

STATE OF HAWAII
DEPARTMENT OF HEALTH
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WRITTEN
TESTIMONY ONLY

**Testimony COMMENTING on SB2106 SD1
RELATING TO HEALTH**

SENATOR JARRETT KEOHOKALOLE, CHAIR
SENATE COMMITTEE ON COMMERCE AND CONSUMER PROTECTION

Hearing Date, Time and Room Number: 02/26/2026, 9:45 am, 229

1 **Fiscal Implications:** This measure may impact the priorities identified in the Governor's
2 Executive Budget Request for the Department of Health's ("Department") appropriations and
3 personnel priorities. The proposed requirements will necessitate additional staff time, effort,
4 and funding.

5 The Department notes that annual funding of approximately \$20,000 and two full-time
6 equivalent inspector positions would be necessary to implement this bill.

7 **Department Position:** The Department offers comments.

8 **Department Testimony:** The Environmental Health Services Division, Food and Drug Branch
9 ("EHSD-FDB") provides the following testimony on behalf of the Department:

10 SB2106 SD1 amends Hawaii Revised Statutes ("HRS") chapter 328 to prohibit the sale of
11 nonprescription weight loss or muscle building dietary supplements to any person under
12 eighteen years of age. Retailers shall limit access to these products and request identification of
13 purchasers, and delivery sellers shall require a signature and identification for acceptance of
14 shipped products.

15 The mission of the Department is to protect and improve the health and environment
16 for all people in Hawai'i. Studies suggest that adolescents and minors are increasingly using and

1 abusing weight loss and muscle building supplements, potentially because of ease of access and
2 social media influence. A recent meta-analysis of ninety studies with over 600,000 adolescent
3 participants found that six percent of the participants used weight loss supplements. Harms
4 associated with using these products include illnesses from consuming contaminated products
5 and the perpetuation of body dysmorphic disorder, particularly the negative impacts that can
6 arise from the availability and marketing of weight loss supplements. Addressing the ease with
7 which these products can be purchased and potentially abused by minors and effectively
8 requiring adult consent supports the Department’s mission.

9 The Department notes that the prohibition of sales to minors of nonprescription diet
10 pills and dietary supplements for weight loss and muscle building may be overly broad due to
11 the ambiguity in the labeling of dietary supplements and foods in general. All dietary
12 supplements claim to have health benefits, many of which reference weight loss and muscle
13 building. While this bill appears to target a narrow group of supplements, the generalized
14 description of prohibited products may affect unintended products. This may include
15 multivitamins or high protein foods such as certain milk products that are commonly available
16 and considered safe for consumption as a food. This ambiguity may result in the reduction of
17 options available for minors to directly purchase food products that could provide necessary
18 nutrition.

19 The Department notes that neither the Department nor the United States (“U.S.”) Food
20 and Drug Administration (“FDA”) affirmatively approves dietary supplement ingredients.
21 Dietary supplement manufacturers are responsible for determining that their products are safe
22 and that their label claims are truthful, and the Department or U.S. FDA may take enforcement
23 action if the supplement is later found to be unsafe or the health claims on the label are
24 unsubstantiated. The Department suggests that (d)(1)(A) of this measure be amended or
25 deleted.

1 The Department also notes that this measure requires retailers to limit access to these
2 products to ensure that only employees of the retailers have direct access to these products.
3 National chains such as CVS/Longs Drugs may have the resources to install additional locked
4 display cases, but installing new display cases or allocating shelf space behind the cashier to
5 store these products may pose a burden for smaller, local retailers.

6 The Department notes that funding and establishment of positions will be necessary to
7 implement this measure. The Department estimates that a minimum of two full-time
8 equivalent (2.0 FTE) inspector positions is necessary to develop standards for products
9 impacted by the prohibition, conduct inspections and take enforcement actions statewide, and
10 implement education and outreach activities to inform the regulated community.

11 **Offered Amendments:** None.

12 Thank you for the opportunity to testify on this measure.



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Maile Miyashiro, C&S Wholesale, *Immediate Past Chair*

TO: Committee on Commerce and Consumer Protection

FROM: HAWAII FOOD INDUSTRY ASSOCIATION

Lauren Zirbel, Executive Director

DATE: February 26, 2026

TIME: 9:45am

RE: SB2106 SD1 Relating to Health

Position: Oppose

The Hawaii Food Industry Association is comprised of two hundred member companies representing retailers, suppliers, producers, manufacturers and distributors of food and beverage related products in the State of Hawaii.

HFIA has concerns about the broad scope of products that would be and could be included in this measure, many of which were likely not intended to be included. For instance a wide range of products contain green tea and green coffee extract which consumers enjoy for many reasons not related to weight loss or muscle building.

We're also very concerned that defining a category of products based on how they are marketed is subjective and may inadvertently lead to problems with compliance and enforcement. This measure includes products in the restricted product category definition based on what is implied by images on their label. This is extremely subjective and open to interpretations. It also includes products based on, "Whether the product or its ingredients are otherwise represented for the purpose of achieving weight loss or building muscle." It's very unclear what that other representation could include.

Additionally, this will place substantial new burden on retailers and employees. Given the large scope of products that could be intentionally or unintentionally pulled in by these definitions, putting them all behind the counter is not feasible. Retailers will have to find



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Gary Okimoto, Safeway, *Advisor*
Maile Miyashiro, C&S Wholesale, *Immediate Past Chair*

and pay for additional ways to restrict access to these products. This will also necessitate training employees to do age verification for this new category of loosely defined products. When you add up the expenses that this measure creates in terms of the administrative burden, creating new restricted spaces in stores, new training, and increased liability it is likely that retailers will have to increase prices.

Due to these issues, we ask that this measure be held and we thank you for the opportunity to testify.



CONSUMER
HEALTHCARE
PRODUCTS
ASSOCIATION

Taking healthcare personally.

February 24, 2026

Senator Jarrett Keohokalole, Chair
Senator Carol Fukunaga, Vice Chair
Committee on Commerce and Consumer Protection
Hawai'i State Legislature, State Capitol
Honolulu, HI 96813

RE: SB 2106 SD1 – OPPOSITION AS CURRENTLY DRAFTED

Dear Chair Keohokalole, Vice Chair Fukunaga, and Members of the Senate Committee on Commerce and Consumer Protection:

On behalf of the Consumer Healthcare Products Association (CHPA)¹, I write to respectfully oppose SB 2106 SD1 as currently drafted and urge this Committee to either reject the measure or substantially amend it to address our significant concerns.

While CHPA does not believe age restrictions on dietary supplements for weight loss or muscle building are necessary, we recognize the concerns raised by parents and lawmakers. In the spirit of good-faith compromise, we are prepared to remain neutral on an age 18 restriction – but only if the legislation is narrowly tailored to apply exclusively to products explicitly marketed or labeled for weight loss or muscle building.

Unfortunately, SB 2106 SD1 goes far beyond this limited scope and would create an unworkable regulatory framework that sweeps in hundreds of products never intended for weight loss or muscle building purposes.

Ingredient-Based Restrictions Are Overly Broad and Unworkable

While the bill's definitions state that products are restricted if they are "labeled, marketed, or otherwise represented for the purpose of achieving weight loss or building muscle," the bill's actual restriction language is far broader and more problematic. The provision restricts products that:

- Modify, maintain, or reduce body weight, fat, appetite, overall metabolism, or the process by which nutrients are metabolized; or
- Maintain or increase muscle or strength

This language vastly exceeds the bill's stated purpose and would capture hundreds of legitimate products that have nothing to do with teen eating disorders, muscle building, or extreme dieting, including:

¹ The Consumer Healthcare Products Association is the Washington, D.C. based national trade association representing the manufacturers of over-the-counter (OTC) medications, dietary supplements, and OTC medical devices

- Protein supplements and meal replacements marketed to seniors or adults for maintaining muscle mass during aging
- Metabolic health supplements for blood sugar support, thyroid function, or general metabolic wellness
- Recovery and wellness products that support normal muscle maintenance after illness or injury
- Nutritional products that naturally affect nutrient metabolism as part of their general health benefits

Furthermore, the bill would allow regulatory authorities to consider the mere presence of certain ingredients (such as creatine, green tea extract, raspberry ketone, garcinia cambogia, and green coffee bean extract) as determinative of whether a product falls under this sweeping restriction.

This ingredient-based approach is fundamentally flawed. These ingredients appear in hundreds of products marketed for entirely different purposes, including:

- General health and wellness supplements
- Energy and focus products
- Antioxidant supplements
- Products marketed for cardiovascular health, cognitive function, or immune support

Green tea extract, for example, is widely used in products marketed for antioxidant benefits, cardiovascular health, and general wellness – not weight loss. Creatine is a well-researched supplement used for many purposes outside of athletic performance, including cognitive function support, brain health, and memory enhancement in products that make no weight loss or muscle building claims whatsoever.

The combination of overly broad restriction language (covering products that merely "maintain" normal metabolic function or muscle mass) and an ingredient-based enforcement approach would inappropriately restrict access to countless products that have nothing to do with the bill's stated purpose of addressing concerns about teen eating disorders.

The definitions of "dietary supplement for weight loss or muscle building" and "nonprescription diet pill" must be narrowed and should be the sole basis for determining coverage – focusing exclusively on actual marketing and labeling claims for weight loss or muscle building, not the maintenance of normal healthy function, and never based solely on ingredient content.

Burdensome Delivery Verification Requirements

The bill's definition of "delivery sale" creates a problematic framework by defining covered sales as those where:

- Products are delivered by common carrier, private delivery service, or other remote delivery method, AND

- The seller is not in the physical presence of the consumer when the consumer obtains possession

This language, combined with the requirements that would apply to "delivery sellers", appears to require age verification both at the point of online purchase and again at the point of delivery. This dual-verification requirement is:

- Duplicative and unnecessary
- Inconvenient for consumer, who must be physically present to show ID at delivery, preventing standard doorstep drop-off and creating scheduling challenges for working men and women
- Operationally burdensome for retailers and delivery services
- Inconsistent with how age-restricted products are handled in other contexts
- Problematic for senior citizens with mobility or health limitations who routinely depend on caregivers, family members, or neighbors to receive deliveries on their behalf

One verification at the point of sale is sufficient and appropriate.

Vague Requirements for "Retail Establishments"

The definition of "retail establishment" is extremely broad, encompassing not only traditional retail stores but also vendors accepting orders "by mail, telephone, electronic mail, internet website, online catalog, or software application."

Retailer responsibilities should be limited exclusively to verifying that purchasers are 18 years of age or older through standard ID verification – nothing more. The bill fails to specify that this age verification is the sole requirement for retailers, creating dangerous ambiguity about whether additional requirements regarding product placement, merchandising, signage, display practices, record-keeping, or other operational burdens might be imposed through subsequent rulemaking or regulatory interpretation.

Any requirements beyond a simple age check at point of sale would be inappropriate, unworkable, and excessively burdensome. Retailers should not be tasked with:

- Determining which products fall under the restriction based on ingredient analysis
- Segregating or specially displaying affected products
- Maintaining special signage or warnings
- Tracking or reporting sales data
- Implementing additional employee training beyond standard ID verification procedures

The bill should explicitly state that compliance requires only verification of age 18 or older at the time of purchase, using the same standard ID verification process already employed for age-restricted products like alcohol and tobacco. No additional retailer obligations, responsibilities, or compliance measures should be authorized, whether through the statute itself or any subsequent administrative rulemaking.

Legal Uncertainty

It is worth noting that only one state (New York) has enacted similar legislation, and that law is currently being challenged in court. Hawai'i should not rush to adopt potentially unconstitutional or legally problematic regulations without addressing the fundamental flaws identified above.

We urge the Committee on Health and Human Services to amend SB 2106 to include the following parameters:

- **Marketing/Labeling Standard Only:** Amend the definitions in Section 1 to make absolutely clear that products are covered only if their primary marketing, or labeling, is explicitly for weight loss or muscle building – not based on ingredient lists or any consideration of ingredient content.
- **Single Point of Verification:** Amend the "delivery sale" definition to require age verification only at the point of sale (online transaction), not again at delivery.
- **No Additional Retail Restrictions:** Clarify in Section 1 that the measure is limited to age verification at point of sale and does not authorize or impose requirements on product placement, display, or merchandising practices.
- **Clear Exclusionary Language:** Add explicit language to Section 1 clarifying that products marketed for general health, wellness, energy, athletic performance, or other purposes are not covered simply because they contain common ingredients.

Conclusion

CHPA respectfully requests that this Committee either reject SB 2106 SD 1 in its current form, or substantially amend the bill to limit it to a simple age restriction for products explicitly marketed for weight loss or muscle building, with a single point-of-sale age verification requirement and no consideration of ingredient content.

We appreciate the Legislature's attention to youth health and wellness issues and stand ready to work collaboratively with this Committee to develop a more targeted approach that addresses legitimate concerns without creating an unworkable regulatory framework that restricts access to thousands of products unrelated to the bill's stated purpose.

Thank you for your consideration. We welcome the opportunity to discuss these concerns further and to provide technical assistance in drafting appropriate amendments.

Respectfully submitted,



Carlos I. Gutiérrez
Vice President, State & Local Government Affairs
Consumer Healthcare Products Association

Washington, D.C.
202.429.3521
cgutierrez@chpa.org

Cc: Members of Committee on Commerce and Consumer Protection

SB-2106-SD-1

Submitted on: 2/24/2026 10:49:55 PM

Testimony for CPN on 2/26/2026 9:45:00 AM

Submitted By	Organization	Testifier Position	Testify
Maile Dunn	Testifying for Hawaii Youth Food Council	Support	Written Testimony Only

Comments:

Aloha Chair and Committee Members,

My name is Maile, and I am a proud member of the Hawaii Youth Food Council.

I am submitting testimony in support of SB2106 (2026).

I support this bill because I believe that protecting the health of our youth-- in both physical and mental capacities-- is beyond important. Limiting the access that youth have to potentially harmful substances and products is of utmost importance to me, and I feel that this bill will help to achieve exactly that. Whether it be via social media, societal norms, or stereotypes that are reinforced by the constant nature of digital clicking and scrolling, unhealthy physical standards have gripped our generation for too long. It is time for this pattern to end, and this bill offers the perfect opportunity. I write this testimony with two assignments due tomorrow morning, and yet that is the least of my concerns. While my grades don't reflect negligence, failing to take action on this bill would. Therefore, I find this matter completely worth my time.

I believe it is important to **prohibit the sale of nonprescription diet pills and dietary supplements for weight loss or muscle building to anyone under eighteen years old.**

Ultimately, I feel that it's important that our legislature considers policies that ensure the safety and well-being of all youth. This bill aligns with that goal.

Thank you for your consideration.

Mahalo,
Maile

February 25, 2026

Dear Members of the Senate Committee on Commerce and Consumer Protection:

I am writing on behalf of the Council for Responsible Nutrition (CRN) to express our opposition to Senate Bill 2106. This legislation would prohibit the sale of safe, regulated weight management and muscle-building dietary supplements to consumers under the age of eighteen in the State of Hawaii. Such policy is counter to effective public health efforts and would inflict unintended consequences to the detriment of Hawaii's consumers and overall economy.

CRN is the leading trade association representing dietary supplement and functional food manufacturers and ingredient suppliers. The dietary supplement industry is critical to Hawaii's economy, accounting for over \$220 million in total economic impact, nearly 1,000 direct jobs, and nearly \$42 million in tax revenue.¹ Additionally, dietary supplement products are used by millions of Americans to help maintain a healthy lifestyle.

We strongly sympathize with anyone impacted by eating disorders and thus respect the intent of this proposal; however, the bill fails to help those suffering from this condition. SB 2106's misguided approach has erroneously associated muscle-building and weight-loss dietary supplements with eating disorders among underage individuals, despite no scientific evidence of a causal relationship. In fact, a 2023 peer-reviewed paper examining the complex and multifaceted risk factors associated with this condition found no known causal relationship between the use of dietary supplements and the onset of eating disorders.

(<https://pmc.ncbi.nlm.nih.gov/articles/PMC10181165/>)

Eating disorders are complex mental health conditions with a myriad of contributing factors and unfortunately, scapegoating dietary supplements will not address the root causes of these issues. Further, a 2022 peer-reviewed paper examining dietary supplements for weight management concluded that common ingredients, including ones that could be restricted by this bill, are safe when taken as directed. (<https://pmc.ncbi.nlm.nih.gov/articles/PMC9099655/>)

Instead of enhancing public health, SB 2106 would harm retailers and consumers alike. If enacted, this bill would have far-reaching economic effects on Hawaii by placing new compliance burdens on retail establishments, and businesses across the State would be penalized and punished for selling legal products regulated by the U.S. Food and Drug Administration.

¹ Economic impact study of the dietary supplement industry. Economic Impact Study of the Dietary Supplement Industry Council for Responsible Nutrition. (2024, January 23). <https://www.crnusa.org/resources/economic-impact-study-dietary-supplement-industry>

To comply, retailers will be tasked with multiple burdensome requirements, under threat of penalization. First, retailers would be tasked with determining what constitutes a covered weight loss or muscle building product. They would then need to reconfigure stores to remove large amounts of products from self-service shelves, and either enclose them in locked cases or move them behind the counter. This provision is especially troublesome since it limits access to FDA-regulated products for all consumers, preventing all shoppers from evaluating which supplements might be right for them. In addition, retailers would need to train their employees to age verify purchases for a broad description of products. This creates a huge impact on local retailers, including grocers, health food stores, and pharmacies, and would likely add to necessary staff training and time. Even without the "limited access" requirement, many retailers could limit self-service access out of concern for inadvertent sales in violation of the age restrictions. Additionally, consumers would be deprived of self-service access to lawful products. This proposal would also potentially place enforcement authority on the State to inspect hundreds of retailers, resulting in a large financial cost to taxpayers.

It is also critical to note that Governors in other states, including California, have vetoed similar legislation, and that CRN is engaged in active federal court litigation against New York, the only state to enact similar legislation. SB 2106 begs similar constitutional questions to those raised by the New York law and that are the subject of CRN's ongoing litigation over how this legislative approach could violate First Amendment protections on commercial speech. Specifically, this bill, like the New York law, uses protected speech (lawful and truthful claims about a product) as a proxy for supposed harm without any supporting evidence.

CRN is committed to working with the bill sponsor and policymakers in Hawaii to enhance public health; however, targeting safe, beneficial, and federally regulated products is not a viable solution. The reality is that this legislation will not provide any benefit toward reducing eating disorders among young people and, in fact, creates a false sense of hope that the legislature is doing something to address this issue and help those in need. We urge you to reevaluate SB 2106 as its extensive impacts will be felt by most of the communities and consumers that you represent and respectfully ask that you oppose this legislation.

We thank you for the opportunity to convey our position and are available to answer any questions.

Sincerely,

Andrea W. Wong, Ph.D.
Senior Vice President & Chief Science Officer
Council for Responsible Nutrition

SB-2106-SD-1

Submitted on: 2/25/2026 9:16:51 AM

Testimony for CPN on 2/26/2026 9:45:00 AM

Submitted By	Organization	Testifier Position	Testify
Leila Mae Gonzales	Testifying for Harvard STRIPED	Support	Written Testimony Only

Comments:

Aloha Chair and Committee Members,

My name is Leila Mae Gonzales and I am a student with the Hawai'i team for Harvard STRIPED, an organization dedicated to raising awareness and also preventing eating disorders in youth.

I am submitting testimony in support of SB2106 (2026).

I support this bill because diet pills and muscle building supplements are not prescreened by the FDA before sale, leaving minors vulnerable to products that may contain banned drugs, toxic chemicals, steroids, or heavy metals. These products contribute to more than 23,000 emergency department visits annually in the U.S., with weight-loss supplements accounting for more than a quarter of these cases. Aggressive marketing disproportionately targets vulnerable communities and deepens health inequities. Medical experts, including the American Academy of Pediatrics, strongly caution against teens using these products.

As a young person, I believe it's important that our legislature considers policies that ensure the safety and well-being of all youth. This bill aligns with that goal.

Thank you for your consideration.

Mahalo,
Leila Mae Gonzales

SB-2106-SD-1

Submitted on: 2/20/2026 6:09:07 PM

Testimony for CPN on 2/26/2026 9:45:00 AM

Submitted By	Organization	Testifier Position	Testify
Caroline Azelski	Individual	Support	Written Testimony Only

Comments:

In support of. Thank you.

SB-2106-SD-1

Submitted on: 2/24/2026 6:53:32 PM

Testimony for CPN on 2/26/2026 9:45:00 AM

Submitted By	Organization	Testifier Position	Testify
Christy Ishida	Individual	Support	Written Testimony Only

Comments:

Aloha Chair and Committee Members,

My name is Christy Ishida, and I am a student with `Iolani School.

I am submitting a testimony in support of SB2106 (2026).

As a teenage girl, I am surrounded by the weight of body image, and I see myself and peers struggling with it everyday. As citizens of Hawai`i, it is especially common to go to the beach with friends, tan, or overall do any sort of activity in a swimsuit than it may be in other areas. Not only this, but being a teenager (especially a teenage girl), comes with many mental challenges– one of which is body dysmorphia. This bill is important in protecting the health of our youth and ensuring that harmful products do not reach minors that do not yet comprehend the side effects. This is an issue incredibly important to me and my community, as I know that our young generation will benefit from this. I believe it is crucial that our legislature considers policies that encourage healthy habits.

Thank you for your consideration.

**Mahalo,
Christy Ishida**

SB-2106-SD-1

Submitted on: 2/24/2026 9:45:14 PM

Testimony for CPN on 2/26/2026 9:45:00 AM

Submitted By	Organization	Testifier Position	Testify
Paul Bernstein	Individual	Support	Written Testimony Only

Comments:

Aloha e Chair Keohokalole and members of the CPN committee,

As a parent of two, I **strongly support** of SB2106 SD1, which prohibits the sale of nonprescription diet pills and dietary supplements for weight loss or muscle building to any person under eighteen years of age.

The market for nonprescription pills and dietary supplements is completely unregulated and therefore rich with false claims about efficacy. In addition, many of these supplements contain dangerous levels of heavy metals. So taking these nonprescription pills and/or dietary supplements can actually make you less healthy.

As adults, we should be doing everything we can to protect our keiki. This bill is one step in that direction. Thus, I urge you to pass SB2106 SD1 out of your committee for the sake of our keiki and society at large.

Me ka mahalo nui,

Paul Bernstein

Honolulu



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S. Bryn Austin, Sc.D.

Professor

Boston Children's Hospital

Division of Adolescent/Young Adult Medicine

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HARVARD
T.H. CHAN

SCHOOL OF PUBLIC HEALTH

Department of Social and
Behavioral Sciences

Feb. 25, 2026

Re: Hawaii Senate Bill 2106, Relating to Health

Dear Honorable Members of the Committee on Commerce and Consumer Protection:

I am Professor of Pediatrics at Harvard Medical School and Professor in Social and Behavioral Sciences at the Harvard T.H. Chan School of Public Health. I am also the Director of the Strategic Training Initiative for the Prevention of Eating Disorders based at the Harvard School of Public Health. I would like to share research supporting **Senate Bill 2106**, Relating to Health, and to strongly urge you to vote in favor of this important bill.

Dietary supplements sold for weight loss and muscle building are commonly used in the United States, with one in five women and one in 10 men reporting ever using weight loss supplements.¹ Use of muscle-building supplements is also common among adolescents, with one study finding nearly 11% of adolescent boys and 6% of adolescent girls reporting use of these products.² In 2019, American households spent over \$2.5 billion on weight-loss supplements, and the sector is estimated to increase to \$4 billion in annual revenue by 2027.³

These products can be found in most pharmacies, grocery stores, health food stores, and other retailers and online through Amazon, Walmart, and countless other online vendors. What many people do not know is that dietary supplements are not prescreened for safety or efficacy by the U.S. Food and Drug Administration (FDA) before they end up on store shelves. In 1994, Congress passed the Dietary Supplement Health and Education Act, which prohibits the FDA from prescreening dietary supplements before they enter the market. Instead, manufacturers are expected to adhere to the honor system and self-assess the safety of their own products.⁴

In the absence of FDA prescreening, many dietary supplements on the consumer market, especially those sold for weight loss and muscle building, have been found to be laced with prescription pharmaceuticals, banned substances, heavy metals, pesticides, and other dangerous chemicals.⁵⁻⁹ A study led by the FDA tested a small selection of the tens of thousands of dietary supplements on the market and found hundreds of those sold for weight loss to be adulterated with pharmaceutical drugs and banned chemicals, which often are associated with serious health consequences.⁹ Similarly, Dr. Pieter Cohen, faculty at Harvard Medical School and a global leader in toxicology research on weight-loss and muscle-building supplements, published in the scientific journal *Clinical Toxicology* yet another sobering study exposing the cocktail of illegal, experimental stimulants found in many widely available weight-loss and muscle-building supplements.⁶ These mixtures of excessive stimulants can produce in

consumers a range of noxious effects, from nausea, vomiting, and sweating to heart palpitations, cardiac arrest, and stroke.

Weight-loss and muscle-building dietary supplements have also been linked with liver and other organ damage, sometimes necessitating organ transplant or resulting in death.^{4,7} In fact, the rate of liver failure has risen 185% in the past decade,⁷ and 16% of serious drug-induced liver injury cases in the United States are attributed to dietary supplement use, the majority being those sold for weight loss.¹⁰ Rather than prescreen supplements for toxic ingredients before the products end up on store shelves, the FDA relies on reports of serious adverse incidents, such as injury or fatality, after consumer ingestion to find out that dietary supplements have caused harm to consumers.⁴ Since consumers do not always associate health problems with dietary supplements or reveal to their healthcare providers that they are using these products, the true number of adverse incidents due to dietary supplements sold for weight loss and muscle building is likely far higher than the number reported to the FDA.

A national study by the Centers for Disease Control and Prevention (CDC) estimated that dietary supplements result in over 23,000 emergency department visits every year, and weight-loss supplements in particular account for over a quarter of these visits.¹¹ Which age group is hit hardest by the dangers of these types of supplements? Young adults ages 20-34 years, and for young people ages 5-19 years, weight-loss supplements make up the largest single type sending them to the emergency department too. Another study, this one of reports to poison control centers nationwide, documented nearly 275,000 reports related to dietary supplement use from the period from 2000 to 2012; the study also found that reports of supplements to poison control centers increased 50% between the years of 2005 to 2012.¹²

A study in *Journal of Adolescent Health*, a leading international journal in adolescent medicine, conducted by my Harvard-based research team using the FDA's adverse event reporting system database for supplements, found that youth using weight-loss or muscle-building supplements were nearly three times more likely than those using ordinary vitamins to experience severe medical harm, including hospitalization, disability, and even death.¹³ In another study conducted by my Harvard-based research team, with data from over 10,000 adolescent and young adult women followed over a 15-year period, we found that those who used over-the-counter diet pills for weight control were nearly six times more likely than peers who did not use these products to be diagnosed with an eating disorder within one to three years of beginning use of these products.¹⁴ Eating disorders have among the highest death rate of any psychiatric disorder.¹⁵

Weight-loss supplements perpetuate and exacerbate gender and racial/ethnic health inequities among Americans. (See addendum included with this support letter for detailed description of health inequities linked with weight-loss supplements.) Girls and women are two times more likely to use weight-loss supplements in their lifetimes than are boys and men, and Black and Latine communities have a higher lifetime use of weight-loss supplements than white communities.¹⁶ Companies that sell weight-loss supplements have been employing manipulative and predatory tactics deliberately targeting Latine communities around the country for years,¹⁷⁻¹⁹ and these practices are putting the health of Latine youth in particular in jeopardy. In another study from our Harvard research team based on CDC national data from U.S. high schools, Latine girls and boys had nearly 40% higher risk of using over-the-counter diet pills in the past month than their white non-Latine peers. Furthermore, we found the disparities have been worsening over time among high school girls, with 1 in 10 Latina girls reporting over-the-counter diet pill use in the past 30 days in the most recent year assessed compared to 6% of white girls.²⁰

These statistics are disturbing and unacceptable, but they pale in comparison to the stories of young people cut down in the prime of life because of these toxic products. Stories like that of 17-year-old Christopher Herrera: Christopher was hospitalized in Texas with severe liver damage after using a supplement with concentrated green tea extract – a known liver toxin – purchased at a nutrition store to lose weight. Doctors recalled that when he arrived, his chest, face, and eyes were “almost highlighter yellow” and the damage was so severe that Christopher was put on the waiting list for a liver transplant. Although young Christopher survived this near-fatal poisoning by a weight-loss supplement, he can no longer spend much time outdoors or exert himself through sports or exercise.²¹

The following year, the Hawaii Department of Health, CDC, and FDA conducted a public health investigation when a number of otherwise healthy patients reported severe acute hepatitis and liver failure. The investigation identified 29 cases of hepatitis and found that 24 (83%) of these patients reported using OxyELITE Pro, a dietary supplement sold for weight loss and muscle building, during the previous two months.⁸ These are just two of the many examples of serious health consequences linked with weight-loss supplements.⁷⁻⁹

Not surprisingly, dietary supplements sold for weight loss and muscle building are not recommended by reputable physicians for healthy weight management. In fact, the American Academy of Pediatrics has issued two reports strongly cautioning against their use by teens.^{22,23} Despite these warnings, we have an industry rife with unscrupulous manufacturers that have repeatedly failed to meet their legal obligation to ensure the safety of their products before they are placed on the consumer market. Knowing what we know today about the repeated violations of trust on the part of these manufacturers, how can we continue to let them and the retailers who profit from their products play Russian roulette with the children of Hawaii?

Recognizing the grave risk these predatory products pose to children, other states have taken action. In October 2023, New York Gov. Kathy Hochul signed into law a very similar bill, making New York the first state in the country to ban the sale of over-the-counter diet pills and muscle-building supplements to minors younger than 18 years old. It is clear that action must be taken to protect Hawaii youth. State governments have the right and responsibility to act, and legal review has clearly established that there is no federal preemption in this case.⁴ **Senate Bill 2106** will give Hawaii lawmakers the opportunity to take action to protect children and other vulnerable consumers in the state from these harmful products. This bill would ban sale of over-the-counter diet pills and supplements sold for weight loss or muscle building to minors younger than 18 years old in brick-and-mortar stores, by mail-order, or online.

We must act now to put limits on the sale of these dangerous products to protect the children of Hawaii. **I urge you to vote in support of Senate Bill 2106.** Thank you for your time and leadership on this important issue.

Sincerely,



S. Bryn Austin, ScD
Professor, Harvard Medical School & Harvard T.H. Chan School of Public Health
Director, Strategic Training Initiative for the Prevention of Eating Disorders

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A Threat to Health Equity

Weight-loss supplements are dangerous.

With **limited FDA oversight**, some dietary supplements laced with banned pharmaceuticals, steroids, and other toxic ingredients [1-4]

Annual revenue of U.S. weight-loss supplement industry = **\$2.56 billion** [5]

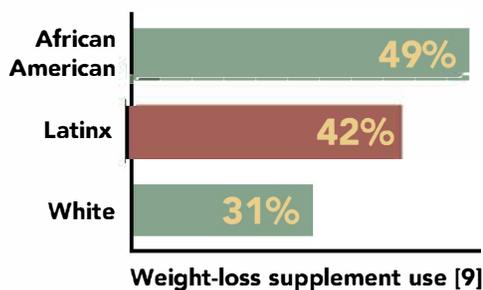
23,000 ER visits per year in U.S. due to supplements [6] – 25% of these sold for weight loss – which may result in organ failure, heart attack, stroke, and death [1-4]

According to the FDA adverse event reporting system, weight-loss supplements are **3x more likely to cause severe medical injury** than vitamins [7]

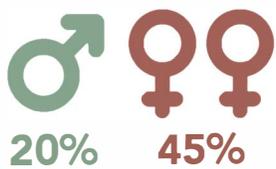
Youth who use over-the-counter (OTC) diet pills are **6x more likely to be diagnosed with an eating disorder** within 3 years than nonusers [8]

Weight-loss supplements worsen health inequities.

Among adults trying to lose weight, unacceptable inequities in lifetime use of **harmful** weight-loss supplements:



African American & Latinx adults at **higher risk** than white adults [9]

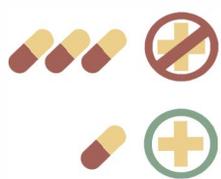
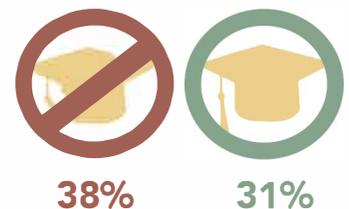


Women have **twice the risk** as men [9]

People in households with annual income **less than \$40,000** at higher risk than those with higher income [9]



People with high school education or less at **higher risk** than those with higher education [9]



Uninsured adults **3x more likely** to use harmful weight-loss supplements than insured adults [10]

Latinx teens **40% more likely** to use OTC diet pills than white teens [11]

Since the COVID-19 pandemic started, African-American adults **3x more likely** than white adults to start using weight-loss supplements [12]



Immigrants with low English proficiency at **higher risk** of not understanding FDA alerts/recalls on supplements compared to those with high English proficiency [10]

STRIPED

A PUBLIC HEALTH INCUBATOR

Strategic Training Initiative for the Prevention of Eating Disorders
Designed by Marlena Skrabak

Find out more about the dangers of weight-loss supplements and threats to health equity at:
<https://www.hsph.harvard.edu/striped/out-of-kids-hands/>

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SB-2106-SD-1

Submitted on: 2/25/2026 6:00:54 AM

Testimony for CPN on 2/26/2026 9:45:00 AM

Submitted By	Organization	Testifier Position	Testify
Seuta'atia Cochran	Individual	Support	Written Testimony Only

Comments:

Aloha Chair and Committee Members,

My name is Seuta'atia Cochran, and I am a student with Hawaii Youth Food Council.

I am submitting testimony in support of SB2106 (2026).

I support this bill because [brief reason in your own words — why you think this bill matters, e.g., “protecting youth health and preventing harmful products from reaching minors is important to me and my community”].

As a young person, I believe it’s important that our legislature considers policies that ensure the safety and well-being of all youth. This bill aligns with that goal.

Thank you for your consideration.

Mahalo,

Seuta'atia Cochran

Grade 12 / 'Iolani Schools

SB-2106-SD-1

Submitted on: 2/25/2026 7:09:35 AM

Testimony for CPN on 2/26/2026 9:45:00 AM

Submitted By	Organization	Testifier Position	Testify
Elizabeth Brophy	Individual	Support	Written Testimony Only

Comments:

Aloha Chair and Committee Members,

My name is Elizabeth Brophy, and I am a student with 'Iolani School

I am submitting testimony in support of SB2106 (2026).

I support this bill because young people should not be allowed to have weight loss drugs or muscle building drugs without a prescription. Being a teenager comes with many pressures and I understand someone wanting to loo better. but allowing this to continue would push young poeple to use potentially harmful drugs instead of healthier solutions for weight loss and muscle like excersice and eating healthy. This is not reliable or sustainable for a healthy, thriving society.

As a young person, I believe it's important that our legislature considers policies that ensure the safety and well-being of all youth. This bill aligns with that goal.

Thank you for your consideration.

Mahalo,
Elizabeth Brophy
Grade 9 / 'Iolani School

Fact Sheet

Protect Child Health in Hawaii

SB2106 COULD SAVE LIVES AND MILLIONS OF DOLLARS FOR HAWAII



The Problem



- **Youth are at risk.** A new study by Hall et al. found that nearly 1 in 10 adolescents have used ineffective and potentially harmful over-the-counter diet pills and similar products misused for weight loss in their lifetimes. Prevalence of use among adolescents was 2.0% in the past week, 4.4% in the past month, 6.2% in the past year, and 8.9% in their lifetime. ⁽¹⁾
- **Dangerous products.** Weight-loss and muscle-building dietary supplements carry serious risks, including organ failure, heart attack, stroke, testicular cancer, and even death. ⁽²⁻⁵⁾ Too often they contain illegal steroids, pharmaceutical drugs, or heavy metals. ⁽⁶⁾ The American Academy of Pediatrics strongly cautions against teens using over-the-counter diet pills ⁽⁷⁾ or muscle-building supplements ⁽⁸⁾ for any reason.
- **Weak federal regulation.** Supplements are taken off shelves by the Food and Drug Administration only after reports of serious injury. ⁽⁹⁾ In 2015, attorneys general of 14 states joined in a [letter](#) to Congress seeking a federal investigation into dietary supplements, ⁽¹⁰⁾ but still no federal action has been taken. Hawaii's youth need greater protection now.



Urgent Action Needed by Hawaii Lawmakers



- **Protect young people from the dangers of over-the-counter diet pills and muscle-building supplements.** If signed into law, **SB2106** would ban the sale of over-the-counter diet pills and muscle-building supplements to minors under 18 years old, as already done for other dangerous products such as tobacco and pseudoephedrine. New York State has already passed a similar law, which took effect in April 2024.



Two Studies by Brandeis Economists Estimate Very Low, One-time Implementation Cost but Millions in Savings From Protective Effects



- **A study examining similar legislation from Massachusetts aimed to evaluate the value of implementing a state-level ban on sale of over-the-counter diet pills and muscle-building supplements to minors.**
 - The study gathered data through key informant interviews and public data on state websites.
 - The study considered minimum, best, and maximum values for state personnel time and salaries needed for all key provisions of the legislation.
- **The study found one-time implementation opportunity cost** estimated to be **only \$47,536**, which is less than a starting salary of a state administrative staff position. ⁽¹¹⁾
- **A second study estimated the cost-effectiveness of similar legislation in Massachusetts and likely effects on health equity.**
 - They found similar legislation would prevent **57,034 eating disorder cases** and **more than 46,000 other adverse medical events** over 30 years.
 - Also it would yield **annual healthcare savings of \$14 million** and **societal savings of \$30 million**.
- Health equity analysis showed results were **as beneficial or even more so for Latine & Black youth compared to their White counterparts.** ⁽¹²⁾

Given the bill's strong potential to provide urgently needed protection for youth and the estimated low cost of implementation, we urge your support for SB2106.

Fact Sheet

Protect the Health of Hawaii's Children

References

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Given the bill's strong potential to provide urgently needed protection for youth and the demonstrated low cost of implementation, we urge your support for SB2106.

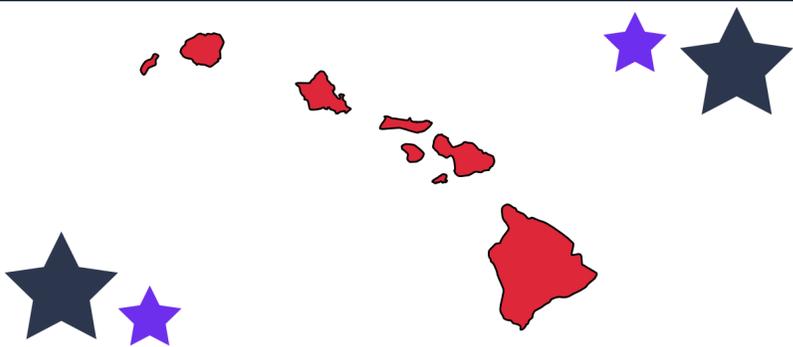
OUT OF KIDS' HANDS

HOW SENATE BILL 2106 COULD SAVE OUR STATE MILLIONS

In Hawaii, eating disorders cost the state

\$280
MILLION

every year.¹



Youth are at risk...

Nearly 1 in 10 adolescents have used misleading & potentially harmful over-the-counter (OTC) diet pills in their lifetimes,² while 19% of young men & 7% of young women report using muscle-building supplements.³



These products are dangerous...

Due to weak federal oversight, these products have repeatedly been found to be laced with dangerous ingredients, including illegal steroids, pharmaceutical drugs, excessive stimulants & heavy metals,⁴ causing serious risks.⁵⁻¹¹ A rigorous review concluded "the use of natural supplements for weight loss are unlikely to contribute to meaningful weight loss and in some cases may contribute to harm"¹² - including liver & kidney failure.



The FDA's hands are tied...

By law, the FDA can act only after reports of serious risk or injury,¹¹ warning the public that they are "unable to test and identify all products marketed as dietary supplements" & that "consumers should exercise caution before purchasing any product,"¹³⁻¹⁴ but still no federal action has been taken!

Expert economists say implementation cost of legislation like SB2106 likely to be minimal!¹⁵

- Health economists from The Heller School for Social Policy and Management from Brandeis University carried out a study, examining similar legislation from the state of Massachusetts to estimate the cost of implementing a state-level ban on sales of OTC diet pills and muscle-building supplements to minors by gathering data through key informant interviews and public data on state websites.

What they found...

The one-time implementation opportunity cost was estimated to be **only 0.0000823% of the FY25 Massachusetts state budget** - so virtually nothing!^{15,16}

This legislation is likely to amount to a minimal 1-time implementation cost of **virtually nothing!**



Expert economists say legislation like SB2106 could save state millions!¹⁷

- The same expert economists modeled cost-effectiveness of the age-restriction policy vs. current law using two closed cohorts of males & females aged 0-17 years in Massachusetts.

What they found...¹⁷

- Their cost-effectiveness study in Massachusetts estimated:
 - Similar legislation to SB2106 would prevent 57,034 eating disorder cases and more than 46,000 other adverse medical events over 30 years.
 - Also it would yield **annual** healthcare savings of \$14 million and societal savings of \$30 million.
 - In sum, SB2106 will incur essentially no new costs to implement but can save the state millions every year**

This legislation is likely to annually yield **\$14 million** in healthcare & **\$30 million** in societal savings!

The upshot: **SB2106 will save lives and money for Hawaii.**

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Date: February 25, 2025
To: Senator Jarrett Keohokalole, Chair
Senator Carol Fukunaga, Vice Chair
Members of the Senate Committee on Commerce & Consumer Protection (CPN)
From: Sophia Park
Re: **SUPPORT for SB2106**
Hearing: 02/26/2026, Thursday, 9:45 AM

Thank you for the opportunity to testify in **support of SB2106**, which represents a crucial step toward ensuring the protection of youth against over-the-counter diet pills and dietary supplements for weight loss or muscle building. The bill requires retail establishments to verify the purchaser's age using a valid identification card (e.g., a driver's license).

The protections established by this bill would help address public health concerns regarding diet culture, and the use of unregulated supplements among youth, which have been linked to body image issues and adverse health effects in developing bodies. For example, green tea extract—a common ingredient in diet pills and weight-loss supplements—is linked to serious liver injury, as the U.S. National Institute of Diabetes and Digestive and Kidney Diseases has found.¹ The use of concentrated green tea extract for weight loss has caused severe liver damage to teens in the past, including Christopher Herrera, who had to be put on a waiting list for a liver transplant when he was just seventeen years old.² I find it deeply concerning that such products are not already being regulated.

Eating disorders have been found to affect people of all demographics, from those as young as 5 years old to over 80 years old. Nine percent of Hawaiians have been shown to have an eating disorder in their lifetime, and about 234 ER visits and 102 inpatient hospitalizations annually have been connected to eating disorders.³ This bill aims to address a key part of the problem, which is the role that unregulated supplements can play in heightening the danger that eating disorders pose to some of the most vulnerable members of our community—the youth.

As a 16-year-old resident, this bill is important to me because I have observed all around me how societal expectations of how bodies should look weigh heavily on youth. Starting from sixth grade, I noticed that some girls in my class stopped eating lunch, which deeply disturbed me. Adults that used to tell my sister that she looked so skinny and that she should eat more when she was younger started complimenting her for being thin. Completely eradicating these toxic standards will be difficult, but I believe that SB2106 is a crucial step to help limit the extent of physiological harm associated with disordered eating.

Thank you very much for your support of the health and wellbeing of youth. I respectfully urge the Committee to pass this bill.

Sincerely,
Sophia Park
Member of the Harvard STRIPED Youth Action Team of Hawaii

¹ <https://pubmed.ncbi.nlm.nih.gov/31643176/>

² https://www.nytimes.com/2013/12/22/us/spike-in-harm-to-liver-is-tied-to-dietary-aids.html?_r=0

³ https://hsph.harvard.edu/wp-content/uploads/2024/11/State-Report_Hawaii_updated.pdf

SB-2106-SD-1

Submitted on: 2/25/2026 8:56:02 AM

Testimony for CPN on 2/26/2026 9:45:00 AM

Submitted By	Organization	Testifier Position	Testify
Sarina Ponte	Individual	Support	Written Testimony Only

Comments:

Aloha Chair and Committee Members,

My name is Sarina Ponte, and I am a Licensed Professional Counselor specializing in the treatment of eating disorders. I live on Maui and provide telehealth therapy to individuals across the islands. I am writing in strong SUPPORT of SB2106 (2026).

I respectfully urge you to vote in support of SB2106.

In my clinical work, I regularly see the harm caused by nonprescription diet pills and muscle-building supplements, particularly among adolescents. These products are not prescreened by the FDA before being sold and may contain undeclared stimulants, steroids, heavy metals, or other toxic substances. Despite being marketed as harmless “supplements,” they can carry significant physical and psychological risks.

Research shows that dietary supplements account for more than 23,000 emergency department visits annually in the United States, with weight-loss supplements responsible for more than a quarter of those visits. Youth who use weight-loss or muscle-building supplements experience severe medical injuries at triple the rate of those who use standard vitamins. Additionally, young women who use over-the-counter diet pills are six times more likely to develop an eating disorder within one to three years, and young men who use muscle-building supplements are eight times more likely to initiate anabolic steroid use.

In Hawai‘i, our youth are not immune to these pressures. Social media marketing, body image culture, and peer influence aggressively target young people, often normalizing dangerous behaviors in the pursuit of thinness or muscularity. I have worked with adolescents who believed these products were safe simply because they were available on store shelves or online. Many families are unaware of the risks until significant harm has already occurred.

Medical experts, including the American Academy of Pediatrics, caution strongly against adolescent use of these products. SB2106 is a reasonable, targeted safeguard that would restrict access for those under 18, both in retail settings and through delivery sales. It does not ban these products outright but places an age-based protection similar to other public health measures designed to protect minors.

As a clinician committed to the health and well-being of residents of Hawai'i, I believe this bill is an important step toward preventing avoidable medical complications, reducing the risk of eating disorders and steroid misuse, and protecting vulnerable youth from predatory marketing practices.

For these reasons, I respectfully urge you to vote in SUPPORT of SB2106.

Thank you for your time and consideration.

Mahalo,
Sarina Ponte, LMHC, LAC, CEDS, CIEC
Hawai'i