



STATE OF HAWAII
DEPARTMENT OF HEALTH
KA 'OIHANA OLAKINO
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Testimony COMMENTING on SB2106
RELATING TO HEALTH

SENATOR JOY A. SAN BUENAVENTURA, CHAIR
SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES

Hearing Date, Time and Room Number: 02/02/2026, 1:05 pm, 225

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 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.

1 The mission of the Department is to protect and improve the health and environment
2 for all people in Hawai'i. Studies suggest that adolescents and minors are increasingly using and
3 abusing weight loss and muscle building supplements, potentially because of ease of access and
4 social media influence. A recent meta-analysis of ninety studies with over 600,000 adolescent
5 participants found that six percent of the participants used weight loss supplements. Harms
6 associated with using these products include illnesses from consuming contaminated products
7 and the perpetuation of body dysmorphic disorder, particularly the negative impacts that can
8 arise from the availability and marketing of weight loss supplements. Addressing the ease with
9 which these products can be purchased and potentially abused by minors and effectively
10 requiring adult consent supports the Department's mission.

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

21 The Department notes that neither the Department nor the United States ("U.S.") Food
22 and Drug Administration ("FDA") affirmatively approves dietary supplement ingredients.
23 Dietary supplement manufacturers are responsible for determining that their products are safe
24 and that their label claims are truthful, and the Department or U.S. FDA may take enforcement
25 action if the supplement is later found to be unsafe or the health claims on the label are

1 unsubstantiated. The Department suggests that (d)(1)(A) of this measure be amended or
2 deleted.

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

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

13 **Offered Amendments:** None.

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

Aloha to the Chair and to the Members of the Committee,

My name is Kayden Phan, a sophomore at 'Iolani School and the Hawai'i Team Lead for Harvard STRIPED— an organization dedicated to raising awareness and also preventing eating disorders in youth. I am testifying in favor of bill SB 2106.

10,200 deaths occur nationally every year from eating disorders. That is one death every 52 minutes. Eating disorders affect everyone at every age, but especially in the teen demographic. In the world of constant social media use, adolescents are surrounded by external pressures and forced insecurities of following the latest trends and the conventional beauty standard. These expectations are unrealistic and harmful to our generation.

About nine percent of Hawai'i residents will have an eating disorder in their lifetime— hurting over 120,000 individuals. It is vital that we take action to prevent this serious illness from harming our community.

SB 2106 places safety measures for adolescents under the age of eighteen, preventing harmful diet supplements such as creatine and steroids to be used or sold over the counter. This bill does not speak for any medically prescribed or necessary medications, but refers to the scientifically proven harm of the unnecessary supplements.

Adolescence is one of the most critical periods of development and teens should not be motivated to take any weight-loss or muscle building supplements out of pressure to fit into societal expectations. Having witnessed various friends and family members struggle with their image and eating patterns, it is ever so necessary to take steps fighting against eating disorders.

At the end of the day, today's keiki will be our future generation's doctors, lawyers, and even legislators— but as of the present, it is our responsibility to protect and care for Hawai'i's youth. I thank you for your time and consideration of SB 2106.

Mahalo,
Kayden Phan
Youth Advocate and Hawai'i Team Lead
Harvard University T.H. Chan School of Public Health
Strategic Training Initiative for the Prevention of Eating Disorders (STRIPED)



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

TO: Committee on Health and Human Services
FROM: HAWAII FOOD INDUSTRY ASSOCIATION
Lauren Zirbel, Executive Director

DATE: February 2, 2026
TIME: 1:05pm

RE: SB2106 Relating to Health
Position: Comments

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 of muscle building. We also have concerns that defining a category of products based on how they are marketed is subjective and may inadvertently lead to problems with compliance and enforcement.

We would request that if passed, the measure be amended to include product definitions based on what is explicitly stated on product labels.

We would also request that, as for other age restricted products, a reasonable belief clause be included.

Additionally, it should be noted that this will place a not insubstantial new burden on retailers and employees. Adding a large new category of products that have to be placed behind the counter and which require ID checks creates new challenges and expenses for these local businesses.

Thank you for the opportunity to testify.



CONSUMER
HEALTHCARE
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Taking healthcare personally.

January 31, 2026

Senator Joy A. San Buenaventura, Chair
Senator Angus L.K. McKelvey, Vice Chair
Committee on Health and Human Services
Hawai'i State Legislature, State Capitol
Honolulu, HI 96813

RE: SB 2106 – OPPOSITION AS CURRENTLY DRAFTED

Dear Chair San Buenaventura, Vice Chair McKelvey, and Members of the Senate Committee on Health and Human Services:

On behalf of the Consumer Healthcare Products Association (CHPA)¹, I write to respectfully oppose SB 2106 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 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 in Section 1 (pages 5-6, lines 11-17) 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" (Section 1, page 5, lines 11-15) and "nonprescription diet pill" (Section 1, page 5, lines 16-18) 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" in Section 1 (page 5, lines 1-7) 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" (Section 1, page 5, lines 8-10), 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" in Section 1 (page 5, line 19 through page 6, line 4) 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.

The Core Prohibition Lacks Clarity

The new prohibition added as paragraph (21) in Section 2 (page 13, lines 7-11) references "section 328-___" but leaves the section number blank, creating legal uncertainty about what specific protocols and requirements will ultimately apply. This incomplete cross-reference makes it impossible to fully assess the bill's impact.

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 in Section 1 (page 5, lines 1-7) 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.
- **Complete the Cross-Reference:** Fill in the blank section reference in Section 2, paragraph (21) (page 13, line 11) and ensure the referenced section contains only a straightforward age verification requirement.
- **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 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 Health and Human Services

February 1, 2026

Dear Members of the Senate Committee on Health and Human Services:

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

**Testimony regarding
Hawai'i SB 2106: Relating to Health
Retail Establishments; Delivery Sellers; Nonprescription Diet Pills; Dietary Supplements;
Weight Loss; Muscle Building; Sale or Delivery to Minors; Prohibition**

While the American Herbal Products Association (AHPA)¹ supports actions that would effectively address the serious public health problem of eating disorders, we must respectfully oppose SB 2106. Although the bill is well-intentioned, it would restrict access to lawful and beneficial dietary supplement products and create major expenses for public health regulators and retailers, all without addressing the social forces that are the root cause of eating disorders.

Dietary Supplements are already regulated

Dietary supplements are subject to well-established regulation and enforcement systems. The U.S. Federal Food and Drug Administration (FDA) has clear authority over dietary supplements through the Federal Food, Drug and Cosmetic Act and related laws and regulations. FDA is charged with inspecting manufacturing facilities, reviewing labeling, and monitoring products for safety. Under federal law, products labeled as dietary supplements that contain drug substances not considered valid dietary ingredients (such as steroids) are already classified as unlawfully marketed drugs and should not be sold to anyone under any circumstances. Dietary supplement products adulterated with contaminants that can cause serious adverse events are similarly already prohibited under federal law. This bill does not address the harms caused by these unlawful products.

SB 2106's scope is broad and vague

AHPA has addressed legislation similar to SB 2106 in several states, where it has consistently faced legal challenge or failed to pass into law. A common issue preventing the passage of such bills is that the scope of coverage is untenably broad. Many basic nutrients play a role in muscle development and metabolic systems, including protein and vitamin D (creatine, explicitly mentioned in the bill, is similarly a deeply studied ingredient used safely across many demographics). A wide range of products not normally considered weight loss or musclebuilding supplements would thus be subject to the proposed restriction based solely on the identification of their ingredients. The net effect will be consumer confusion regarding what products are actually safe.

As SB 2106 is written, the department of health and courts would be left to make case-by-case determinations about what ingredients, what mechanisms of action, and what communications would count as an implicit claim regarding any of the described biomechanical processes.

¹ The American Herbal Products Association (AHPA) is the national trade association and voice of the herbal products industry. AHPA members include domestic and foreign companies doing business as growers, importers, processors, manufacturers, and marketers of herbs and herbal products, as well as other groups in the dietary supplement industry, including, on this matter, on behalf of its members producing and marketing herbal and nonherbal products in the sports nutrition sector.

SB 2106 will limit consumer access to beneficial products

Regulated industry is not able to determine what products or ingredients are “otherwise represented” for weight loss or muscle building, and would be left to guess as to what products fall within scope. In practice, rather than face potential liability and increased cost of access restriction, retailers may simply remove potentially covered dietary supplements from commerce. Even where such products are not removed, the diversity of safe, lawful products available in physical retail will be greatly reduced.

Coupled with the overbreadth of the bill’s scope, this issue will have the effect of making basic sources of supplemental and active nutrition unavailable at retail. This will drive consumers out of Hawaiian stores and onto online marketplaces, where any restriction would be less enforceable and where more hazardous, unlawful products may be sold.

SB 2106’s requirement for signature upon receipt for delivery sale at section (c)(2) similarly carries a major cost burden; responsible and compliant industry may remove itself from the Hawaiian market rather than undergo these costs, leaving those parties least likely to follow the law in their place.

Age restriction bills for active nutrition products have a fundamental scope problem

The New York law creating age restrictions on these products has, so far, been the sole such legislation to go into effect. Like SB 2106, it outlines the universe of restricted products using a broad factors-consultative framework. Such an approach places a duplicative burden of product analysis on regulators, manufacturers and retailers, without providing any additional clarity.

At root, absent a direct, explicit connection between specific covered products and/or ingredients and a causal mechanism of public health risk to those under the age of 18, such legislation will continue to generate fundamental problems of scope and enforcement.

AHPA appreciates the opportunity to comment on SB 2106, and are happy to provide additional resources and evidence regarding the inefficacy of this sort of category-specific restriction. We invite members of the Committee to contact our Vice President of Regulatory & Government Affairs, Robert Marriott, at rmarriott@ahpa.org if they have any further questions regarding this matter.

LATE

SB-2106

Submitted on: 2/2/2026 5:34:45 AM

Testimony for HHS on 2/2/2026 1:05:00 PM

Submitted By	Organization	Testifier Position	Testify
Kyle Turk	Testifying for Natural Products Association	Oppose	Remotely Via Zoom

Comments:

SB-2106

Submitted on: 2/1/2026 12:03:32 PM

Testimony for HHS on 2/2/2026 1:05:00 PM

Submitted By	Organization	Testifier Position	Testify
Coco Kim	Individual	Support	In Person

Comments:

My name is Coco Kim, a junior at Iolani school, and I am a youth advocate from Hawai‘i testifying in support of HB 2380.

As a young person, I have grown up surrounded by constant messages about weight, appearance, and “fixing” our bodies. Through social media, advertising, and even conversations at school, many teens are made to feel that their bodies are problems that need to be changed. Diet supplements are often presented as an easy solution—promising weight loss, control, or confidence—without explaining the very real risks behind them. Many are poorly regulated, marketed with misleading claims, and contain ingredients that can cause serious health effects such as anxiety, heart issues, sleep disruption, and nutritional imbalance.

I have seen how these products can contribute to unhealthy relationships with food and body image among teens. For some, diet supplements become the first step toward disordered eating behaviors that can quickly escalate. Eating disorders are not a phase or a trend—they are serious, life-threatening illnesses, with one of the highest mortality rates of any mental health condition. Prevention matters, and it must start early.

HB 2380 is a proactive and compassionate response. It does not prevent access to medically necessary supplements prescribed by healthcare professionals. Instead, it places a reasonable boundary on the commercial sale of diet supplements to minors—recognizing that young people deserve protection from products that can cause lasting harm.

We already accept age limits for substances that pose risks to developing bodies and minds. Extending similar protections to diet supplements is a logical and necessary step to safeguard youth health.

Passing HB 2380 sends a powerful message to young people in Hawai‘i: that our health, our safety, and our futures are valued. As a youth advocate, I strongly urge you to support this bill and help create a healthier environment for the next generation.

Thank you for your time and consideration.

Sincerely,

Coco Kim

Date: February 1, 2025
To: Senator Joy A. San Buenaventura, Chair
Senator Jarrett Keohokalole, Vice Chair
Members of the Senate Committee on Health & Human Services (HHS)
From: Sophia Park
Re: **SUPPORT for SB2106**
Hearing: 02/02/2026, Monday, 1:05 PM

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

Submitted on: 2/1/2026 12:28:40 PM

Testimony for HHS on 2/2/2026 1:05:00 PM

Submitted By	Organization	Testifier Position	Testify
Maya Maxym	Individual	Support	Written Testimony Only

Comments:

Aloha Chair San Buenaventura, Vice-Chair McKelvey, and Committee Members,

As a pediatrician who has cared for countless adolescents with eating disorders and dozens of adolescents hospitalized for acute kidney injury (AKI) due to bodybuilding supplements such as creatine, I strongly support this bill.

Maya Maxym, MD, PhD, FAAP