Testimony of Maine Chapter of the American Academy of Pediatrics in Favor of LD 396, An Act to Provide for Later starting Time for High Schools

Senator Rafferty and Representative Murphy and members of the Committee on Education and Cultural Affairs Good Afternoon

My name is Dr. Deborah Hagler, I reside in Harpswell and I am the co- Chair of the Healthy Mental Development Committee of the Maine Chapter of the American Academy of Pediatrics. I am testifying on behalf of the chapter in favor of LD 396, and Act to Provide for Later Starting Times for High Schools. I have practiced pediatrics in the Brunswick region for the last 27 years. My medical degree is from Cornell Medical College, I did my pediatrics training at the Children's Hospital of Philadelphia and I received a Masters of Public Health focusing on pediatric and adolescent mental health from the Johns Hopkins School of Public Health.

Anyone with a teenager in their lives recalls a moment when they looked at the young person and thought wow what happened to the little boy or girl- all of the sudden they have morphed into young adults with a host of new needs. Many changes occur to produce this metamorphosis- one of the most important is a change in sleep. Teens on average need more of it than most think- 8.5 to 9.5hrs a night, their biological clock shifts by about 2 hours and they take a bit longer to fall asleep. Without current societal pressures many teens would naturally feel very comfortable falling asleep at 11 and waking around 8am. However data from the Youth Risk Behavioral Health Survey reveal almost 77% of US high school students get less than 8 hours of sleep a night with 22% getting less than 6 hours. ^{2,3}

Sleep's critical function is preserved across all species. In humans it is vital for our cognitive development. Our immune system functions best when sleeping, for children much of growth occurs during sleep. Sleep is critical for laying down memories, mood regulation, and focus. Chronic poor sleep is associated with an increased risk of developing mood disorders such as anxiety and depression, poor decision making in teens, and poorer academic outcomes. Additionally, poor sleep has been linked to less activity and has been shown to be a contributing factor to the development of obesity.^{1,4}

Starting school later for high school students has been demonstrated to increase weekday sleep duration and additional studies have further shown increased school attendance, improved academic performance, a decrease in the number of days tardy, a decrease in the number of reported depressive symptoms, and a decrease in the numbers of automobile accidents among adolescent drivers. One recent study noted published in the Journal of school health, noted increased sleep and improved functioning for high school teachers in a large suburban school district that had delayed start times. California, Florida, and several cities in Maine have passed legislation to start high school times later.

Most are aware that adolescents are struggling with significant mental and behavioral health challengesso much so that several leading children's health organizations including the American Academy of Pediatrics, the American Academy of Child and Adolescent Psychiatry and the Children's Hospital Association have declared a national emergency in child and adolescent mental health.⁷

Obviously many complex factors are contributing to this national emergency with poor sleep likely one piece of this puzzle - Providing more sleep for students by following their natural biologic rhythms offers the potential to broadly intervene and support the health and well being of our youth LD 396 is aligned with AAP policy supporting later start times for high school students¹ and the Maine Chapter of the American Academy of Pediatrics strongly urges you to support this legislation.

References

- 1. Adolescent Sleep Working Group; Committee on Adolescence; Council on School Health. School start times for adolescents. Pediatrics. 2014 Sep;134(3):642-9. doi: 10.1542/peds.2014-1697. PMID: 25156998; PMCID: PMC8194457.

 2. Wheaton AG, Ferro GA, Croft JB. School Start Times for Middle School and High School Students United States, 2011-12 School Year. MMWR Morb Mortal Wkly Rep. 2015 Aug 7;64(30):809-13. doi: 10.15585/mmwr.mm6430a1. Erratum in: MMWR Morb Mortal Wkly Rep. 2015 Aug 14;64(31):859-60. PMID: 26247433; PMCID: PMC5779581.
- https://www.cdc.gov/mmwr/volumes/67/wr/mm6703a1.htm?s_cid=mm6703a1_e
- 3. Centers for Disease Control and Prevention. *Youth Risk Behavior Survey Data Summary & Trends Report for Dietary, Physical Activity, and Sleep Behaviors: 2013–2023.* U.S. Department of Health and Human Services; 2024. 4. Wheaton AG, Chapman DP, Croft JB. School Start Times, Sleep, Behavioral, Health, and Academic Outcomes: A Review of the Literature. J Sch Health. 2016 May;86(5):363-81. doi: 10.1111/josh.12388. PMID: 27040474; PMCID: PMC4824552. 5. Yip T, Wang Y, Xie M, Ip PS, Fowle J, Buckhalt J. School Start Times, Sleep, and Youth Outcomes: A Meta-analysis. Pediatrics. 2022 Jun 1;149(6):e2021054068. doi: 10.1542/peds.2021-054068. PMID: 35593065; PMCID: PMC9665092. 6. Wahlstrom KL, Plog AE, McNally J, Meltzer LJ. Impact of Changing School Start Times on Teacher Sleep Health and Daytime Functioning. J Sch Health. 2023 Feb;93(2):128-134. doi: 10.1111/josh.13254. Epub 2022 Nov 6. PMID: 36336842. 7. Emergency in Youth Mental Health-AAP