



STATE OF HAWAII | KA MOKU'ĀINA 'O HAWAI'I  
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**Testimony of the Department of Commerce and Consumer Affairs**

**Before the  
Senate Committee on Commerce and Consumer Protection  
Thursday, February 26, 2026  
9:45 am  
State Capitol, Room 229 and via Videoconference**

**On the following measure:  
S.B. 3045, S.D. 1, RELATING TO HEALTH INSURANCE**

**WRITTEN TESTIMONY ONLY**

Chair Keohokalole, Vice Chair Fukunaga, and Members of the Committee:

My name is Scott K. Saiki, and I am the Insurance Commissioner of the Department of Commerce and Consumer Affairs' (Department) Insurance Division. The Department offers comments on this bill.

The purpose of this bill is to require all health insurers in the State, including Medicaid managed care programs, to cover the cost of continuous glucose monitors and related supplies under certain conditions and applies to insurance policies, contracts, plans, or agreements issued or renewed in the State after 12/31/2026.

The Department notes that it is unclear whether the amendments in sections 2 and 3 of this bill would trigger the defrayal requirements under 45 Code of Federal Regulations (CFR) § 155.170. Under the Affordable Care Act (ACA), if a state mandates benefits that are "in addition to" the essential health benefits (EHB) defined in the state's benchmark plan, the State is required to defray the cost of those additional

benefits. This means the State would be responsible for paying the additional premium costs for those benefits for all individuals enrolled in qualified health plans sold on the exchange. In the United States Department of Health and Human Services' Notice of Benefit and Payment Parameters for 2027 Proposed Rule, the Center for Medicare and Medicaid Services (CMS) "proposes revisions to states' responsibilities when mandating benefits beyond the federally required EHB package. Beginning with plan year (PY) 2027, CMS proposes that any state-required benefit would be considered "in addition to EHB"—and thus not EHB—if it is required by state action after December 31, 2011, applies to the small group and/or individual markets, is specific to required care, treatment, or services, and is not mandated for compliance with federal requirements. Under this proposed policy, states would be required to defray the cost of these additional benefits for enrollees in QHPs offered through the Exchange, regardless of whether the benefit is embedded in the state's EHB-benchmark plan."

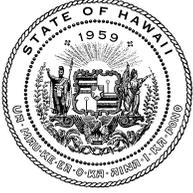
Additionally, we would like to note the requirements set forth in Hawaii Revised Statutes (HRS) section 23-51. This statute mandates that "[b]efore any legislative measure that mandates health insurance coverage for specific health services... can be considered, there shall be concurrent resolutions passed requesting the auditor to prepare and submit to the legislature a report that assesses both the social and financial effects of the proposed mandated coverage."

The purpose of the auditor's report is twofold. First, the report determines the actual public demand for the service and whether its lack of coverage results in financial hardship or restricted access to care. Second, the report evaluates the potential financial impact of the new mandated benefit, including potential impacts to premiums, total cost of health care, and state defrayal. The completion of the report before the bill is enacted provides the Legislature with the objective data necessary to balance the benefits of the proposed coverage against its potential economic impact. Additionally, the auditor's report could be used in the Department's actuarial analysis in determining whether an issuer's proposed rates are justified.

The Department further notes that this measure currently does not specify the dollar amount or the frequency of the mandated coverage. Specifically, Section

2(b)(2)(B) of the bill mandates coverage for a blank dollar amount every blank months. The absence of these defined parameters creates a challenge for the Auditor to accurately evaluate the measure's potential financial impact, which the Legislature would need to balance against the benefits of the proposed coverage.

Thank you for the opportunity to testify on this measure.



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

**JOSH GREEN, MD**  
GOVERNOR OF HAWAII  
KE KIA'ĀINA O KA MOKU'ĀINA 'O HAWAII

**KENNETH S. FINK, MD, MGA, MPH**  
DIRECTOR OF HEALTH  
KA LUNA HO'ŌKELE

**JOHN C. (JACK) LEWIN, MD**  
ADMINISTRATOR

February 26, 2026

**TO:** SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES  
Senator Jarrett Keohokalole, Chair  
Senator Carol Fukunaga, Vice Chair  
Honorable Members

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

**RE:** **SB 3045-SD1 -- RELATING TO HEALTH INSURANCE**

**HEARING:** Thursday, February 26, 2026 @ 09:45 am; Conference Room 229

**POSITION:** SUPPORT with COMMENTS

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Testimony:

SHPDA supports SB 3045-SD1 with comments.

This bill is intended to improve diabetes outcomes and reduce preventable health care costs by standardizing insurance coverage for continuous glucose monitors (CGMs) across Hawai'i. The bill recognizes that poorly controlled diabetes, especially in rural, neighbor island, and medically underserved communities drives avoidable emergency department visits, hospitalizations, and long-term complications. By requiring all health insurers, including Medicaid managed care plans, to cover CGMs and related supplies when medically necessary and prescribed, the bill seeks to expand access to an evidence-based tool that supports earlier intervention, improves glycemic control, and helps prevent high-cost acute events, while also reducing administrative inconsistencies across plans.

SHPDA believes that patients on insulin therapy should have access to quality CGMs which can be life-saving in many clinical circumstances.

This bill strengthens diabetes care by making CGM access more consistent and practical across insurers, which helps patients and clinicians rely on the same toolset instead of navigating plan-by-plan gaps. By covering CGMs and related supplies for people with diabetes including gestational diabetes and regardless of insulin use, the bill expands access to real-time glucose information that can help prevent dangerous highs and lows and support better day-to-day self-management. It also promotes systemwide efficiency by reducing administrative friction and supporting more uniform clinical

*SB 3045-SD1: testimony of SHPDA (2026), continued.*

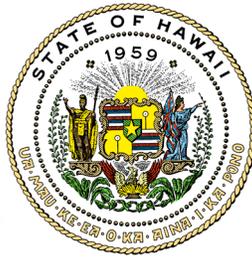
practice, an especially meaningful benefit for rural and medically underserved communities where avoiding avoidable ER visits and hospitalizations can make a major difference.

In closing, this bill is a practical, statewide step to make diabetes care more consistent and effective by ensuring access to continuous glucose monitors across health plans. By reducing coverage gaps and supporting timely, real-time glucose monitoring, this bill can help prevent avoidable emergencies, improve long-term health outcomes, and lighten the load on families and our health care system.

Thank you for hearing SB 3045-SD1.

Mahalo for the opportunity to testify.

■ -- Jack Lewin, MD, Administrator, SHPDA



SENATE COMMITTEE ON COMMERCE AND CONSUMER PROTECTION  
The Honorable Jarrett Keohokalole, Chair  
The Honorable Carol Fukunaga, Vice Chair

**S.B. NO. 3045, S.D. 1, RELATING TO HEALTH INSURANCE**

Hearing: Thursday, February 26, 2026, 9:45 a.m.

The Office of the Auditor offers comments on S.B. No. 3045, S.D. 1, which mandates health insurers, including Medicaid managed care programs, mutual benefit societies, health maintenance organizations, and health plans, to cover the cost of medically necessary and prescribed continuous glucose monitors in the State.

We conducted a social and financial assessment of proposed mandatory health insurance for continuous glucose monitors in response to a substantively identical bill introduced during the 2025 legislative session, H.B. No. 820. The assessment, Report No. 26-06, *Study of Proposed Mandatory Health Insurance for Continuous Glucose Monitors for Individuals Diagnosed with Diabetes*, can be accessed at <http://files.hawaii.gov/auditor/Reports/2026/26-06.pdf>. Attached is the Auditor's Summary of the report.

In our assessment of H.B. No. 820, we determined that Section 431:10A-121, HRS, currently mandates coverage for outpatient diabetes self-management training, education, equipment, and supplies when determined to be medically necessary and prescribed by a health care professional. That coverage includes medically necessary continuous glucose monitors, which health insurance providers<sup>1</sup> that we surveyed confirmed. Accordingly, we concluded that the mandate, if enacted, is unlikely to have any material social or financial impacts because it would not alter existing insurance coverage requirements under Hawai'i law.

Because the current form of S.B. No. 3045 and the bill introduced last year (H.B. No. 820) are substantively identical, we do not anticipate any change to our assessment of the social and financial impacts that we determined in Report No. 26-06. For that reason, we do *not* believe that the Legislature must refer the proposed health insurance mandate to us under Section 23-51, HRS.

<sup>1</sup> We surveyed Hawai'i health care insurers, including those providing health insurance coverage under Medicaid managed care programs, accounting for a total of 1,191,066 members enrolled in single or group health care insurance plans in 2024. That total represented 82% of the total number of people in the State.

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# Auditor's Summary

## Study of Proposed Mandatory Health Insurance for Continuous Glucose Monitors for Individuals Diagnosed with Diabetes

Report No. 26-06



PHOTO: ISTOCK.COM

**We were requested by the Legislature** through House Concurrent Resolution No. 171, Senate Draft 1 (Regular Session 2025), to assess the social and financial effects of mandating insurance coverage for continuous glucose monitors to monitor blood glucose levels for persons diagnosed with diabetes as proposed by House Bill No. 820 (Regular Session 2025). A continuous glucose monitor is a diabetes management tool that automatically estimates a person's blood glucose level every few minutes throughout the day and night, allowing users to review changes and spot trends.

The Legislature has long recognized the impact of diabetes in Hawai'i. Since 2000, Hawai'i law has required medically necessary coverage for outpatient diabetes self-management training, education, equipment, and supplies when prescribed by a health care professional. That law (Section 431:10A-121, HRS) already provides coverage for outpatient diabetes self-management training, education, equipment, and supplies when determined to be medically necessary and are prescribed by a health care professional.

Insurers we surveyed confirmed that continuous glucose monitors prescribed by a healthcare provider and determined to be medically necessary are currently covered under the statute. As such, we conclude that House Bill

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**Insurers we surveyed confirmed that continuous glucose monitors prescribed by a healthcare provider and determined to be medically necessary are currently covered under the statute.**

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No. 820, which reiterates coverage for continuous glucose monitors when medically necessary and prescribed, would not alter existing insurance coverage requirements under Hawai'i law. We, therefore, do not believe that House Bill No. 820, if passed, will have any material effects, social or economic.



Link to the  
complete report  
<https://files.hawaii.gov/auditor/Reports/2026/26-06.pdf>

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



RYAN I. YAMANE  
DIRECTOR  
KA LUNA HO'ŌKELE

JOSEPH CAMPOS II  
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KA HOPE LUNA HO'ŌKELE

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

TRISTA SPEER  
DEPUTY DIRECTOR  
KA HOPE LUNA HO'ŌKELE

February 25, 2026

TO: The Honorable Senator Jarrett Keohokalole, Chair  
Senate Committee on Commerce and Consumer Protection

FROM: Ryan I. Yamane, Director

SUBJECT: **SB 3045 SD1 – RELATING TO HEALTH INSURANCE.**

**Hearing:** February 26, 2026, Time 9:45 a.m.  
Conference Room 229 & Via Videoconference, State Capitol

**DEPARTMENT'S POSITION:** The Department of Human Services (DHS) supports this measure to provide coverage for continuous glucose monitors and related supplies, offers comments, and requests an amendment. DHS respectfully requests that this program and appropriation not conflict with, reduce, or replace priorities identified in the executive budget.

DHS requests that the language establishing a minimum benefit cost (page 4, lines 1-2) for these devices be removed or not apply to Medicaid managed care programs, as these amounts may unnecessarily constrain benefits or increase costs to the Medicaid program.

Also, for the committee's information, regarding proposed subparagraph (b)(2)(C) (page 4, lines 3-9) through the Medicaid program, DHS provides medically necessary coverage for continuous glucose monitors, as well as related repairs, parts, and supplies. Benefits under the Medicaid program are provided without copayments, deductibles, or coinsurance. DHS is supportive of collaborating with community partners to issue guidance to standardize eligibility criteria for these devices.

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



## Hawaii Medical Association

1360 South Beretania Street, Suite 200 • Honolulu, Hawaii 96814  
Phone: 808.536.7702 • Fax: 808.528.2376 • hawaiimedicalassociation.org

### SENATE COMMITTEE ON COMMERCE AND CONSUMER PROTECTION

Senator Jarrett Keohokalole, Chair  
Senator Carol Fukunaga, Vice Chair

Date: February 26, 2026  
From: Hawaii Medical Association (HMA)  
Elizabeth Ann Ignacio MD - Chair, HMA Public Policy Committee  
Christina Marzo MD and Robert Carlisle MD, Vice Chairs, HMA Public Policy Committee

**Re: SB 3045 SD1 RELATING TO HEALTH INSURANCE.** Department of Human Services; Department of Health; Health Insurance; Medicaid; Mandated Coverage; Diabetes; Equipment and Supplies; Continuous Glucose Monitors.

**Position: Support**

This measure would require all health insurers in the State, including Medicaid managed care programs, to cover the cost of continuous glucose monitors and related supplies under certain conditions. Applies to insurance policies, contracts, plans, or agreements issued or renewed in the State after 12/31/2026.

HMA supports this measure to expand access to diabetes care and provide critical support for patients managing this chronic condition, especially within our state's underserved and rural communities.

Presently 2 million Americans have type 1 diabetes, including about 304,000 children and adolescents. The prevalence of diabetes in seniors age 65 and older remains high, at 29.2%, or 16.5 million seniors (diagnosed and undiagnosed). According to the Hawaii Behavioral Risk Factor Surveillance System (BRFSS), in 2022, 134,000 (11.7%) adults in Hawaii were diagnosed with diabetes. Diabetes is 17% more prevalent in rural areas than urban, and 62% of rural counties do not have diabetes self-management education and support programs.

Diabetes detection and treatment, ongoing self-management, and improved delivery of care are critical to preventing and reducing the burden of diabetes in Hawaii. A non-adjunctive continuous glucose monitor (CGM) can be used to make treatment decisions without the need for a stand-alone BGM to confirm testing results for diabetes patients. Effective glucose management can improve health outcomes, decreasing complication risks for worsening renal disease, non-traumatic lower extremity amputations, and blindness in diabetic patients. HMA supports this measure that will improve access to diabetes care, supporting patients with this chronic disease, particularly those in underserved and rural areas of our state.

Thank you for allowing the Hawaii Medical Association to testify in support of this measure.

#### 2026 Hawaii Medical Association Public Policy Coordination Team

Elizabeth A Ignacio, MD, Chair • Robert Carlisle, MD, Vice Chair • Christina Marzo, MD, Vice Chair  
Linda Rosehill, JD, Government Relations • Marc Alexander, Executive Director

#### 2026 Hawaii Medical Association Officers

Nadine Tenn-Salle, MD, President • Jerald Garcia, MD, President Elect • Elizabeth Ann Ignacio, MD, Immediate Past President  
Laeton Pang, MD, Treasurer • Thomas Kosasa, MD, Secretary • Marc Alexander, Executive Director

## REFERENCES AND QUICK LINKS

State of Hawaii, Department of Health. Hawaii diabetes prevention and control program. Know Your Numbers. <https://health.hawaii.gov/diabetes/diabetes-prevention-and-control-program/numbers/>

Centers for Disease Control CDC. [Diabetes Self-Management: Rural Policy Brief](#).

Hawaii State Health Insurance Assistance Program. (SHIP). [Chronic Disease Report 2024](#).

Centers for Medicare and Medicaid Services. Glucose Monitor - Policy Article. CMS.gov <https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleId=52464>

### **2024 Hawaii Medical Association Officers**

Elizabeth Ann Ignacio, MD, President • Nadine Tenn-Salle, MD, President Elect • Angela Pratt, MD, Immediate Past President  
Jerris Hedges, MD, Treasurer • Thomas Kosasa, MD, Secretary • Marc Alexander, Executive Director

### **2024 Hawaii Medical Association Public Policy Coordination Team**

Beth England, MD, Chair  
Linda Rosehill, JD, Government Relations • Marc Alexander, Executive Director

**SB-3045-SD-1**

Submitted on: 2/23/2026 5:34:42 PM

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

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Scott Grosskreutz, M.D.	Testifying for Hawaii Healthcare Task Force	Support	Written Testimony Only

Comments:

The Hawai'i Healthcare Task Force strongly supports this bill. The inability to monitor blood glucose levels has resulted in patient deaths in our communities. Many patients lack a primary care provider to supervise their diabetes care. Passing this bill to ensure accurate monitoring of blood glucose will save lives.

Scott Grosskreutz, M.D.

President, Hawai'i Healthcare Task Force



**Testimony to the Senate Committee on Commerce and Consumer Protection  
Thursday, February 26, 2026; 9:45 a.m.  
State Capitol, Conference Room 229  
Via Videoconference**

**RE: SENATE BILL NO. 3045, SENATE DRAFT 1, RELATING TO HEALTH INSURANCE.**

Chair Keohokalole, Vice Chair Fukunaga, and Members of the Committee:

The Hawaii Primary Care Association (HPCAWA) is a 501(c)(3) organization established to advocate for, expand access to, and sustain high quality care through the statewide network of Community Health Centers throughout the State of Hawaii. The HPCAWA offers **COMMENTS** on Senate Bill No. 3045, Senate Draft 1, RELATING TO HEALTH INSURANCE.

By way of background, the HPCAWA represents Hawaii's Federally Qualified Health Centers (FQHCs). FQHCs provide desperately needed medical services at the frontlines to over 150,000 patients each year who live in rural and underserved communities. Long considered champions for creating a more sustainable, integrated, and wellness-oriented system of health, FQHCs provide a more efficient, more effective and more comprehensive system of healthcare.

This measure, as received by your Committee, would require all health insurers in the State, including Medicaid managed care programs, to cover the cost of continuous glucose monitors.

This bill would take effect on January 30, 2050.

The HPCAWA has grave concerns that the enactment of this bill, as presently drafted, might result in serious, unintended consequences to Hawaii's Prepaid Health Care Act, Chapter 393, Hawaii Revised Statutes (HRS).

**Testimony on Senate Bill No. 3045, Senate Draft 1**  
**Thursday, February 26, 2026; 9:45 a.m.**  
**Page 2**

Hawaii is the only state that requires employers to provide health insurance to employees. Hawaii is able to enforce this requirement because the Congress passed legislation exempting Hawaii's 1974 law from certain provisions of the Employee Retirement Income Security Act of 1974 (ERISA). In part because the Prepaid Health Care Act took effect before ERISA was enacted, Hawaii is the only state with such an exemption. This exemption, however, has frozen the Prepaid Health Care Act in its original form.

The ERISA exemption is limited to Hawaii's Prepaid Health Care Act as it was passed in 1974. As such, the State cannot amend the Act unless specific legislation is passed by the Congress. [See, Testimony by the United States General Accounting Office to the United States Senate Committee on Finance dated September 9, 1992, entitled, State Health Care Reform: Federal Requirements Influence State Reforms, p. 6; <https://www.gao.gov/assets/t-hrd-92-55.pdf>]

The State cannot modify the mandated benefit package for employer-provided insurance, require coverage for dependents, or change the cost-sharing formula for premiums. [See, Ibid, p.6]

The Prepaid Health Care Act requires health plans to offer minimum benefits that include hospital, surgical, medical, diagnosis, and maternity coverage but does not specifically mandate the provision of continuous glucose monitors. [See, Section 393-7, HRS.]

Although this bill seeks to establish mandatory employer-sponsored health insurance coverages with changes to the Insurance Code, one could argue that the practical effect of this approach would be to expand the minimum coverages specified under the Prepaid Health Care Act.

Seeking advice from the Attorney General, Insurance Commission, and the Department of Labor and Industrial Relations would seem prudent. However, ultimately it would be left to the courts to determine the final outcome.

If this Committee wishes to proceed with this measure, the HPCA strongly recommends that it seek a legal opinion from the Employee Benefits Security Administration of the United States Department of Labor, the federal agency that administers ERISA. Specifically, we ask that you request advice on the following questions:

- (1) Would the exemption from federal ERISA preemption afforded to Hawaii's Prepaid Health Care Act remain valid if this bill was enacted?; and
- (2) Would the enactment of this bill be preempted under ERISA?

**Testimony on Senate Bill No. 3045, Senate Draft 1**  
**Thursday, February 26, 2026; 9:45 a.m.**  
**Page 3**

As an organization, the HPCA believes that the Hawaii Prepaid Health Care Act is the main pillar for the entire health care system in Hawaii. Any proposal that might possibly jeopardize its continuation must be taken very seriously. Should employer-mandated health insurance coverage end, the number of uninsured in this State will explode. This would put an enormous strain on Medicaid and FQHCs, threaten the general welfare of citizens, and ultimately denigrate health care outcomes of patients.

**Accordingly, we respectfully ask that you proceed cautiously.**

Thank you for the opportunity to testify. Should you have any questions, please do not hesitate to contact Public Affairs and Policy Director Erik K. Abe at 536-8442, or [eabe@hawaiiipca.net](mailto:eabe@hawaiiipca.net).



February 26, 2026

The Honorable Jarrett Keohokalole, Chair  
The Honorable Carol Fukunaga, Vice Chair  
Senate Committee on Commerce and Consumer Protection

**Re: SB 3045 SD1– RELATING TO HEALTH INSURANCE.**

Dear Chair Keohokalole, Vice Chair Fukunaga, and Members of the Committee:

Hawaii Medical Service Association (HMSA) appreciates the opportunity to provide comments on SB 3045 SD1, which requires all health insurers in the State, including Medicaid managed care programs, to cover the cost of continuous glucose monitors and related supplies under certain conditions. Applies to insurance policies, contracts, plans, or agreements issued or renewed in the State after 12/31/2026.

We support the intent of this bill as we believe that medically necessary continuous glucose monitoring (CGM) has the potential to improve the health and well-being of many residents in our state. At the same time, HMSA approaches coverage mandates with care due to the complex and continually evolving nature of medicine.

HMSA's current policies cover medically necessary CGM's, and members who use injectable insulin typically qualify. Coverage, however, is not determined solely by the type of diabetes, but on an individual's clinical circumstances. Factors such as the patient's ability to manage the technology and overall clinical needs are evaluated by the healthcare provider, who is best positioned to determine necessity. Mandating coverage for all diabetes patients could unintentionally reduce access for those who need these devices most.

HMSA participated in the questionnaire, conducted by the Office of the Auditor, as required by House Bill (HB) 820 and House Concurrent Resolution (HCR) 171 S.D.1 (Regular Session 2025). We have not yet had the opportunity to review the full study and respectfully ask that this measure be deferred until the legislature is able to consider the Auditor's analysis.

Thank you for the opportunity to offer comments on SB 3045 SD1.

Sincerely,

Walden Au  
Director of Government Relations

February 26, 2026

**To: Chair Keohokalole, Vice Chair Fukunaga, and Members of the Senate Committee on Commerce and Consumer Protection (CPN)**

From: Hawaii Association of Health Plans Public Policy Committee

Date/Location: Feb. 26, 2026; 9:45 p.m./Conference Room 229 & Videoconference

**Re: Comments on SB 3045 SD1 – Relating to Health Insurance**

The Hawaii Association of Health Plans (HAHP) offers comments on SB 3045 SD1. HAHP is a statewide partnership that unifies Hawaii's health plans to improve the health of Hawaii's communities together. A majority of Hawaii residents receive their health coverage through a plan associated with one of our organizations.

We believe that effective glucose monitoring has the potential to improve the health and well-being of many residents in our state. However, as this bill would create a new mandated benefit, we want to note that any new benefits would increase costs that could affect employers and residents in Hawaii. Furthermore, we'd also like to note that since this is not a benefit included in Hawaii's EHB-benchmark Plan or required under federal law, the State may be required to defray any additional cost.

We respectfully request that the state auditor conduct an impact assessment report pursuant to HRS 23-51 and 23-52. By doing so, we can ensure that the mandate is both effective and sustainable, and that it addresses the needs of all stakeholders involved.

Thank you for the opportunity to offer **comments** on SB 3045 SD1.

Sincerely,

HAHP Public Policy Committee  
cc: HAHP Board Members



# Hilo Benioff Medical Center Foundation

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**PROGRAM MANAGER**

Jessica DeCamp

February 25, 2026

**To:** Chair Keohokalole and Vice Chair Fukunaga and Members of the Committee,

**RE: Testimony in Support of SB3045**

My name is Lisa Rantz and I am submitting testimony on behalf of **Hilo Benioff Medical Center** in **strong support** of **SB3045**.

As a healthcare organization committed to improving health outcomes for our community, we see firsthand the devastating impact of **inconsistent access to continuous glucose monitors (CGMs)** for diabetes patients.

CGMs are widely recognized as the standard of care in diabetes management and Hawaii is currently the only state without a published Medicaid coverage policy for CGMs. Within our Medicaid system, coverage standards and eligibility criteria vary widely among managed care plans, resulting in **unequal access for patients with similar clinical needs depending on plan enrollment**.

For individuals living with diabetes, access to CGMs is essential; this bill provides that **consumer protection**. CGM devices provide real time glucose data that help prevent dangerous highs and lows, reduce emergency room visits, and support long term health. Patients and providers across neighbor island communities consistently identify **inconsistent insurance coverage** as a **major barrier to safe and effective diabetes management**, particularly in rural areas with limited access to specialists and emergency care.

SB3045 aligns Hawaii with national standards while preserving medical necessity determinations and administrative flexibility. The measure clarifies and standardizes coverage expectations to promote equitable access and improve health outcomes across our state.

We respectfully urge the Committee to pass SB3045 and help ensure that all individuals living with diabetes in Hawaii have access to the tools they need to live healthier, safer lives.

Mahalo for your time and consideration,

*Lisa Rantz*

Lisa Rantz  
Executive Director

**Hilo Benioff Medical Center Foundation**

1190 Waianuenu Ave, Hilo, HI 96720

hbmcfoundation@hsc.org | 808-932-3636 | www.hbmcfoundation.org

**LATE**

**SB-3045-SD-1**

Submitted on: 2/26/2026 4:49:41 AM

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

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Christine Fallabel	Testifying for American Diabetes Association	Support	Written Testimony Only

Comments:

My name is Christine Fallabel, and I am the Director of State Government Affairs with the American Diabetes Association. The ADA works every day to improve the lives of people living with diabetes. Part of that work involves improving health equity and access to the medications and technology people with diabetes need to survive, including continuous glucose monitoring, or CGM technology.

A CGM is a device that measures blood sugar levels in real time consistently throughout the day without any input from the patient. These devices are worn externally and come equipped with alerts and alarms to warn of high and low blood sugar levels.

As a standard of diabetes care, these devices have been proven to improve patients' quality of life and health outcomes as well as save money from prevented emergency room admissions, hospital stays, and more lengthy recovery time from infections and illnesses. It is recommended that people with diabetes use CGM technology regularly to improve their blood sugar levels and quality of life.

Studies show<sup>[1]</sup> that CGM use improves blood sugar and A1C levels without increasing rates of hypoglycemia in patients.

CGM use can prevent expensive short- and long-term health complications of diabetes, including blindness, lower-limb amputations, heart disease, stroke, and premature death.

Even though many private health insurers cover these lifesaving medical devices, many people with diabetes on Hawaii Medicaid cannot access these devices due to a lack of a standard coverage policy. Ensuring that ALL insurers in the state cover this life-saving technology is crucial to improving the lives and health of Hawaiians.

People with diabetes on state Medicaid programs are the least likely to have access to CGMs, which makes it even more crucial to bridge the gap in this health equity divide.

Expanding access to CGMs will improve health equity in Hawaii, improve the lives of people with diabetes, and save the state Medicaid program money. To ensure that everyone with diabetes in Hawaii has access to a CGM is simply the right thing to do. For these reasons, we ask that you vote YES on SB3045.

Thank you for your time and consideration.

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[\[1\] Continuous Glucose Monitoring: A Review of Recent Studies Demonstrating Improved Glycemic Outcomes - PMC \(nih.gov\)](#)

**SB-3045-SD-1**

Submitted on: 2/20/2026 8:11:20 PM

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

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Johnnie-Mae L. Perry	Individual	Support	Written Testimony Only

Comments:

I, Johnnie-Mae L. Perry, Support

3045 SB RELATING TO HEALTH INSURANCE.

## RE: Support for SB 3045, SD1 - Relating to Health Insurance

Aloha Chair Keohokalole, Vice Chair Fukunaga, and members of the Committee,

I am writing in strong support of SB 3045, SD1. This bill is a common-sense measure that will provide immediate and life-changing relief for the thousands of Hawaii residents living with diabetes. For many in our community, access to a continuous glucose monitor (CGM) is the difference between staying healthy at home or facing a life-threatening emergency. By standardizing coverage, we can help our neighbors avoid the catastrophic costs of emergency room visits and hospitalizations that result from inconsistent monitoring. This bill is about giving Hawaii families the tools they need to stay healthy and financially stable.

However, I want to directly address the testimony regarding the financial impact of this bill. In the prior hearing, the Hawaii Association of Health Plans (HAHP), which represents the state's largest carriers, suggested the State "may be required to defray" costs. Similarly, the Insurance Commissioner's office noted it is "unclear" whether this bill would trigger defrayal requirements under 45 CFR § 155.170.

This framing is a selective use of facts that misleads the conversation. To be clear, the federal defrayal requirement they are citing only applies to Qualified Health Plans (QHPs) within the individual and small group market segments. This means the "defrayal" narrative ignores the vast majority of Hawaii's insured population:

- **Large Group Market:** These plans cover the bulk of Hawaii's workforce under the Prepaid Health Care Act and are entirely exempt from the federal defrayal rule
- **Self-Insured Plans:** Many large employers in Hawaii are self-insured and governed by federal ERISA law, meaning they are not subject to state-triggered ACA defrayal
- **Medicaid (QUEST):** The defrayal requirement does not apply to Medicaid, which is a massive portion of our local healthcare system
- **Grandmothered & Grandfathered Plans:** Even within the small group market, transitional or grandmothered plans are generally exempt from EHB requirements and thus do not trigger defrayal for new mandates

The opposition is using a rule that impacts a tiny sliver of the market to cloud a benefit that helps the entire state. If the Division and the carriers were truly concerned about providing a transparent picture of the State's finances, they would provide a fiscal analysis exclusive to the QHP individual market instead of hiding behind "unclear" warnings to stall this bill.

Furthermore, it is worth noting that Hawaii has passed several mandates since 2011 that theoretically should have triggered this same defrayal process. However, there is no evidence that the Insurance Division has ever actually implemented a formal mechanism to track or pay these costs, largely because CMS has not historically enforced a collection process. For regulators and health plan associations to cite this paper tiger as a concern is disingenuous.

In closing, I encourage this Committee to ask the Insurance Commissioner and HAHP (including the carriers it represents) directly:

1. Is it true that defrayal only applies to the small fraction of the market comprised of Qualified Health Plans (QHPs) in the individual and small group segments?
2. What is the actual calculated cost of this mandate specifically for those segments, excluding grandmothered, large group, self-insured, and Medicaid (QUEST) plans?
3. Does the Insurance Division even have a formal mechanism in place today to manage defrayal, and if not, why is it being used as a point to stall this (and many other pieces of) legislation?

Please support SB 3045 to ensure that a theoretical federal technicality does not dictate health policy for the people of Hawaii.

Mahalo,

Breanna Zoey (she/they)

**SB-3045-SD-1**

Submitted on: 2/24/2026 11:31:29 AM

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

Submitted By	Organization	Testifier Position	Testify
Kiran Polk	Individual	Support	Written Testimony Only

Comments:

Dear Chair Keohokalole, Vice Chair Fukunaga, and Members of the Committee:

My name is Kiran Polk, and **I am submitting this testimony as an individual and not on behalf of my organization or any other entity, in strong support of SB 3045 SD1.**

I have a family history of diabetes and have lost both a cousin and an aunt to complications related to diabetes and kidney failure. Because of this history, I am deeply aware of how serious and life-altering this disease can be—not just for individuals, but for families and communities. Today, my own blood glucose levels and A1C are in the diabetic range. I am doing everything I can to proactively manage my health so that I do not progress to needing medications such as metformin, insulin, or GLP-1 inhibitors—treatments that carry significant long-term costs for both patients and insurers.

In Hawai‘i, diabetes is a major public health issue. More than 10 percent of adults in our state have diabetes, and an estimated four in ten adults have prediabetes, placing them at high risk of developing the disease without early intervention. Diabetes-related medical care costs Hawai‘i an estimated \$1.5 billion annually, driven largely by preventable complications such as kidney failure, hospitalizations, and emergency care. These are not abstract numbers—they represent real people and real costs that continue to grow.

I have taken diabetes prevention classes, attended a continuous glucose monitor (CGM) workshop, and actively work with my doctors and a nutritionist. During the workshop, I was able to use a CGM for two weeks, and the experience was eye-opening. The real-time data helped me clearly understand which foods caused dangerous blood sugar spikes and allowed me to make immediate, informed changes. It was one of the most effective tools I have ever used to manage my condition.

Despite this, my insurance provider denied coverage for a CGM because I am not currently on insulin. My physician submitted a prescription, which was denied, and I am now appealing that decision based on my diabetic status and strong family history. I struggle to understand why insurance will not cover a preventive tool that helps keep people off insulin, when insulin treatment and diabetes complications ultimately cost far more than a CGM.

Preventing disease progression should be incentivized, not blocked. SB 3045 appropriately recognizes that continuous glucose monitors are evidence-based tools that improve health

outcomes and reduce long-term healthcare costs by supporting early intervention. Making CGMs accessible to individuals with diabetes who are not yet on insulin will help people like me take control of our health before costly and irreversible complications occur.

For these reasons, and as this is a decision-making hearing, I respectfully ask for your favorable consideration of SB 3045 SD1.

Mahalo for the opportunity to share my experience and for your consideration of this important measure.

Sincerely,  
Kiran Polk

**LATE**

**SB-3045-SD-1**

Submitted on: 2/26/2026 6:21:22 AM

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

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Juliette Tulang	Individual	Support	Written Testimony Only

Comments:

Please support SB3045 to help people in our state who need glucose monitors. This will help to keep our friends, neighbors, and friends we have yet to meet who need this additional help to be healthy.

Mahalo,

Julie Tulang