

**STATE HEALTH PLANNING  
AND DEVELOPMENT AGENCY**  
DEPARTMENT OF HEALTH - KA 'OIHANA OLAKINO

**JOSH GREEN, MD**  
GOVERNOR OF HAWAII  
KE KIA'ĀINA O KA MOKU'ĀINA 'O HAWAII'  
**KENNETH S. FINK, MD, MGA, MPH**  
DIRECTOR OF HEALTH  
KA LUNA HO'ŌKELE  
**JOHN C. (JACK) LEWIN, MD**  
ADMINISTRATOR

1177 Alakea Street, #402, Honolulu, HI 96813

Phone: 587-0788 Fax: 587-0783 [www.shpda.org](http://www.shpda.org)

February 3, 2026

TO: HOUSE COMMITTEE ON HUMAN SERVICES & HOMELESSNESS  
Representative Lisa Marten, Chair  
Representative Ikaika Olds, Vice Chair

COMMITTEE ON HEALTH  
Representative Gregg Takayama, Chair  
Representative Sue L. Keohokapu-Lee Loy, Vice Chair  
Honorable Members

FROM: John C. (Jack), Lewin, MD, Administrator, SHPDA, and Sr. Advisor to  
Governor Josh Green, MD on Healthcare Innovation

RE: **HB 2456 -- RELATING TO DRUGS FOR WEIGHT LOSS**

HEARING: Thursday, February 5, 2026 @ 10:00 am; Conference Room 329

POSITION: SUPPORT with COMMENTS

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Testimony:

The State Health Planning and Development Agency supports H.B. 2456 in principle. Obesity is a major driver of preventable chronic disease, including diabetes and cardiovascular disease, and improving access to clinically appropriate obesity treatment is aligned with Hawai'i's broader goals to strengthen prevention, reduce avoidable utilization, and improve long-term health outcomes.

Additionally, SHPDA recognizes that implementation details, including fiscal impact, operational feasibility, and clinically appropriate patient qualification criteria, are central to the success of this policy. Accordingly, SHPDA defers to the Med-QUEST Division of the Hawaii Department of Human Services on: (1) estimating costs and appropriate funding levels; (2) establishing evidence-based eligibility and continuation criteria; and (3) selecting the most appropriate utilization management approach to make sure access is equitable, safe, and fiscally responsible.

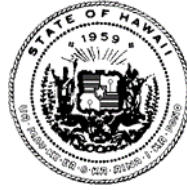
With those implementation considerations addressed by DHS/MQD, SHPDA supports the intent of H.B. 2456 to expand access to effective obesity treatment for eligible program members.

Thank you for hearing HB 2456.

Mahalo for the opportunity to testify.

■ -- Jack Lewin, MD, Administrator, SHPDA

JOSH GREEN, M.D.  
GOVERNOR  
KE KIA'ĀINA



RYAN I. YAMANE  
DIRECTOR  
KA LUNA HO'OKELE

JOSEPH CAMPOS II  
DEPUTY DIRECTOR  
KA HOPE LUNA HO'OKELE

STATE OF HAWAII  
KA MOKU'ĀINA O HAWAI'I  
**DEPARTMENT OF HUMAN SERVICES**  
KA 'OIHANA MĀLAMA LAWELawe KANAKA  
Office of the Director  
P. O. Box 339  
Honolulu, Hawaii 96809-0339

TRISTA SPEER  
DEPUTY DIRECTOR  
KA HOPE LUNA HO'OKELE

February 4, 2026

TO: The Honorable Representative Gregg Takayama, Chair  
House Committee on Health

The Honorable Representative Lisa Marten, Chair  
House Committee on Human Services & Homelessness

FROM: Ryan I. Yamane, Director

SUBJECT: **HB 2456 – RELATING TO DRUGS FOR WEIGHT LOSS.**

Hearing: February 5, 2026, 10:00 a.m.  
Conference Room 329 & via Videoconference, State Capitol

**DEPARTMENT'S POSITION:** The Department of Human Services (DHS) appreciates the intent and offers comments. DHS respectfully requests that any appropriation for this measure not act to reduce or replace priorities identified in the executive budget.

This bill seeks to make Glucagon-Like Peptide-1 (GLP-1) receptor agonists available to treat obesity in Medicaid and Medicare Part D beneficiaries. It also requires DHS to issue rules that enable coverage of Food and Drug Administration (FDA)-approved GLP-1 medications prescribed by a practitioner, with no prior authorization requirements.

The Med-QUEST Division (MQD) can implement changes to the Medicaid program, but has no oversight authority over the Medicare program. GLP-1 coverage for weight loss is currently prohibited under Medicare. Therefore, any healthcare benefits for Medicare beneficiaries must be provided through a separate state-funded program that is independent of Medicare.

Coverage of weight-loss medications for obesity is optional for Medicaid programs, and states can decide whether to cover these drugs. Currently, GLP-1 coverage for obesity is limited to 13 state Medicaid programs and is generally subject to prior authorization requirements. Since October 2025, four states that previously covered GLP-1 for obesity treatment have eliminated this benefit, citing significant and growing costs associated with coverage. One of Hawaii's QUEST Integration Health Plans voluntarily covered weight loss medications for obesity temporarily, but rescinded coverage as costs increased exponentially.

Despite limited coverage, Medicaid provides coverage for weight loss medications. In Calendar Year (CY) 2024, GLP-1 Receptor Agonists were the most expensive drug class for MQD, costing \$42.5M, and representing 12.2% of the total pharmaceutical costs for the year. Since Medicaid covers approximately 50,000 adults with obesity, adding GLP-1 coverage to treat obesity would cost the state up to \$621M per year.

If the federal government negotiates lower prices, the cost may be reduced to \$210M per year. MQD is awaiting more information on the cost of oral GLP-1 drugs slated for market in the near future that may be less expensive than injectable GLP-1 medications.

Additionally, MQD cautions that studies show accelerated weight gain after patients stop taking GLP-1s and a reversal of clinical benefits achieved while patients were on the medications. As such, GLP-1s need to be considered chronic rather than acute medications to both achieve and maintain weight loss.

Finally, if GLP-1s are covered, MQD recommends a multifaceted treatment program that conditions the provision of weight loss drugs on the Medicaid recipient's engagement in lifestyle change programs that support long-term weight loss maintenance.

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

**HB-2456**

Submitted on: 2/4/2026 5:35:08 AM

Testimony for HSH on 2/5/2026 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Christine Fallabel	American Diabetes Association	Support	Written Testimony Only

## Comments:

My name is Christine Fallabel, and I am the Director of State Government Affairs and Advocacy for the American Diabetes Association.

The ADA is and always has been committed to improving the lives of people with diabetes, turning the tide to treat obesity, prevent type 2 diabetes, and ultimately finding curative options for all people affected by diabetes.

But we are facing a crisis. The rising tide of obesity is an epidemic in the United States. Rates of overweight and obesity are rising in nearly all 50 states, including Hawaii.

Currently, over 25% of Hawaii adults have obesity—that's over 350,000 people. Between 85-90% of people who develop type 2 diabetes are overweight or obese.

In addition to diabetes, excess body weight is one of the main drivers of disease and early mortality, putting people at higher risk for cancer, heart disease, stroke, and premature death.

Obesity is a costly and complex chronic condition, and we should treat it as such. There are evidence-based treatments that can treat obesity and help prevent the onset of type 2 diabetes, including GLP-1 medications and lifestyle changes.

People need evidence-based interventions to treat and manage their condition like any other. The health benefits and cost-savings of effective weight management through diet and exercise with medication usage or surgery have been extensively and consistently documented.

Treating obesity early can prevent debilitating and costly health complications, including the development of prediabetes and type 2 diabetes.

We strongly support HB 2456 to expand the coverage of GLP-1 medications for the treatment of obesity in Hawaii. Without it, we will see rising costs in other areas of the healthcare system as well as detrimental effects to people's physical and emotional health.

As with diabetes, individuals with obesity deserve access to evidence-based treatments that can help improve their health and ultimately drive down healthcare costs. We are happy to support HB 2456 and encourage a yes vote. Thank you for your time and consideration.



**HB-2456**

Submitted on: 2/4/2026 11:36:56 AM

Testimony for HSH on 2/5/2026 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Lourdes Vergara Marcelo	Lou's Quality Home Health Care Services, LLC	Support	Written Testimony Only

Comments:

Good day to all,

As a healthcare provider, a Registered Nurse here in the State of Hawaii .

I firmly believe in healthy choices, diet, exercise, lifestyle, economic background, etc., are the ingredients to achieve a healthy, ideal weight.

Unfortunately, we are not all built the same. Many factors affect obesity: DNA, genetic makeup, socioeconomic issues, time , environment, etc. I hope Bill 2456 HB is approved so the weight loss drugs are available through health care insurance to individuals that are appropriate for health reasons. Obesity can lead to cardiac, kidney, diabetes, and other health issues.

I support HB 2456.

Thank you

Lourdes Vergara Marcelo, RN, CDN, CDP

808 623 7109



February 4, 2026

**Re: Support for HB 2456 – Relating to Drugs for Weight Loss.**

Dear members of the committee,

On behalf of the Diabetes Patient Advocacy Coalition (DPAC), I write in support of HB 2456. DPAC is an alliance of people with diabetes, caregivers, patient advocates, health professionals, and others working together to support public policy initiatives to improve the lives of Americans living with and at risk for diabetes and its complications. As an organization run by and for people with diabetes, DPAC seeks to ensure quality of and access to care, medications and devices for our community.

The diabetes community cares deeply about maintaining and expanding coverage of obesity management medications because access to safe, effective obesity therapies is crucial to thwarting the onset of type 2 diabetes and its complications. The use of weight loss drugs reduced the risk of developing type 2 diabetes by 94% in obese or overweight adults with pre-diabetes compared to a placebo, according to results from a long-term study.<sup>1</sup> In its Standards of Care, the American Diabetes Association presents extensive evidence that managing obesity can delay the progression from prediabetes to type 2 diabetes, significantly improve outcomes for people with type 2 diabetes, and that greater weight loss leads to larger reductions in A1C and fasting glucose and may even support sustained diabetes remission.<sup>2</sup>

We strongly support the state expanding coverage of GLP-1s. These medications not only treat obesity, but they also prevent over 200 comorbidities that are not only expensive to the state but detrimental to the health, productivity, and quality of life of Hawaiians.

Thank you for the opportunity to comment. Please do not hesitate to contact us with any questions or if we may be a resource in further policy discussions.

Sincerely,

A handwritten signature in black ink, appearing to read "Erin M. Callahan".

Erin M. Callahan  
Chief Operating Officer  
Diabetes Patient Advocacy Coalition



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<sup>1</sup> Jastreboff, A. M., Aronne, L. J., Ahmad, N. N., Wharton, S., Connery, L., Alves, B., Kiyosue, A., Zhang, S., Liu, B., Bunck, M. C., Stefanski, A., & SURMOUNT-1 Investigators. (2022). Tirzepatide Once Weekly for the Treatment of Obesity. *The New England Journal of Medicine*, 387(3), 205–216. <https://doi.org/10.1056/NEJMoa2206038>

<sup>2</sup> American Diabetes Association. (2025). 8. Obesity and Weight Management for the Prevention and Treatment of Type 2 Diabetes: Standards of Care in Diabetes—2025. *Diabetes Care*, 48(Supplement\_1), S167–S179. <https://doi.org/10.2337/dc25-S008>

**HB-2456**

Submitted on: 2/4/2026 8:34:04 AM

Testimony for HSH on 2/5/2026 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Terri Yoshinaga	Individual	Support	Written Testimony Only

Comments:

I support this bill.

**HB-2456**

Submitted on: 2/4/2026 9:54:13 AM

Testimony for HSH on 2/5/2026 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Daniel C. Smith	Individual	Support	Written Testimony Only

Comments:

It makes sense to require the Department of Human Services to cover FDA-approved GLP-1 drugs under Medicaid when prescribed for weight loss—so cost isn't a barrier to better health.

There is a great need to facilitate weight loss in our islands. Please pass the bill.

Daniel C. Smith

Pearl City

**HB-2456**

Submitted on: 2/4/2026 10:05:22 AM

Testimony for HSH on 2/5/2026 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Laura Jennings	Individual	Support	Written Testimony Only

Comments:

I support this measure. Medicaid patients should have access to low-cost GLP-1 meds to treat obesity. These patients often suffer from the complications of obesity, resulting in higher medical costs, which are then borne by Hawaii taxpayers. If we decrease the incidence of obesity in all patients, it will benefit our entire society.