the point that it has, wherein a woman who is doing the best thing she can possibly do, feeding her baby the milk that is designed specifically for her baby by the same body that carried that baby...how can we make someone feel so embarrassed about it? Breastfeeding will never seem "normal" until it is viewed as "acceptable" to those in society.

In our society, we've become so accustomed to seeing half-naked women on billboards and magazines and television screens. "Sex sells" is an accepted mantra for the advertising industries. However, even Sesame Street pulled their famous breastfeeding episode because people got their feathers ruffled. Because of this culture of people feeling that breastfeeding in public is "gross" or "needs to be covered up" I spent the first eight months of our breastfeeding relationship hiding in bathrooms or hot cars outside of restaurants or in dark corners of businesses. I couldn't use covers because my daughter just pulled them off, but also because it became so hot underneath that it was physically uncomfortable for us both. I was instead shamed into hiding our feedings as though I agreed that what I was doing was wrong.

Unfortunately, this is one of those hot-button topics that seems to get everyone's attention (and the wrath of the caps lock key on the internet). Breastfeeding won't become acceptable overnight, and I don't think that one piece of legislation will fix all of the dirty stares that we receive daily for breastfeeding. However, what you *will* be doing is telling all of those moms out there that no matter how many dirty glances they get, no matter how taboo some may feel it is, that the Government of Guam and this island's people support her breastfeeding her baby in public. You'll be showing everyone that while the world may seem against it, Guahan supports the one of the most important bonds between a mother and her child. That is the biggest pat on the back that any new mom can receive!

Thank you!
Emily Brown

To: Speaker Judith T. Won Pat, Ed.D.

Main Legislature Building at 155 Hesler Place,
Hatgatña, Guam 96910

Cc: Senator Aline A. Yamashita, PhD, and Senator Dennis G. Rodriguez, Jr.

Ref: Bill No. 153-32

From: Laura C. Nelson

Hafa Adai!

I am providing a written testimony to express my full support of Bill No. 153-32 (COR), also known as the Nana Yan Patgon Act (or the Mother and Child Act). I am a native of Guam, mother of three (Aramiah, Giovanni, Luca), and a local small business owner of a maternity/nursing retail shop. I have breastfed each of my children for a year (Luca my youngest is still being breastfed) and luckily none have experienced any major health issues in their first year. I was extremely blessed to have had the encouragement and education when I had my first child six years ago in the State of Hawaii. They provided me with information and support to encourage me to make breastfeeding my first choice. I moved to Guam and delivered my second child a home delivery and my third at Sagua Managu. Having my first child in Hawaii the gap in breastfeeding support and education was obvious. Breastfeeding has a tremendous list of health benefits both immediate and long term. It also aids a mother in her recovery process after child birth, which is much needed to care for her new child.

This Bill will aid in lowering health problems for infants and their mothers. It will also address cost and environmental issues for the island. It will assist working mothers or those that have been discriminated against for breastfeeding. I advocate this Bill because it will provide mothers with the necessary tools and opportunities to make breastfeeding a choice for their babies. I am an adamant supporter of breastfeeding. This Bill will foster only positive outcomes for the future of our island in regards to the health of our people and environmental well-being for Guam.

July 25, 2012

The Honorable Speaker Judi Won Pat
Committee on Education, Public Libraries and Women's Affairs
I Mina'trentai Dos Na Liheslaturan Guåhan
155 Hessler Place
Hagåtña, Guam 96910

RE: Support for Bill 153-32 (Nana yan Patgon Act / Mother and Child Act)

Håfa Adai Speaker Won Pat:

First, thank you for the opportunity to submit testimony for Bill No. 153-32: a bill to protect mother's breastfeeding in public, in the workplace, and a bill that encourages mothers to make informed decisions when it comes their health and the health of their baby.

Employers should be advocates of this as it also alleviates working mothers from staying home to be comfortable enough to pump in a safe and clean environment, The retention rate for employees of companies with lactation support programs is 94%; the national average is 59%. If 90% of U.S. mothers exclusively breastfed for six months as recommended by medical providers, the nation could save \$13 billion and prevent the loss of 911 lives, annually. (U.S Breastfeeding.org)

Guam currently is battling with an epidemic, Diabetes. Advocates to this law can help employers be a part of the solution, by encouraging breastfeeding. It is linked to a lower risk of these health problems in women: type II Diabetes, Breast cancer and postpartum depression.

I strongly support Bill 153-32, the Nana yan Patgon Act. Guam's families will benefit from this powerful piece of legislation and this will truly send the message that Guam supports breastfeeding and embraces its many benefits.

Thank you again for allowing the public to provide testimony.

Senseramente,

Janelle A. Cepeda
Cepeda.janelle@gmail.com

----- Forwarded message -----

From: **Sanjay Sharma** <webmaster@gftunion.com>

Date: Fri, Jul 26, 2013 at 2:01 AM

Subject: Bill 153-32

To: aline4families@gmail.com

Hi Dr. Yamashita,

Thank you for co-authoring this bill. On Bill 153-32, please consider the following:

On page 5, line 23. Delete the word unpaid. Reason: it makes negotiations difficult and places undue burdens if existing contracts already make mention of this type of break opportunity.

(A) An employer must provide reasonable break time each day to an employee who needs to express breast milk for an infant child up to the age of two (2). The break time must, if possible, run concurrently with any break time already provided to the employee.

Add after the sentence above: Leave may be paid or unpaid as determined by a Collective Bargaining Agreement or by an employer if a Collective Bargaining Agreement does not exist or mention leave for women who seek to express breast milk.

Delete sentence from line 3 and 4 from page 6: An employer is not required to provide break time under this section if to do so would unduly disrupt the operations of the employer.

Reason: why have this law if this sentence remains intact? Employer could easily say no because of scheduling. Employer does not have to clarify beyond that for denial of such leave. An employer can already opt to not pay for that type of leave and the scheduling can occur at the discretion of the employer. Deleting this sentence still allows the employer to determine when such leave is taken and whether pay is given or not.

Also, nowhere in the bill is a mention of time or duration of such leave. If a time limit were placed on this, leave in language to allow for changes in a collective bargaining agreement up to a maximum amount of time. I would say 10 minutes would suffice as a maximum, but I am no woman and I really have no clue how long this would take despite having two children. You might also want to include language to prohibit this amount of time from taking place during instructional time.

Thank you and your staff again for such hard work on this bill.

Sanjay Sharma

GFT Vice-President

JFKHS Science Teacher



Office of the President
Mary A.Y. Okada, Ed.D

AUG 05 2013

Senator Aline A. Yamashita, Ph.D.
Vice Chairperson
Committee on Education, Public Library and Women's Affairs
32nd Guam Legislature
155 Hesler Place, Ste. 201
Hagatna, GU 96910

Honorable Senator Yamashita,

Thank you for the opportunity to provide feedback on Bill No. 153-32, an act relative to the rights of nursing mothers and children relative to breastfeeding to be known as "The Nana Yan Patgon Act."

Guam Community College fully supports the intention of Bill 153 to legally protect a woman's right to breastfeed her child up to the age of one year, and to have companies or other entities provide a place where women can pump breast milk free from intrusion from coworkers and the public. Our Student Health Center offers a room where lactating students and employees can go to privately express breastmilk between class times or while on break.

GCC's Pre-Nursing, Practical Nursing and Medical Assisting programs all cover, to varying degrees, the benefits of breastfeeding a child up to the age of one year. Ms. Barbara Mafnas, an instructor in GCC's Medical Assisting program, is also a certified lactation consultant.

GCC looks forward to working with the legislature on this issue and on other issues that benefit our community through education and training opportunities.

Sincerely,

MARY A.Y. OKADA, Ed.D.
President

July 25, 2012

The Honorable Speaker Judi Won Pat
Committee on Education, Public Libraries and Women's Affairs
I Mina'trentai Dos Na Liheslaturan Guåhan
155 Hessler Place
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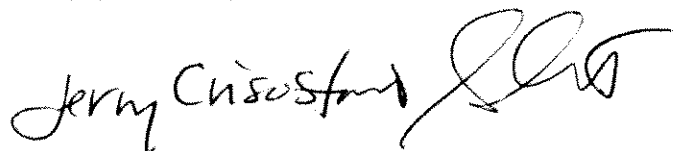
I fully support this bill as it serves to protect the rights of breastfeeding mothers. Breastfeeding has long been known to provide short term and long term benefits for both the mother and child, and our island will only see positive effects from this. After reviewing the bill, it is well thought out and clearly shows much input from numerous stakeholders was involved.

I strongly support Bill 153-32, the Nana yan Patgon Act. Guam's families will benefit from this powerful piece of legislation and this will truly send the message that Guam supports breastfeeding and embraces its many benefits.

Thank you again for allowing the public to provide testimony.

Senseramente,

Name
email
Title (if you choose)

A handwritten signature in black ink, appearing to read "Jerry Chisostom". The signature is written in a cursive style with a large, stylized initial "J".

July 25, 2012

The Honorable Speaker Judi Won Pat
Committee on Education, Public Libraries and Women's Affairs
I Mina'trentai Dos Na Liheslaturan Guåhan
155 Hessler Place
Hagåtña, Guam 96910

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Thank you again for allowing the public to provide testimony.

Senseramente,

Pauline Lizama, RN

Name PAULINE LIZAMA, RN
email plizama@gmail.com
Title (if you choose) Nurse Administrator

Hafa Adai,

I have 3 children all grown now + breastfed all of them some longer than others but this further deepens the mother/child bond. It My children benefited because they never got sick. Breastmilk is best because of the nutrients it provides as well as increased immunity to illness!

July 25, 2012

The Honorable Speaker Judi Won Pat
Committee on Education, Public Libraries and Women's Affairs
I Mina'trentai Dos Na Liheslaturan Guåhan
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Hagåtña, Guam 96910

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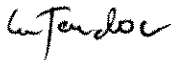
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Thank you again for allowing the public to provide testimony.

Senseramente,



Name CHERRY MAY TANDOC
email
Title (if you choose)

July 25, 2012

The Honorable Speaker Judi Won Pat
Committee on Education, Public Libraries and Women's Affairs
I Mina'trentai Dos Na Liheslaturan Guåhan
155 Hessler Place
Hagåtña, Guam 96910

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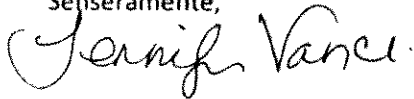
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Senseramente,



Name

email

Title (if you choose)

July 20, 2013

The Honorable Speaker Judi Won Pat
Committee on Education, Public Libraries and Women's Affairs
I Mina'trentai Dos Na Liheslaturan Guåhan
155 Hessler Place
Hagåtña, Guam 96910

RE: Support for Bill 153-32 (Nana yan Patgon Act / Mother and Child Act)

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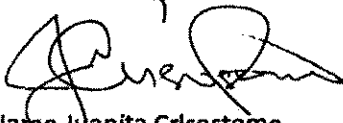
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I fully support this bill as it serves to protect the rights of breastfeeding mothers. Breastfeeding has long been known to provide short term and long term benefits for both the mother and child, and our island will only see positive effects from this. After reviewing the bill, it is well thought out and clearly shows much input from numerous stakeholders was involved.

I strongly support Bill 153-32, the Nana yan Patgon Act. Guam's families will benefit from this powerful piece of legislation and this will truly send the message that Guam supports breastfeeding and embraces its many benefits.

Thank you again for allowing the public to provide testimony.

Senseramente,



Name Juanita Crisostomo
email: nita12164@hotmail.com

July 25, 2012

The Honorable Speaker Judi Won Pat
Committee on Education, Public Libraries and Women's Affairs
I Mina'trentai Dos Na Liheslaturan Guåhan
155 Hessler Place
Hagåtña, Guam 96910

RE: Support for Bill 153-32 (Nana yan Patgon Act / Mother and Child Act)

Håfa Adai Speaker Won Pat:

First, thank you for the opportunity to submit testimony for Bill No. 153-32: a bill to protect mothers breastfeeding in public, in the workplace, and a bill that encourages mothers to make informed decisions when it comes their health and the health of their baby.

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Thank you again for allowing the public to provide testimony.

Senseramente,

Name *Dominique Cepeda*
email *dominique.cepeda@gmail.com*
Title (if you choose)

July 25, 2012

The Honorable Speaker Judi Won Pat
Committee on Education, Public Libraries and Women's Affairs
I Mina'trentai Dos Na LiheslaturanGuåhan
155 Hessler Place
Hagåtña, Guam 96910

RE: Support for Bill 153-32 (Nana yan Patgon Act / Mother and Child Act)

Håfa Adai Speaker Won Pat:

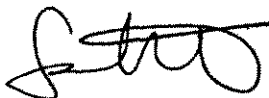
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Thank you again for allowing the public to provide testimony.

Senseramente,



Leilani Benavente
leilani.benavente@gmail.com

July 25, 2012

The Honorable Speaker Judi Won Pat
Committee on Education, Public Libraries and Women's Affairs
I Mina'trentai Dos Na Liheslaturan Guáhan
155 Hessler Place
Hagåtña, Guam 96910

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Senseramente,

lolita sa Taitano



lolita.taitano@gmail.com

July 25, 2012

The Honorable Speaker Judi Won Pat
Committee on Education, Public Libraries and Women's Affairs
I Mina'trentai Dos Na Liheslaturan Guåhan
155 Hessler Place
Hagåtña, Guam 96910

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Thank you again for allowing the public to provide testimony.

Senseramente,



Name Lyann Cruz
email lyanncruz10@gmail.com
Title (if you choose)

July 25, 2012

The Honorable Speaker Judi Won Pat
Committee on Education, Public Libraries and Women's Affairs
I Mina'trentai Dos Na Liheslaturan Guåhan
155 Hessler Place
Hagåtña, Guam 96910

RE: Support for Bill 153-32 (Nana yan Patgon Act / Mother and Child Act)

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Senseramente,



Name Fe Balista Ayers

email fm_ayers@yahoo.com

Title (if you choose) Patient Services / Patient Accounts Supervisor

July 25, 2012

The Honorable Speaker Judi Won Pat
Committee on Education, Public Libraries and Women's Affairs
I Mina'trentai Dos Na Liheslaturan Guåhan
155 Hessler Place
Hagåtña, Guam 96910

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Senseramente,

Name Anelle Prmero
email anelle.prmero@live.com
Title (if you choose)

July 25, 2012

The Honorable Speaker Judi Won Pat
Committee on Education, Public Libraries and Women's Affairs
I Mina'trentai Dos Na Liheslaturan Guåhan
155 Hessler Place
Hagåtña, Guam 96910

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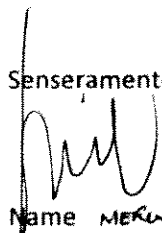
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Senseramente,



Name MERLY L. REPIL

email

Title (if you choose)

July 25, 2012

The Honorable Speaker Judi Won Pat
Committee on Education, Public Libraries and Women's Affairs
I Mina'trentai Dos Na Liheslaturan Guåhan
155 Hessler Place
Hagåtña, Guam 96910

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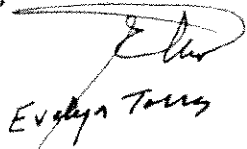
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Name

email

Title (if you choose)

July 25, 2012

The Honorable Speaker Judi Won Pat
Committee on Education, Public Libraries and Women's Affairs
I Mina'trentai Dos Na Liheslaturan Guåhan
155 Hessler Place
Hagåtña, Guam 96910

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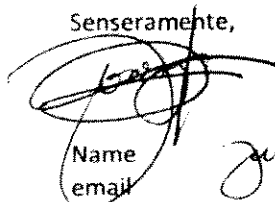
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Senseramente,



Name
email

Title (if you choose)

juliet0521@yahoo.com



COMMITTEE ON RULES

I Mina'trentai Dos na Liheslaturan Guåhan • The 32nd Guam Legislature
155 Hesler Place, Hagåtña, Guam 96910 • www.guamlegislature.com
E-mail: roryforguam@gmail.com • Tel: (671)472-7679 • Fax: (671)472-3547

Senator
Rory J. Respicio
CHAIRPERSON
MAJORITY LEADER

Senator
Thomas C. Ada
VICE CHAIRPERSON
ASSISTANT MAJORITY LEADER

Senator
Vicente (Ben) C. Pangelinan
Member

Speaker
Judith T.P. Won Pat, Ed.D.
Member

Senator
Dennis G. Rodriguez, Jr.
Member

Vice-Speaker
Benjamin J.F. Cruz
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Legislative Secretary
Tina Rose Muña Barnes
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Senator
Frank Blas Aguon, Jr.
Member

Senator
Michael F.Q. San Nicolas
Member

Senator
V. Anthony Ada
Member
MINORITY LEADER

Senator
Aline Yamashita
Member

Certification of

Waiver of

Fiscal Note Requirement

This is to certify that the Committee on Rules submitted to the Bureau of Budget and Management Research (BBMR) a request for a fiscal note, or applicable waiver, on **BILL NO. 153-32 (COR)** – “AN ACT RELATIVE TO THE RIGHTS OF NURSING MOTHERS AND CHILDREN RELATIVE TO BREASTFEEDING TO BE KNOWN AS THE “NANA YAN PATGON ACT,” BY ADDING A NEW CHAPTER 4B, DIVISION 1 OF TITLE 19, GUAM CODE ANNOTATED; BY AMENDING SECTION 22107, DIVISION 2, CHAPTER 22 OF TITLE 7, GUAM CODE ANNOTATED; BY ADDING A NEW SECTION 80.49.1 OF CHAPTER 80, ARTICLE 2 OF TITLE 9, GUAM CODE ANNOTATED; AND, BY ADDING A NEW SECTION 1036 TO CHAPTER 10 OF TITLE 1, GUAM CODE ANNOTATED.” – on October 28, 2013. COR hereby certifies that BBMR confirmed receipt of this request on July 24, 2013 at 10:54 A.M.

COR further certifies that a response to this request was not received. **Therefore, pursuant to 2 GCA §9105, the requirement for a fiscal note, or waiver thereof, on Bill 153-32 (COR) to be included in the committee report on said bill, is hereby waived.**

Certified by:

Senator Rory J. Respicio
Chairperson, Committee on Rules

Date



COMMITTEE ON RULES

I Mina'trentai Dos na Liheslaturan Guåhan • The 32nd Guam Legislature
155 Hesler Place, Hagåtña, Guam 96910 • www.guamlegislature.com
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Senator
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Senator
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Member

Senator
Michael F.Q. San Nicolas
Member

Senator
V. Anthony Ada
Member
MINORITY LEADER

Senator
Aline Yamashita
Member

July 16, 2013

MEMORANDUM

To: Rennae Meno
Clerk of the Legislature

Attorney Therese M. Terlaje
Legislative Legal Counsel

From: Senator Rory J. Respicio
Majority Leader & Rules Chair

Subject: Referral of Bill No. 153-32(COR)

As the Chairperson of the Committee on Rules, I am forwarding my referral of **Bill No. 153-32(COR)**.

Please ensure that the subject bill is referred, in my name, to the respective committee, as shown on the attachment. I also request that the same be forwarded to all members of *I Mina'trentai Dos na Liheslaturan Guåhan*.

Should you have any questions, please feel free to contact our office at 472-7679.

Si Yu'os Ma'åse!

Attachment

I Mina'Trentai Dos Na Liheslaturan Guahan
Bill Log Sheet

BILL NO.	SPONSOR	TITLE	DATE INTRODUCED	DATE REFERRED	CMTE REFERRED	PUBLIC HEARING DATE	DATE COMMITTEE REPORT FILED	FISCAL NOTES
153-32 (COR)	Aline A. Yamashita, Ph.D., Dennis G. Rodriguez, Jr.	AN ACT RELATIVE TO THE RIGHTS OF NURSING MOTHERS AND CHILDREN RELATIVE TO BREASTFEEDING TO BE KNOWN AS THE "NANA YAN PATGON ACT," BY ADDING A NEW CHAPTER 4B, DIVISION 1 OF TITLE 19, GUAM CODE ANNOTATED; BY AMENDING SECTION 22107, DIVISION 2, CHAPTER 22 OF TITLE 7, GUAM CODE ANNOTATED; BY ADDING A NEW SECTION 80.49.1 OF CHAPTER 80, ARTICLE 2 OF TITLE 9, GUAM CODE ANNOTATED; AND, BY ADDING A NEW SECTION 1036 TO CHAPTER 10 OF TITLE 1, GUAM CODE ANNOTATED.	07/16/13 2:42 p.m.	07/16/13	Committee on Education, Public Library and Women's Affairs			



Frank Torres <fbtorres@judiwonpat.com>

Committee on Education, Public Library and Women's Affairs - Public Hearing Notice - First Notice Amended

Frank Torres <fbtorres@judiwonpat.com>
To: phnotice <phnotice@guamlegislature.org>

Wed, Jul 17, 2013 at 8:58 AM

July 17, 2013

MEMORANDUM

To: Members of the 32nd Guam Legislature

From: Committee on Education, Public Library and Women's Affairs

Subject: Notice of Public Hearing – First Notice Amended

The Committee on Education, Public Library and Women's Affairs will conduct a public hearing on Thursday, July 25, 2013 at 9:00 a.m. and 2:00 p.m. in the Public Hearing Room of the Guam Legislature Building on the following:

9:00 a.m.

Appointment of Ms. Maria Snively, Student Member, Guam Public Library System Board
Length of Term: One (1) Year

Appointment of Ms. Debra Duenas, Member, Guam Public Library System Board
Length of Term: Three (3) Years

Appointment of Mr. John T. Benito, Member, Guam Community College, Board of Trustees**Length of Term: Five (5) Years****2:00 p.m.****Bill No. 153-32 (COR) - A.A. Yamashita, Ph.D. / D.G. Rodriguez, Jr.****An act relative to the rights of nursing mothers and children relative to breastfeeding to be known as the "Nana Yan Patgon Act," by adding a new Chapter 4B, Division 1 of Title 19, Guam Code Annotated; by amending Section 22107, Division 2, Chapter 22 of Title 7, Guam Code Annotated; by adding a new Section 80.49.1 of Chapter 80, Article 2 of Title 9, Guam Code Annotated; and, by adding a new Section 1036 to Chapter 10 of Title 1, Guam Code Annotated.**

Testimonies should be addressed to Speaker Judith T. Won Pat, Ed.D. and will be accepted via hand delivery to our office; our mailbox at the Main Legislature Building at 155 Hesler Place, Hagatna, Guam 96910; orfbtorres@judiwonpat.com or through facsimile at 472-3589. The above mentioned nominees' appointment packets and Bill No. 153-32 (COR) are available at www.guamlegislature.com.

The Guam Legislature complies with provisions of the Americans with Disabilities Act (ADA). Individuals requiring special accommodations or services should contact Mr. Ed Pocaigue at 472-3586/7/8 or by email atedpociague@judiwonpat.com

cc: Media

Sgt. Arms

MIS



Frank Torres <ftorres@judiwonpat.com>

Committee on Education, Public Library and Women's Affairs - Public Hearing Notice - First Notice Amended

Frank Torres <ftorres@judiwonpat.com>

Wed, Jul 17, 2013 at 9:00 AM

To: Alicia Perez <perezksto@gmail.com>, William Ray Gibson <breakfastshowk57@gmail.com>, Betsy Brown <betsy@k57.com>, bgaeth@k57.com, "Ngirairiki, Oyaol D" <odngirairiki@guam.gannett.com>, dcrisost@guampdn.com, dmgeorge@guampdn.com, editor@mvguam.com, admin <frank.whitman@gmail.com>, gduat-ol@guampdn.com, gerry@mvguam.com, mpieper@guampdn.com, Jason Salas <jason@kuam.com>, Krystal Paco <krystal@kuam.com>, Ken Quintanilla <kenq@kuam.com>, Kevin Kemigan <kevin@k57.com>, news@guampdn.com, oofficemanager@hitradio100.com, parroyo@spbgum.com, Sabrina Salas <sabrina@kuam.com>, Josh Tyquiengco <jtyquiengco@spbgum.com>

July 17, 2013

MEMORANDUM

To: Media

From: Committee on Education, Public Library and Women's Affairs

Subject: Notice of Public Hearing – First Notice Amended

The Committee on Education, Public Library and Women's Affairs will conduct a public hearing on Thursday, July 25, 2013 at 9:00 a.m. and 2:00 p.m. in the Public Hearing Room of the Guam Legislature Building on the following:

9:00 a.m.**Appointment of Ms. Maria Snively, Student Member, Guam Public Library System Board**

Length of Term: One (1) Year

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Length of Term: Three (3) Years

Appointment of Mr. John T. Benito, Member, Guam Community College, Board of Trustees

Length of Term: Five (5) Years

2:00 p.m.

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cc: Media

Sgt. Arms

MIS



Frank Torres <fbtorres@judiwonpat.com>

**Committee on Education, Public Library and Women's Affairs - 2nd Notice
Public Hearing**

Frank Torres <fbtorres@judiwonpat.com>
To: phnotice@guamlegislature.org

Mon, Jul 22, 2013 at 7:11 PM

July 22, 2013

MEMORANDUM

To: Members of the 32nd Guam Legislature

From: Committee on Education, Public Library and Women's Affairs

Subject: Notice of Public Hearing – 2nd Notice

The Committee on Education, Public Library and Women's Affairs will conduct a public hearing on Thursday, July 25, 2013 at 9:00 a.m. and 2:00 p.m. in the Public Hearing Room of the Guam Legislature Building on the following:

9:00 a.m.

**Appointment of Ms. Maria Snively, Student Member, Guam Public Library System Board
Length of Term: One (1) Year**

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Length of Term: Five (5) Years**

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cc: Media

Sgt. Arms

MIS

Sent from my iPad



Frank Torres <fbtorres@judiwonpat.com>

Committee on Education, Public Library and Women's Affairs - 2nd Public Hearing Notice

Frank Torres <fbtorres@judiwonpat.com>

Mon, Jul 22, 2013 at 7:46 PM

To: Alicia Perez <perezksto@gmail.com>, William Ray Gibson <breakfastshowk57@gmail.com>, Betsy Brown <betsy@k57.com>, bgaeth@k57.com, "Ngirairiki, Oyaol D" <odngirairiki@guam.gannett.com>, dcrisost@guampdn.com, dmgeorge@guampdn.com, editor@mvguam.com, admin <frank.whitman@gmail.com>, gdumat-ol@guampdn.com, gerry@mvguam.com, mpieper@guampdn.com, Jason Salas <jason@kuam.com>, Krystal Paco <krystal@kuam.com>, Ken Quintanilla <kenq@kuam.com>, Kevin Kerrigan <kevin@k57.com>, news@guampdn.com, officemanager@hitradio100.com, parroyo@spbgum.com, Sabrina Salas <sabrina@kuam.com>, Josh Tyquiengco <jtyquiengco@spbgum.com>

July 22, 2013

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To: Media

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**Listserv: phnotice@guamlegislature.org
As of June 12, 2013**

aalladi@guampdn.com
action@weareguahan.com
admin@frankaguonjr.com
admin@guamrealtors.com
admin@leapguam.com
admin@weareguahan.com
aguon4guam@gmail.com
ahernandez@guamlegislature.org
ajuan@kijifm104.com
alerta.jermaine@gmail.com
aline4families@gmail.com
am800guam@gmail.com
amanda@toduguam.com
amier@mvguam.com
ang.duenas@gmail.com
angela.lgrios@gmail.com
aokada@guamlegislature.org
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avillaverde@guamlegislature.org
avon.guam@gmail.com
baza.matthew@gmail.com
bbautista@spbguam.com
bdydasco@yahoo.com
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bruce.lloyd.media@gmail.com
carlos.pangelinan@senatorbjcruz.com
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Public Hearing Agenda

Thursday, July 25, 2013

2:00 p.m.

Bill No. 153-32 (COR) - A.A. Yamashita, Ph.D. / D.G. Rodriguez, Jr.

An act relative to the rights of nursing mothers and children relative to breastfeeding to be known as the "Nana Yan Patgon Act," by adding a new Chapter 4B, Division 1 of Title 19, Guam Code Annotated; by amending Section 22107, Division 2, Chapter 22 of Title 7, Guam Code Annotated; by adding a new Section 80.49.1 of Chapter 80, Article 2 of Title 9, Guam Code Annotated; and, by adding a new Section 1036 to Chapter 10 of Title 1, Guam Code Annotated.

All legal requirements for public notices were met, with requests for publication sent to all media and all Senators on July 17th and the evening of July 22nd via email.