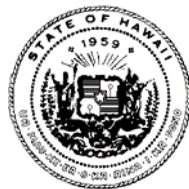


JOSH GREEN, M.D.
GOVERNOR
KE KIA'ĀINA



RYAN I. YAMANE
DIRECTOR
KA LUNA HO'OKELE

JOSEPH CAMPOS II
DEPUTY DIRECTOR
KA HOPE LUNA HO'OKELE

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

TRISTA SPEER
DEPUTY DIRECTOR
KA HOPE LUNA HO'OKELE

April 5, 2026

TO: The Honorable Representative Chris Todd, Chair
House Committee on Finance

FROM: Ryan I. Yamane, Director

SUBJECT: **SB 3045 SD1 HD2 – RELATING TO HEALTH INSURANCE.**

Hearing: April 7, 2026, Time 2:00 p.m.
Conference Room 308 & Via Videoconference, State Capitol

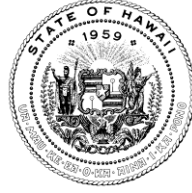
DEPARTMENT'S POSITION: The Department of Human Services (DHS) supports this measure to provide coverage for continuous glucose monitors and related supplies, offers comments, and requests an amendment. DHS respectfully requests that this program and appropriation not conflict with, reduce, or replace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

For the committee's information, DHS currently 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.

Regarding the Section 6, (b) authorizing the Departments of Health and the DHS to accept and expend funds from gifts, grants and donations, DHS comments that section 346-6, Hawaii Revised Statutes, already provides DHS with the authority to receive and expend gifts, grants, or donations.

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.



STATE OF HAWAII | KA MOKU'ĀINA 'O HAWAI'I
OFFICE OF THE DIRECTOR
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
KA 'OIHANA PILI KĀLEPA
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HONOLULU, HAWAII 96809
Phone Number: 1-844-808-DCCA (3222)
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GOVERNOR | KE KIA'ĀINA

SYLVIA LUKE
LIEUTENANT GOVERNOR | KA HOPE KIA'ĀINA

NADINE Y. ANDO
DIRECTOR | KA LUNA HO'OKELE

DEAN I. HAZAMA
DEPUTY DIRECTOR | KA HOPE LUNA HO'OKELE

Testimony of the Department of Commerce and Consumer Affairs

**Before the
House Committee on Finance
Tuesday, April 7, 2026
2:00 p.m.**

State Capitol, Conference Room 308 and via videoconference

**On the following measure:
S.B. 3045, S.D. 1, H.D. 2, RELATING TO HEALTH INSURANCE**

Chair Todd, Vice Chair Takenouchi, 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 (1) beginning January 1, 2027 require all health insurers, mutual benefit societies, and health maintenance organizations in the State, including Medicaid managed care programs, to cover the cost of continuous glucose monitors and related supplies under certain conditions; and (2) allow the Departments of Health and Human Services to accept and expend funds from public and private sources to support the expansion of access to continuous glucose monitors.

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

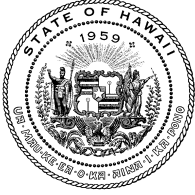
the state's benchmark plan, the State is required to defray the cost of those additional benefits. This means the State would be responsible for paying the additional premium costs for those benefits for all individuals enrolled in qualified health plans sold on the exchange.

The defrayal risk of these mandates is enhanced by the United States Department of Health and Human Services' Proposed Rule for 2027. Under this proposal, the Center for Medicare and Medicaid Services intends to broaden the criteria for what constitutes a state-mandated benefit that requires state funding. Specifically, any benefit required by state action after December 31, 2011, that is not otherwise mandated by federal law would be considered "in addition to" the federal EHB requirements. If this rule is finalized, it would be applied retroactively, and the State would be required to pay the costs for these benefits for exchange enrollees, even if the benefit is already embedded in the State's existing EHB-benchmark plan.

The National Association of Insurance Commissioners (NAIC) recognizes that in particular, the retroactive nature of the proposed rule will have a harsh impact on states. NAIC has therefore submitted testimony to, among other things, propose that the rule apply prospectively. The comment period ended on March 13, 2026, and it is unclear if CMS will amend the rule as well as the timeline for approval, if any.

The Department will continue to monitor the status of the proposed federal rule and mitigate its impact on Hawaii. Please note that defrayment principles exist in the existing ACA law. However, the current federal administration seems intent on rigorously implementing and enforcing them.

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

1177 Alakea Street, #402, Honolulu, HI 96813

Phone: 587-0788 Fax: 587-0783 www.shpda.org

April 6, 2026

TO: HOUSE COMMITTEE ON FINANCE
Representative Chris Todd, Chair
Representative Jenna Takenouchi, 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-HD2 -- RELATING TO HEALTH INSURANCE

HEARING: Tuesday, April 7, 2026 @ 2:00 pm; Conference Room 308

POSITION: SUPPORT with COMMENTS

Testimony:

SHPDA strongly supports SB 3045-SD1-HD2, with comments.

This bill is intended to improve diabetes outcomes and reduce preventable health care costs by standardizing insurance coverage for continuous glucose monitors are not necessary for all diabetic patients (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. CGMs are not necessary for all diabetic patients but should always be provided to insulin-dependent patients whose clinicians believe they need them. This is current standard of care nationally.

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

HB 3045-SD1-HD2: testimony of SHPDA (2026), continued

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 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, which has appeared without resolution for the past three consecutive years, is a practical, statewide step to make diabetes care more consistent and effective by ensuring access to continuous glucose monitors across health plans for insulin dependent and other high-risk diabetic patients. 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. It's time to pass this bill.

Thank you for hearing SB 3045-SD1-HD2.

Mahalo for the opportunity to testify.

■ -- Jack Lewin, MD, Administrator, SHPDA



DISABILITY AND COMMUNICATION ACCESS BOARD

Ka 'Oihana Ho'oka'a'ike no ka Po'e Kīnānā

1010 Richards Street, Rm. 118 • Honolulu, Hawai'i 96813
Ph. (808) 586-8121 (V) • Fax (808) 586-8129 • (808) 204-2466 (VP)

April 7, 2026

TESTIMONY TO THE HOUSE COMMITTEE ON FINANCE

Senate Bill 3045 Senate Draft 1 House Draft 2– Relating to Health Insurance

The Disability and Communication Access Board (DCAB) supports Senate Bill 3045 Senate Draft 1 House Draft 2 – Relating to Health Insurance. This bill beginning 1/1/2027, 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. It allows the Departments of Health and Human Services to accept and expend funds from public and private sources to support the expansion of access to continuous glucose monitors and is effective 7/1/3000.

Diabetes, if diagnosed and treated early, can have a minimal impact on a person. Left untreated, it can be fatal. This bill will help improve patient health outcomes for those who would benefit from having access to a continuous glucose monitor.

Thank you for the opportunity to testify.

Respectfully submitted,

KRISTINE PAGANO
Acting Executive Director



**Testimony to the House Committee on Finance
Tuesday, April 7, 2026; 2:00 p.m.
State Capitol, Conference Room 329
Via Videoconference**

RE: SENATE BILL NO. 3045, SENATE DRAFT 1, HOUSE DRAFT 2, RELATING TO HEALTH INSURANCE.

Chair Todd, Vice Chair Takenouchi, and Members of the Joint Committee:

The Hawaii Primary Care Association (HPCA) 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 HPCA offers **COMMENTS** on Senate Bill No. 3045, Senate Draft 1, House Draft 2, RELATING TO HEALTH INSURANCE.

By way of background, the HPCA 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 July 1, 3000.

The HPCA 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, House Draft 2
Tuesday, April 7, 2026; 2:00 p.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, House Draft 2
Tuesday, April 7, 2026; 2:00 p.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@hawaiipca.net.



Hawaii Medical Association

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

HOUSE COMMITTEE ON FINANCE

Representative Chris Todd, Chair

Representative Jenna Takenouchi, Vice Chair

Date: April 7, 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 HD2 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 beginning 1/1/2027, would require all health insurers, mutual benefit societies, and health maintenance organizations in the State, including Medicaid managed care programs, to cover the cost of continuous glucose monitors and related supplies under certain conditions, and allow the Departments of Health and Human Services to accept and expend funds from public and private sources to support the expansion of access to continuous glucose monitors. Effective 7/1/3000. (HD2)

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>



www.AlohaILHawaii.org

Apr 7, 2026

MISSION

Aloha Independent Living Hawaii (AILH) dedicated to providing independent living programs and services for persons with disabilities in Hawaii.

We work together with the community and consumers to improve the quality of life through individual choices and access to services.

EXECUTIVE DIRECTOR

Roxanne U. Bolden

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Sheila Castaneda
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The Honorable Chris Todd, Chair
House Committee on Finance
The Thirty-Third Legislature
State Capitol
State of Hawaii
Honolulu, Hawaii 96813

SUBJECT: Support for SB3045 SD1 HD2 – Relating to Health Insurance (Continuous Glucose Monitors)

Chair and Members of the Committee:

Aloha Independent Living Hawaii (AILH) is a cross-disability, community-based Center for Independent Living serving people with disabilities statewide. Many of our consumers live with diabetes, particularly in rural and neighbor island communities where access to consistent outpatient care and specialists is limited, and where a single hospitalization can destabilize housing, employment, and Independent Living.

SB3045 SD1 HD2 requires all health insurers, mutual benefit societies, and health maintenance organizations in Hawaii—including Medicaid managed care programs—to cover medically necessary continuous glucose monitors (CGMs) and related supplies for individuals with diabetes, including gestational diabetes, regardless of insulin use. The bill standardizes coverage across plans, ensures that coverage terms are no less favorable than for other medical equipment and supplies, and authorizes the Departments of Health and Human Services to accept public and private funds to expand access.

From a Finance perspective, CGMs are a targeted investment that can reduce preventable emergency department visits, hospitalizations, and long-term complications associated with poorly controlled diabetes, which are major drivers of health care costs in Hawaii. Providing consistent



www.AlohaILHawaii.org

MISSION

Aloha Independent Living Hawaii (AILH) dedicated to providing independent living programs and services for persons with disabilities in Hawaii.

We work together with the community and consumers to improve the quality of life through individual choices and access to services.

EXECUTIVE DIRECTOR

Roxanne U. Bolden

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coverage, including in Medicaid managed care, supports earlier intervention, better glycemic control, and more stable self-management in the community, helping disabled and medically vulnerable residents avoid costly crises and institutional care.

We respectfully urge the Committee on Finance to pass SB3045 SD1 HD2 and ensure that reimbursement and implementation timelines are structured to maximize access to continuous glucose monitors for low-income, rural, and disabled residents most at risk of severe diabetes complications.

Thank you for the opportunity to testify.

Mahalo,

Roxanne Bolden

Executive Director



April 7, 2026

The Honorable Chris Todd, Chair
The Honorable Jenna Takenouchi, Vice Chair

House Committee on Finance

Re: SB 3045 SD1 HD2– RELATING TO HEALTH INSURANCE.

Dear Chair Todd, Vice Chair Takenouchi, and Members of the Committee:

Hawaii Medical Service Association (HMSA) appreciates the opportunity to provide comments on SB 3045 SD1 HD2, which beginning 1/1/2027, requires all health insurers, mutual benefit societies, and health maintenance organizations in the State, including Medicaid managed care programs, to cover the cost of continuous glucose monitors and related supplies under certain conditions. Allows the Departments of Health and Human Services to accept and expend funds from public and private sources to support the expansion of access to continuous glucose monitors.

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. Barriers such as training needs, technology readiness, and administrative processes influence whether patients can use the devices effectively. These factors reinforce the importance of allowing clinicians to assess medical necessity on an individual basis rather than mandating coverage for all diabetes diagnoses. Mandating coverage for all diabetes patients could unintentionally reduce access for those who need these devices most.

The State Auditor’s report (26-06), as required by House Bill (HB) 820 and House Concurrent Resolution (HCR) 171 S.D.1 (Regular Session 2025) found that:

“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 . . .we conclude that House Bill 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.”

Based off the auditor’s conclusion, we respectfully ask that this measure be deferred. Thank you for the opportunity to offer comments on SB 3045 SD1 HD2.

Sincerely,

Walden Au
Director of Government Relations



Hilo Benioff Medical Center Foundation

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Lisa Rantz

HI AHEC

ASSOCIATE DIRECTOR

Jude "JD" Domizio

PROGRAM MANAGER

Jessica DeCamp

April 3, 2026

To: Chairs, Vice Chairs & Members of the Committee,

RE: Testimony in Support of SB3045, SD1, HD2

My name is Lisa Rantz and I am submitting testimony on behalf of **Hilo Benioff Medical Center** in **strong support** of **SB3045, SD1, HD2**

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 **patient 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, SD1, HD2 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, SD1, HD2 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



Diabetes Care Community Gatherings

Background:

The Hilo Benioff Medical Center Foundation, together with the Hawai'i/Pacific Basin Area Health Education Center, University of Hawai'i, and Dexcom, launched a **community-based** pilot project to **improve access to diabetes management technologies**. The initiative focuses on barriers to care, especially **continuous glucose monitor (CGM) accessibility**, and aims to inform policy and practice to improve outcomes.

“Diabetes has become so prevalent that people have lost hope; they’ve just given up. Our community members deserve better.”

- Lisa Rantz

Executive Director of the Hilo Benioff Medical Center Foundation & State Association Council Chair, National Rural Health Association



Pilot project aims:

- Identify barriers and promotors of optimal diabetes care.
- Listen to understand the experiences of those managing diabetes in their respective communities.
- Improve access to resources like medical supplies, CGMs, and education resources.
- Inform policy and practice recommendations.

A total of **341 people registered** to attend the gatherings.

1. Pāhoa, Hawai'i
2. Hilo, Hawai'i
3. Pāhala, Hawai'i
4. Kealakehe, Hawai'i
5. Waimea, Hawai'i
6. Kapa'a, Kaua'i
7. Waimea, Kaua'i
8. Wailuku, Maui
9. Hoolehua, Moloka'i



**Images of islands expanded to show clearer detail of Diabetes Care Gathering location.*

The discussions revealed recurring themes across communities, emphasizing **systemic barriers and opportunities for policy intervention that can be addressed by passing SB838**.

- Inconsistent Medication Access
- Specialist Shortages
- Transportation Barriers
- Inconsistent Access to Continuous Glucose Monitors
- Misinformation and Stigma
- Need for Peer Support
- Dietary Barriers
- Lack of Access to Resources



“We need constant, consistent community level support for diabetes.”

-Attendee

Pāhoa Diabetes Care Community Gathering.

**Graph displays the concerns that were highlighted most in the Diabetes Care Community Gatherings.*

For more information, please contact:

Lisa Rantz, Executive Director
Hilo Benioff Medical Center Foundation
(808) 932-3637 | lrantz@hhsc.org

Diabetes Care Community Gatherings

Next Steps:

Encourage Integration of CGM Prescriptions

- Continuing the dialogue with local communities, healthcare providers, and insurers to raise awareness about the importance of CGMs and to push for systemic reforms that support better diabetes care.

Increase Provider Training and Awareness

- Develop continuing education programs on diabetes management and CGMs.

Community Education & Outreach

- Expand Community-Based Education and Outreach.
- Integrate diabetes education into school curricula.
- Develop culturally relevant health literacy programs targeting high-risk populations.

Enhance Telehealth and Remote Monitoring

- Expand broadband infrastructure to support rural telehealth initiatives.
- Implement pilot programs for CGM remote monitoring services.

Continued Stakeholder Engagement

- Strengthen partnerships with local health organizations, policymakers, and insurers.

Data Collection and Analysis

- Develop a centralized database to track CGM access disparities and patient outcomes.

Feasibility Pilot Projects

- Implement small-scale initiatives to test CGM integration and assess impact on diabetes management.

"I've watched loved ones from my extended 'Ohana struggle with diabetes without access to tools like CGMs. They're too expensive and hard to get, and without them, staying healthy feels like guesswork. It's hard knowing there's technology that could help, but it is out of reach for so many in our community."

*-Attendee
Kona Diabetes Care
Community Gathering*

"They send me home with nothing but a prescription. No meter, no plan."

*- Attendee
Maui Diabetes Care
Community Gathering*

"Having access to CGMs is a way of giving HOPE for all those individuals dealing /caring with diabetes and knowledge for those that are pre-diabetic."

*- Attendee
Hilo Diabetes Care
Community Gathering*

Program Advisory Committee





Hilo Benioff
Medical Center
Foundation

Help our community members to live
healthier, happier, longer lives.
Support SB838!

What is SB838?

SB838 requires **health insurers** in Hawai'i to **cover continuous glucose monitors (CGMs) for individuals diagnosed with diabetes**. The bill aims to **eliminate inconsistent insurance coverage** and **ensure equitable access** to this essential diabetes management tool.

SB838 will:

✓ **Prevent Health Disparities**

CGM coverage is currently inconsistent and variable, leaving most patients without access to this life-changing device.

✓ **Reduce Emergency Hospital Visits**

Real-time glucose monitoring helps prevent dangerous blood sugar swings that can lead to ER visits and complications.

✓ **Improve Patient Quality of Life**

CGMs empower patients to manage diabetes effectively and avoid severe complications like amputations.

✓ **Support Rural Communities**

Residents in rural areas have limited healthcare access, making CGMs even more essential.

✓ **Provide a Support Network**

The mobile application used for CGMs allows for users to create a support network of family, friends, and peers in order to encourage each other remotely.



Voices from the Community Gatherings

“One of my patients lost a leg due to diabetes complications, and despite my best efforts, his insurance denied him a CGM. Meanwhile, his wife, who was newly diagnosed, received one instantly. There’s no rhyme or reason—some approvals sail through while others are blocked without explanation. Consistent insurance policy would ensure fairness and prevent these heartbreaking situations.”

- Physician Attendee

“Using a CGM device lets me put my diabetes care in my own hands. Because I can control my glucose levels in real time, I no longer need to take medications. I can enjoy my favorite foods in moderation and I have the energy to do the things I love.

- Attendee

Waimea Diabetes Care Community Gathering

“It is a way of giving HOPE for all those individuals dealing /caring with diabetes and knowledge for those that are pre diabetic.”

- Attendee

Hilo Diabetes Care Community Gathering

**Please
Support SB838!**

For more information, please contact:

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Analysis of Continuous Glucose Monitor Coverage in Hawaii Medicaid

HMA has reviewed CGM coverage in Hawaii's Medicaid program (Med-QUEST) in the fee-for-service program and for each health plan in the QUEST Integration managed care program. Our Review found that Med-QUEST does not have a current published policy governing CGM coverage in FFS and QUEST Integration. Absent a uniform coverage policy issued by the state as a standard of practice, the health plans may develop their own coverage guidelines and utilization management protocols within parameters established in their contracts.

Policies and coverage currently vary significantly between the FFS program and among the health plans participating in the QUEST Integration managed care program, resulting in significant variances in member access and experience. Some plans require prior authorization, others have preferred products, some cover as durable medical equipment (DME) and some under the pharmacy benefit, and differing clinical criteria or ongoing evaluations may be needed. This can affect how quickly and easily patients obtain CGMs, which brands they can use, and the administrative steps involved. Those on plans with more restrictive policies or unclear guidelines may face delays or barriers. Examples of coverage differences members may experience include:

- Coverage of CGM under DME or pharmacy benefit: FFS enrollees appear to have access to CGMs as DME.¹ Likewise AlohaCare, HMSA, and Kaiser Permanente either explicitly cover or appear to cover CGMs as DME, while two plans (Ohana Health Plan and United HealthCare Community Plan) cover under the pharmacy benefit.
- Publicly available coverage policy: Only two of the five health plans (HMSA and UnitedHealthCare Community Plan) have an available coverage policy. The absence of a published coverage policy in FFS and the other health plans creates uncertainty about eligibility and requirements, which can make it difficult for members to understand what documentation or steps are needed.
- Conditions for which CGM is covered: Only two plans have specific policies available. Of these, HMSA covers CGM as DME with diagnoses including type 1 diabetes, type 2 diabetes, gestational diabetes, glycogen storage disease, or latent autoimmune diabetes. Effective 3/1/2026, patients treated with insulin will no longer need PA, which simplifies access. United HealthCare Community Plan covers as a pharmacy benefit for a diabetes diagnosis using InterQual criteria. Both plans require specific clinical criteria and provider evaluations every six months, which may be burdensome but ensures ongoing medical necessity. Both plans also appear to provide some level of member choice by covering multiple products (e.g., Dexcom or FreeStyle Libre) as either preferred products or requiring the same PA criteria.
- Preferred product and PA requirements: These requirements vary significantly across plans, likely exacerbating both member and provider confusion in documentation requirements. For example,

¹ See <https://medquest.hawaii.gov/en/plans-providers/fee-for-service/fee-schedules.html>

AlohaCare lists Dexcom products as *non-formulary* but generally *NOT requiring PA* while FreeStyle Libre products are on the *formulary* but generally *requiring PA*.

Full details are available in the table below.

| FFS | AlohaCare | HMSA | Kaiser Permanente | Ohana Health Plan | UnitedHealthCare Community Plan |
|--|---|--|--|---|--|
| Covered as DME pursuant to fee schedule codes but no public policy guiding coverage and utilization. | No current published coverage policy that is publicly available. ² Public page includes CGM under the DME benefit requiring prior authorization. ³ However, CGM is also listed under pharmacy, with Freestyle Libre products listed as a formulary product | The current policy, ⁶ effective through February 28, 2026, indicates CGM is covered as DME for diabetes mellitus or glycogen storage disease. PA is required for any covered diagnosis, but requirements vary for non-insulin treated type 2. | No published coverage policy for Hawaii Medicaid/Med-QUEST. CGMs not listed on most recently available drug formulary, so, if covered, would be under DME. ⁸ The most recent provider manual (2020) does not specifically indicate service is covered as DME, but manual is a very | No published coverage policy. Provides coverage for CGM through the pharmacy benefit. Abbott FreeStyle Libre CGM is listed as a preferred product on the PDL but does not require PA. Dexcom products, Enlite, Simplera, and Guardian are non-preferred. ¹¹ | Covered as a pharmacy benefit for individuals with diabetes. Published policy references use of InterQual criteria (login required to access) for CGM coverage. ¹² Specifically: Long-Term CGM (Greater than 14 days) <ul style="list-style-type: none"> Initial: When used according to |

² See <https://www.alohacare.org/providers/MedicalPolicies.aspx>

3

https://www.alohacare.org/userfiles/2025%20Updates/Provider%20Resources/AlohaCare_Durable%20Medical%20Equipment%20Prosthetics%20%20Orthotics_Medical%20Policy_06.09.2025%20-%204.pdf

⁶ https://storestuff.s3-accelerate.amazonaws.com/14017_108318089?response-content-disposition=inline%3B%20filename%3D%22MM.02.003%2520Continuous%2520Glucose%2520Monitoring%2520Systems%2520%2528CGMS%2529%25202025-0101%2520v3.pdf%22%3B%20filename%2A%3DUTF-8%27%27MM.02.003%2520Continuous%2520Glucose%2520Monitoring%2520Systems%2520%2528CGMS%2529%25202025-0101%2520v3.pdf&AWSAccessKeyId=AKIAVSTDGYGTYKB5CTOB&Expires=1801680565&Signature=ZEIO762C0KyMOCGX3XISqUaFJe%3D

⁸ See <https://healthy.kaiserpermanente.org/content/dam/kporg/final/documents/formularies/hi/quest-drug-formulary-hi-en.pdf>

¹¹ <https://formulary-search.envolverx.com/hi>

¹² <https://www.uhcprovider.com/content/dam/provider/docs/public/policies/medicaid-comm-plan/continuous-glucose-monitoring-insulin-delivery-managing-diabetes-cs.pdf>

| FFS | AlohaCare | HMSA | Kaiser Permanente | Ohana Health Plan | UnitedHealthCare Community Plan |
|-----|---|---|---|-------------------|---|
| | <p>requiring PA⁴ and Dexcom products listed as non-formulary but generally NOT requiring PA.⁵</p> | <p>Effective March 1, 2026, CGM is covered for glucose management for a confirmed diagnosis of type 1 or type 2 diabetes, gestational diabetes mellitus, glycogen storage disease or latent autoimmune diabetes in adults.⁷ PA is NOT required for type 1 diabetes or insulin-treated type 2 or gestational diabetes, glycogen storage disease, or latent</p> | <p>high-level overview.⁹ However, it does note as part of the plan’s value-added services (VAS), they provide “blood pressure cuffs, pulse oximeters, and glucose monitors to some members with chronic conditions” at physician discretion and subject to PA.</p> <p>Login is required to access “live” formulary.¹⁰</p> | | <p>FDA labeled indications, contraindications, warnings, and precautions, initial long-term CGM use is proven and medically necessary in certain circumstances. For medical necessity clinical coverage criteria, refer to the InterQual® CP: Durable Medical Equipment, Continuous Glucose</p> |

⁴ <https://welcome.optumrx.com/alohacare-medicaid/prescription-drug-list/drug-results?drugName=bGlicmU%3D>

⁵ <https://welcome.optumrx.com/alohacare-medicaid/prescription-drug-list/drug-results?drugName=ZGV4Y29t>

⁷ https://storestuff.s3-accelerate.amazonaws.com/14017_165204955?response-content-disposition=inline%3B%20filename%3D%22Continuous%2520Glucose%2520Monitoring%2520System%2520MM.02.003%2520redlined%252060-day%2520notice%2520eff%25202026-0301.pdf%22%3B%20filename%2A%3DUTF-8%27%27Continuous%2520Glucose%2520Monitoring%2520System%2520MM.02.003%2520redlined%252060-day%2520notice%2520eff%25202026-0301.pdf&AWSAccessKeyId=AKIAVSTDGYTKB5CTOB&Expires=1801680653&Signature=0UnMY66XG8PRvS6AovPabyHAX0c%3D

⁹ <https://healthy.kaiserpermanente.org/content/dam/kporg/final/documents/community-providers/hi/ever/quest-integration-provider-manual-en.pdf>

¹⁰ See <https://healthy.kaiserpermanente.org/hawaii/community-providers/pharmacy#formulary>

| FFS | AlohaCare | HMSA | Kaiser Permanente | Ohana Health Plan | UnitedHealthCare Community Plan |
|-----|-----------|---|-------------------|-------------------|--|
| | | <p>autoimmune diabetes. PA is required for covered diagnoses that are non-insulin treated.</p> <p>Published policy through February 28, 2026, indicates Initial CGMS and related supplies are covered (subject to Limitations and Administrative Guidelines) when ALL the following are met:</p> <ol style="list-style-type: none"> 1. The individual has a confirmed diagnosis of diabetes mellitus or glycogen storage disease. <p>Effective March 1, 2026, this is clarified and expanded to include glucose management for types 1 and 2 diabetes, gestational diabetes, glycogen storage disease,</p> | | | <p>Monitors, Insulin Pumps, and Automated Insulin Delivery Technology.</p> <ul style="list-style-type: none"> • Continued Use: For continued long-term use, CGM is proven and medically necessary when all of the following criteria are met: Device is used according to FDA labeled indications, contraindications, warnings, and precautions Medical necessity clinical coverage criteria are met; refer to the InterQual® CP: Durable Medical Equipment, Continuous |

| FFS | AlohaCare | HMSA | Kaiser Permanente | Ohana Health Plan | UnitedHealthCare Community Plan |
|-----|-----------|---|-------------------|-------------------|---|
| | | <p>and latent autoimmune diabetes in adults</p> <p>2. The individual or caregiver has received sufficient training on the CGM.</p> <p>3. The treating healthcare provider has prescribed the CGMS to enhance safety in the identification, prevention, and management of hypoglycemia.</p> <p>4. The individual meets ONE of the following:</p> <p>a. history of problematic hypoglycemia, as demonstrated by at least ONE of the following: recurrent level 2 hypoglycemic events, defined as glucose <54mg/dL (3.0mmol/L), that persist despite multiple attempts to</p> | | | <p>Glucose Monitors, Insulin Pumps, and Automated Insulin Delivery Technology Individual is assessed by a provider every six months for adherence to the prescribed CGM regimen and treatment plan.</p> <p>Initial long-term CGM is medically necessary for managing individuals with diabetes on a nonintensive insulin treatment plan (e.g., basal insulin and/or oral medications) who have a history of a level 3 hypoglycemic event or recurrent (more than one) level</p> |

| FFS | AlohaCare | HMSA | Kaiser Permanente | Ohana Health Plan | UnitedHealthCare Community Plan |
|-----|-----------|--|-------------------|-------------------|--|
| | | <p>adjust medication(s) and/or modify the diabetes treatment plan; history of one level 3 hypoglycemic event, defined as glucose <54mg/dL (3.0mmol/L), characterized by altered mental and/or physical state requiring third-party assistance, OR,</p> <p>b. The individual's diabetes is insulin-treated. Effective March 1, 2026, "b" is revised to require the "condition" be insulin-treated.</p> <p>Within 6 months prior to ordering the CGM, the treating provider has evaluated the hypoglycemia management and determined that the above criteria are met.</p> | | | <p>2 hypoglycemic events that persist despite multiple (more than one) attempts to adjust medication(s) and/or modify the diabetes treatment plan.</p> <p>Continued long-term CGM is medically necessary for managing individuals with diabetes on a nonintensive insulin treatment plan (e.g., basal insulin and/or oral medications) when all of the following criteria are met: Clinical criteria for initial use noted above were met at initiation of CGM Individual is assessed by a provider every six months for adherence to the prescribed CGM regimen</p> |

| FFS | AlohaCare | HMSA | Kaiser Permanente | Ohana Health Plan | UnitedHealthCare Community Plan |
|-----|-----------|--|-------------------|-------------------|--|
| | | <p>Effective March 1, 2026, the policy removes the “determined that the...are met” language.</p> <p>Additional requirements apply to implantable (Eversense) devices.</p> <p>For continued coverage, the health care provider managing the individual’s hypoglycemia must evaluate every 6 months and attest to the individual’s adherence to the CGM regimen and treatment plan and is benefitting from CGM treatment, which can include documentation such as improved A1C</p> | | | <p>and treatment plan.</p> <p>Both Dexcom and Freestyle Libre products are included on preferred drug list as Tier 2 products requiring PA.¹³</p> |

¹³ <https://www.uhcprovider.com/content/dam/provider/docs/public/commplan/hi/pharmacy/HI-UHCCP-QUEST-Preferred-Drug-List.pdf>

| FFS | AlohaCare | HMSA | Kaiser Permanente | Ohana Health Plan | UnitedHealthCare Community Plan |
|-----|-----------|--|----------------------|----------------------|---------------------------------------|
| | | <p>over 6 months or A1C maintenance within treatment goals.</p> <p>Dexcom and Freestyle Libre are the preferred CGMS. If they are tried and found to be ineffective, not tolerated, or a reason why the individual is not able to use, other CGMS brands may be requested.</p> | | | |



Hilo Benioff
Medical Center
Foundation

DIABETES CARE COMMUNITY GATHERINGS

COMPREHENSIVE REPORT:

**CHALLENGES AND RECOMMENDATIONS TO
DIABETES CARE ON THE ISLANDS OF
HAWAI'I, KAUA'I, MAUI, & MOLOKA'I**

Executive Summary

Diabetes remains a significant public health issue in Hawai'i State, particularly among Native Hawaiian, Pacific Islander, and rural populations. This report synthesizes data and insights gathered from the Diabetes Care Community Gatherings and related studies on barriers and promoters to diabetes care. A key focus is on the accessibility of Continuous Glucose Monitors (CGMs), a critical tool for effective diabetes management. The findings highlight systemic barriers, including inadequate Medicaid coverage, provider limitations, and logistical challenges, while also identifying community-driven solutions and policy recommendations.

“Diabetes has become so prevalent that people have lost hope; they’ve just given up. Our community members deserve better.”

- Lisa Rantz

*Executive Director of the
Hilo Benioff Medical Center
Foundation, HI AHEC &
State Association Council Chair,
National Rural Health Association*



Key Points About Diabetes

- Prevalence: In 2021, 38.4 million Americans, or 11.6% of the population, had diabetes.
- 2 million Americans have type 1 diabetes, including about 304,000 children and adolescents.
- Diagnosed and undiagnosed: Of the 38.4 million adults with diabetes, 29.7 million were diagnosed, and 8.7 million were undiagnosed.
- Prevalence in seniors: The percentage of Americans age 65 and older remains high, at 29.2%, or 16.5 million seniors (diagnosed and undiagnosed).
- New cases: 1.2 million Americans are diagnosed with diabetes every year.
- Prediabetes: In 2021, 97.6 million Americans age 18 and older had prediabetes.

Background of Diabetes in Hawai'i

Diabetes is the seventh leading cause of death in Hawai'i, affecting over 10.6% of the adult population, with Native Hawaiian and Pacific Islander communities disproportionately impacted. The disease leads to severe complications, including cardiovascular disease, kidney failure, and amputations, creating a significant public health burden.

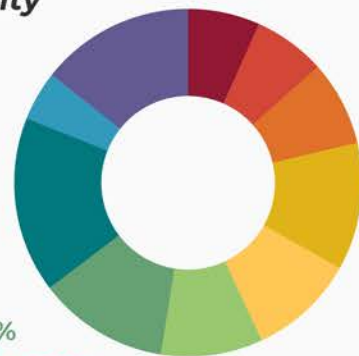
Given the high prevalence of diabetes, the Hilo Benioff Medical Center Foundation, in collaboration with the Hawaii/Pacific Basin Area Health Education Center, University of Hawai'i and Dexcom, launched a community-based pilot project aimed at improving access to diabetes management technologies. This initiative seeks to identify barriers and facilitators to diabetes care, particularly the accessibility of CGMs, and develop policy and practice recommendations to enhance patient outcomes.

Diabetes in Hawai'i

- 120,971 (10.6%) of adults in Hawai'i have diagnosed diabetes.
- 410,000 (37.1%) have prediabetes.
- Native Hawaiians & Pacific Islanders are 2.5 times more likely to be diagnosed.
- Hawai'i County has one of the highest maternal diabetes rates in the state.
- Diabetes-related complications contribute to high healthcare costs and reduced quality of life.

Prevalence of Diabetes in Hawai'i Overall by Ethnicity

**American Indian/
Alaska Native 6.5%**
Black 6.5%
Chinese 7.7%
Filipino 11.5%
Japanese 9.6%
Other Asian 9.2%
Native Hawaiian 11.8%
Other Pacific Islander 15.9%
White 4.5%
Other 13.9%



Gestational Diabetes in Hawai'i

- Overall, 13.1% of mothers with a recent live birth have diabetes.
- Diabetes was high in mothers who indicated a race of Other Asian, Chinese, Filipino, Korean, Other Pacific Islander, Samoan, Japanese, and Hawaiian.
- Mothers > 35 years of age living in Hawai'i County had the highest estimates.
- Mothers with diabetes were more likely to have a cesarean delivery, a preterm delivery, and have high blood pressure during pregnancy.
- Mothers with diabetes were more likely to report symptoms suggestive of postpartum depression and fair/poor general health status.
- Mothers with diabetes had higher hospital charges for both mother and infant.

Continuous Glucose Monitor (CGM) Access

- CGMs provide real-time glucose monitoring, reducing the burden of frequent fingersticks.
- Medicare and most states provide Medicaid coverage for CGMs, but Hawai'i Medicaid lacks a uniform policy.
- Coverage is inconsistent across insurance providers, with prior authorization and specialist referrals required in many cases.
- Limited provider knowledge and logistical barriers such as inconsistent preauthorization requirements, hinder patient access.

Findings from CGM Analysis and Medicaid Coverage Review

- Med-QUEST does not have a published CGM coverage policy.
- Private insurers have inconsistent and restrictive CGM eligibility requirements.

Phase 1.1: Engaging Hawai'i Island

Hawai'i Island Overview

Due to the vast geography and isolated communities across Hawai'i Island the advisory committee members conducted five community gatherings were conducted across Hawai'i Island in Pūna, Hilo, Ka'ū, Kona, and North Hawai'i. These meetings aimed to gather insights from patients, caregivers, healthcare providers, and community organizations to identify key barriers and solutions in diabetes care.

The Hilo Benioff Medical Center Foundation (HBMCF) convened a coalition of healthcare organizations, community leaders, and stakeholders to implement a community-based initiative to understand and address diabetes care barriers on Hawai'i Island.

Project Goals

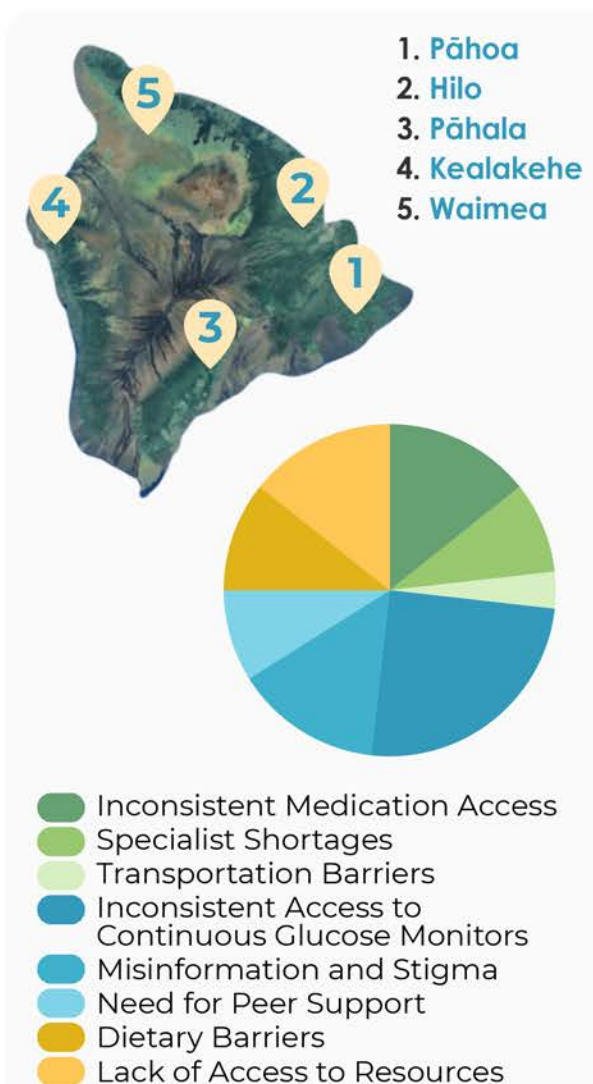
- Identify barriers and facilitators to optimal diabetes care.
- Develop solutions to improve access to CGMs.
- Engage community stakeholders to drive systemic change.
- Inform policy and practice recommendations.

The project employs a two-phase mixed-methods approach, incorporating community convenings and feasibility studies to gather qualitative and quantitative data.

Talk-Story With Us

Diabetes Care Community Gatherings were held in Pāhoa, Hilo, Pāhala, Kealakehe and Waimea, capturing the stories of a variety of age groups from five different regions of Hawai'i Island. A total of 341 people in a blend of diabetes patients, caregivers and providers registered to attend the gatherings to give feedback.

The discussions revealed recurring themes across communities, emphasizing systemic barriers and opportunities for policy intervention that can be addressed.



**Graph displays the concerns that were highlighted most in the Diabetes Care Community Gatherings.*

Regional Summary: Pūna

Pūna Region

The Pūna Region, located on the eastern tip of Hawai'i Island, is a diverse and rapidly growing area known for its lush rainforests, volcanic landscapes, and close-knit communities. It is characterized by rural living, a strong sense of community, and resilience in the face of natural challenges such as lava flows. Despite its beauty, the region faces challenges with infrastructure, healthcare access, and economic opportunities.

The Pūna district includes the cities of Kea'au, Kurtistown, Mountain View, Pāhoa and Volcano

12.4% of the adult population of the Pūna region has been diagnosed with diabetes.

Meeting: August 13, 2024 at the Pāhoa Community Center

54 registered to attend with the majority being over 35 years of age.

Key Challenges:

- Insurance restrictions, diabetes medication access, and limited access to CGMs.
- Limited provider knowledge and patient education.
- Need for early education in schools on diabetes prevention and management.
- Needs: Early education, community-based support groups, and policy engagement

Regional Strengths:

- Trust-building during the meeting led to deep engagement and a willingness to collaborate.

Key Recommendations:

- Expand school-based diabetes awareness programs.
- Increase community support networks.
- Advocate for policy changes to improve CGM accessibility.



"We need constant, consistent community level support for diabetes."

-Attendee
Pāhoa Diabetes Care Community Gathering.

Regional Summary: North & South Hilo

North & South Hilo Districts

North and South Hilo regions, located north of the Pūna region, encompass the island's urban and administrative hub and are known for its lush landscapes, waterfalls, and historic charm. North Hilo is more rural and agricultural, while South Hilo hosts the island's largest population center. The regions face challenges such as aging infrastructure and health disparities.

The North & South Hilo regions include Laupahoehoe, Pepeekeo and Hilo Town.

12.5% of the adult population of the North & South Hilo regions have been diagnosed with diabetes.

Meeting: August 27, 2024 at the University of Hawai'i - Hilo Campus

85 registered to attend with a diverse demographic of ages 18 to over 65 years.

Key Challenges:

- Education & Support: Emphasis on early and ongoing diabetes education, culturally relevant and multi-generational outreach.
- Providers: Need for clear communication, stigma reduction, and better provider training.
- Advocacy & Data: Linking care to policymakers, improved data access to target interventions.
- Food & Lifestyle: Diabetes-friendly resources in stores/restaurants, community events, and cooking classes.

Regional Strengths:

- Largest and most diverse attendance; inquisitive and solution-oriented dialogue.

Key Recommendations:

- Develop targeted training programs for healthcare providers.
- Increase insurance coverage for CGMs and related diabetes technologies.
- Enhance community outreach and support groups.



“Having access to CGMs is a way of giving HOPE for all those individuals dealing /caring with diabetes and knowledge for those that are pre diabetic.”

- Attendee
Hilo Diabetes Care
Community Gathering

Regional Summary: Ka'ū

Ka'ū Region

The Ka'ū region, located on the southernmost part of Hawai'i Island, is known for its vast landscapes, rural charm, and deep cultural roots. Ka'ū communities are tightly knit, with a strong sense of aloha and resilience. The region faces challenges like limited access to healthcare and long travel distances for services.

The Ka'ū region includes the cities of Captain Cook, Naalehu, & Pāhala.

13.2% of the adult population of the Ka'ū region has been diagnosed with diabetes.

Meeting: August 31, 2024 at the Robert N. Herkes Gym located in Pāhala, HI.

76 registered to attend with the majority being 45 years and older.

Key Challenges:

- Access: Significant transportation barriers to specialty care.
- Family & Education: Family support critical; importance of tech like CGMs in education.
- Food insecurity: Lack of access to healthy dietary options.
- Geographic Isolation: Limitations on access to specialists and diabetes care.

Regional Strengths:

- High trust in local providers; strong community networks.
- Aloha-centered approach, immediate engagement, laughter, and openness.

Key Recommendations:

- Expand telehealth services for diabetes management.
- Improve transportation assistance programs for medical visits.
- Develop community-based food security initiatives.



“One of my patients lost a leg due to diabetes complications, and despite my best efforts, his insurance denied him a CGM. Meanwhile, his wife, who was newly diagnosed, received one instantly. There’s no rhyme or reason—some approvals sail through while others are blocked without explanation. Consistent insurance policy would ensure fairness and prevent these heartbreaking situations.”

- Physician Attendee
Ka'ū Diabetes Care
Community Gathering

Regional Summary: North & South Kona

North & South Kona Regions

North and South Kona, on the western coast of Hawai'i Island, are known for their sunny weather and coastal beauty. North Kona is bustling with tourism, healthcare, and commercial hubs, while South Kona is more rural and agricultural, with strong cultural and historical significance. The region balances modern growth with traditional practices but faces challenges in healthcare access and community cohesion.

The North & South Kona regions includes the cities of Waikoloa Village, Kailua-Kona, Kealahou, and Kealahou.

10.8% of the adult population of the North & South Kona regions have been diagnosed with diabetes.

Meeting: October 2, 2024 at the Hawai'i Island Community Health Center Pavilion in Kealahou, HI.

89 registered to attend with a variety of ages ranging from 25 to over 65 years.

Key Challenges:

- Limitations to Access: Medication costs, insurance denials, barriers to CGMs.
- Lack of Preventative Health Practices: Focus on early prevention, food as medicine, and wellness education.
- Limited Access to Alternative Care: Community interest in non-traditional interventions.
- Need for Community Engagement: Cooking classes, support groups, local solutions.

Regional Strengths:

- Strengths: Passionate participants; engagement.

Key Recommendations:

- Advocate for CGM policy reform.
- Expand public education campaigns.
- Engage policymakers in diabetes care discussions.



"I've watched loved ones from my extended 'Ohana struggle with diabetes without access to tools like CGMs. They're too expensive and hard to get, and without them, staying healthy feels like guesswork. It's hard knowing there's technology that could help, but it is out of reach for so many in our community."

-Attendee
Kona Diabetes Care
Community Gathering

Regional Summary: Hāmākua & Kohala

Hāmākua & Kohala Regions of North Hawai'i

The Hāmākua and Kohala regions on the north side of Hawai'i Island are known for their stunning cliffs, rolling pastures, and deep cultural roots. Hāmākua is largely agricultural with a focus on sustainability. Kohala, divided into North and South, is rich in Hawaiian history and ranching traditions. These regions residents often face challenges related to healthcare access and transportation due to their geographic isolation.

The Hāmākua and Kohala regions include the cities of Hawi, Kamuela, Honoka'a and Waimea.

11% of the adult population of the North Hawai'i Island regions have been diagnosed with diabetes.

Meeting: January 16, 2025 at Tutu's House located in Waimea, HI.

37 registered to attend with a variety of ages ranging from Under 18 to over 65 years.

Key Challenges:

- Provider availability: Limited specialists available for residents.
- Insurance restrictions: Inconsistent insurance coverage policies for CGMs.
- Hesitancy: Patient and provider hesitancy due to lack of awareness about CGMs.

Regional Strengths:

- Support structures are in place for the communities of North Hawai'i.

Key Recommendations:

- Increase provider training on CGM benefits and prescribing guidelines.
- Standardize Medicaid and insurance policies to improve CGM access.
- Develop targeted educational campaigns for patients and caregivers.



“Using a CGM device lets me put my diabetes care in my own hands. Because I can control my glucose levels in real time, I no longer need to take medications. I can enjoy my favorite foods in moderation and I have the energy to do the things I love.

- Attendee

Waimea (Hawai'i) Diabetes Care Community Gathering

Hawai'i Island Summary

Key Cross-Regional Themes

Barriers Identified

- Insurance limitations and medication access issues.
- Lack of clear patient education and provider communication.
- Transportation and geographic barriers (especially Ka'ū, Pūna).
- Stigma and mental/emotional burden of the disease.

Community Needs

- More proactive, culturally grounded education starting in schools.
- Resources tailored to different generations and learning styles.
- Better trained providers and increased availability of patient advocates.
- Infrastructure for consistent peer and community support.

Suggested Solutions

- Diabetic-friendly labeling and meal availability in community spaces and restaurants.
- Supportive legislation and government programs.
- Creation of registries, mobile apps, and "warm lines" for guidance and connection.
- Integration of alternative and community-based care models.
- Educational outreach from K-12 through to older adulthood for information on diabetes prevention and management.



Phase 1.1 Conclusion

Hawai'i Island communities are facing a shared struggle with diabetes, though the intensity and focus vary by region. Ka'ū has the highest prevalence and some of the most acute access issues, while Kona, with the lowest rate, still faces significant barriers around medication and insurance. Across all areas, there is a deep desire for community-based solutions, increased education and awareness, and policy engagement to drive systemic change. The strong turnouts and engaged discussions reflect communities ready to be empowered as co-creators in building healthier futures.

CGMs provide hope and empowerment to those impacted by diabetes. Knowing how your body reacts to specific foods and learning food pairings that will keep your blood sugar stabilized.

-Attendee
Waimea (Hawai'i) Diabetes
Care Community Gathering.

Phase 1.2: Expanding to Maui & Kaua'i County

Kaua'i, Maui & Moloka'i Islands Overview

As part of its ongoing commitment to improving diabetes care across the state, the Hilo Benioff Medical Center Foundation (HBMCF), in collaboration with the Kaua'i Region of the Hawai'i Health Systems Corporation (HHSC) and the neighbor island Area Health Education Centers, expanded its Diabetes Care Community Gathering efforts beyond Hawai'i Island to include Kaua'i, Maui, and Moloka'i. Recognizing the diverse cultural identities, distinct population needs, rural infrastructure, and structural barriers to care across the neighbor islands, the project team convened a new series of community meetings to gather insights from patients, caregivers, healthcare providers, and local organizations. These sessions deepened the collective understanding of diabetes challenges statewide and helped identify culturally grounded solutions that reflect the lived experiences of each island community.



Talk-Story With Us

Diabetes Care Community Gatherings were held in Kapa'a, Waimea, Wailuku, and Ho'olehua, bringing together residents from a wide range of age groups and four distinct regions across three islands. More than 150 participants including individuals living with diabetes, caregivers, and healthcare providers registered to share their personal and community experiences and offer valuable feedback.

Across all locations, similar themes emerged, highlighting persistent systemic barriers as well as clear opportunities for policy action and community-driven solutions.



**Graph displays the concerns that were highlighted most in the Diabetes Care Community Gatherings.*

Regional Summary: East Kaua'i

East Kaua'i

The East Side of Kaua'i is known for its beautiful coastlines, family-oriented neighborhoods, and deeply rooted Native Hawaiian and plantation-era history. Despite its natural beauty, East Kaua'i faces significant challenges in diabetes education, access to care, and nutrition resources. Many households experience limited access to internet connectivity, inconsistent health information, and barriers to obtaining diabetes supplies including CGMs.

11.2% of the adult population of Kaua'i County have been diagnosed with diabetes.

Meeting: September 23, 2025 at Samuel Mahelona Memorial Hospital Auditorium, Kapa'a, HI.

40+ registered to attend with a variety of ages ranging from Under 18 to over 65 years, the majority being over the age of 40.

Key Challenges:

- Gaps in Diabetes Education: Lack of understanding what diabetes is and its impact.
- Access Barriers: Limited access to specialists, limited healthy food options, insurance coverage limited, and inconsistent provider diabetes management care education
- Resource Awareness: Existing diabetes programs are not well advertised or widely available.

Regional Strengths:

- High interest in ongoing diabetes education, nutrition support and accessible resources.

Key Recommendations:

- Expand ongoing diabetes care and education programs and support groups across communities.
- Advocate for CGM eligibility reform for low-income (Medicaid) and uninsured residents.



"I finally understand what my numbers mean. I used to just nod when the doctor told me."

- Attendee
Kapa'a Diabetes Care
Community Gathering

Regional Summary: West Kaua'i

West Kaua'i

The West Side of Kaua'i is a tight-knit and rural region with strong plantation history, cultural resilience, and an older population compared to other parts of the island. While strong family networks exist, West Kaua'i has extremely limited diabetes support programs, very few in-person educational services, and minimal access to nutrition professionals.

11.2% of the adult population of Kaua'i County have been diagnosed with diabetes.

Meeting: September 24, 2025 at the Kaua'i Veterans Memorial Hospital Learning Lab.

35+ registered to attend with a variety of healthcare providers and community members.

Key Challenges:

- Lack of Education: Healthcare professionals acknowledged difficulty explaining diabetes care management fundamentals.
- Limited Support Programs: Hospitals do not offer classes, group discussions, and nutritionists.
- Insurance Barriers: Participants reported insurance denials, high co-pay costs, or lack of clinical follow-up.

Regional Strengths:

- Strong interest from healthcare professionals to implement diabetes training for RN, CNA, and MA programs.

Key Recommendations:

- Establish region-based education courses.
- Expand resource availability and improve diabetes support programs.
- Implement CGM outreach and advocacy.



"I feel much more confident talking about diabetes. I learned a lot."

- Attendee

Waimea (Kaua'i) Diabetes Care Community Gathering

Regional Summary: Maui

Maui

Central Maui serves as the county's primary commercial and medical hub, yet many residents reported inconsistent diabetes support, fragmented follow-up care, and limited access to culturally and geographically relevant programs. Historically, hospitals hosted regular health education classes, but these were discontinued with staff turnover, leaving a gap in community education.

An estimated 9.9% of the adult population on Maui have been diagnosed with diabetes.

Meeting: September 25, 2025 at the J. Walter Cameron Center Auditorium, Wailuku Hawai'i.

45 registered to attend, including patients, caregivers and healthcare providers.

Key Challenges:

- Discharge gaps: Uninsured and underinsured patients reported being sent home without supplies, meters, or education.
- Growing prevalence: Increase in both type 1 and type 2 diabetes, especially among keiki.
- Access limitations: Lack of long-term guidance and inaccessible management pathways for diabetic patients.

Regional Strengths:

- Providers expressed interest in creating and expanding community programs that support healthy options programs.

Key Recommendations:

- Reestablish diabetes education series in partnership with local health services organizations.
- Provide affordable options for uninsured and underinsured patients and advocacy for CGM access across insurance types.
- Implement an educational awareness and management programs for all ages.



“They send me home with nothing but a prescription. No meter, no plan.”

- Attendee
Maui Diabetes Care
Community Gathering

Regional Summary: Moloka'i

Moloka'i

Moloka'i, known for its strong Hawaiian identity, community resilience, and rural lifestyle, faces significant structural barriers to diabetes care. Many healthcare providers work part-time on island, and residents often lack regular access to healthcare specialists, nutrition educators, and consistent program offerings.

Moloka'i Island includes the cities of Kaunakakai, Maunaloa, Kalaupapa and Ho'olehua.

An estimated 6% of the adult population of Moloka'i Island have been diagnosed with diabetes.

Meeting: September 26, 2025 at Lānikeha Community Center, Ho'olehua, Hawai'i.

80+ registered to attend, including caregivers, kūPūna, and multi-generational families.

Key Challenges:

- Severely limited access to care: Facilities operate only a few days per week.
- Minimal services: Few Diabetes-specific support & education programs.
- Food environment: Access to healthy food options is limited and costly.

Regional Strengths:

- Strong interest in home gardening and sustainable food practices.
- High willingness to learn about diabetes stages, prevention and lifestyle modifications.

Key Recommendations:

- Increase availability of nutritionists and diabetes educators on island.
- Improve access to healthy foods through partnerships with SNAP accepting local retailers and farmers



“Our whole ‘ohana is trying to eat healthier since our grandchild was diagnosed.”

- Attendee
Moloka'i Diabetes Care
Community Gathering

Neighbor Island Summary

Key Themes

Barriers Identified

- **Insurance & Access Limitations:**
 - Inconsistent CGM coverage across all islands.
 - High out-of-pocket costs and limited eligibility for uninsured patients.
- **Gaps in Patient Education:**
 - Lack of clear, foundational diabetes education from providers.
 - Many long-term diabetics reported not understanding their numbers, disease progression, or basic nutrition principles.
- **Nutritional & Healthy Food Access:**
 - High cost of healthy foods, especially in rural and remote areas.
 - Limited grocery options and few diabetic-friendly restaurants.
- **Healthcare Workforce & Capacity:**
 - Shortages of diabetes educators, navigators, and nutritionists.
 - Part-time or off-island providers (notably Moloka'i and West Kaua'i).
- **Geography & Transportation:**
 - Long distances to specialists and limited public transit.
 - Travel to other islands required for keiki with type 1 diabetes.
- **Stigma, Fear, and Emotional Burden:**
 - Diabetes described as a "death sentence," leading to avoidance of care.
 - Generational trauma related to amputations, blindness, and complications.

Community Needs

- Ongoing diabetes education and consistent support groups that include nutrition awareness, device demonstrations, and peer-to-peer discussion.
- Improved awareness and accessibility of existing resources.
- Youth-focused interventions, especially given rising type 1 and type 2 diabetes among keiki statewide

Suggested Solutions

- Diabetic-friendly grocery labeling and affordable meal options in local stores.
- Expansion of diabetes support groups with regular schedules and sustained staffing.
- Revival of hospital and community-based diabetes programs.
- Increased nutritionist access including telehealth, rotating in-person clinics, and integration into rural hospitals.
- CGM eligibility reform statewide to ensure access regardless of insurance type or income level.
- School-based diabetes and nutrition curriculum.
- Community agriculture and home gardening education.
- Improved discharge pathways so all patients diagnosed with diabetes, regardless of insurance, leave hospitals with education, meters, and follow-up appointments.

Next Steps

Encourage Integration of CGM Prescriptions

Continuing the dialogue with local communities, healthcare providers, and insurers to raise awareness about the importance of CGMs and to push for systemic reforms that support better diabetes care.

Increase Provider Training & Awareness

Develop continuing education programs on diabetes management and CGMs.

Community Education & Outreach

Expand Community-Based Education and Outreach. Integrate diabetes education into school curricula. Develop culturally relevant health literacy programs targeting high-risk populations

Enhance Telehealth & Remote Monitoring

Expand broadband infrastructure to support rural telehealth initiatives. Implement pilot programs for CGM remote monitoring services.

Continued Stakeholder Engagement

Strengthen partnerships with local health organizations, policymakers, and insurers.

Data Collection & Analysis

Develop a centralized database to track CGM access disparities and patient outcomes.

Feasibility Pilot Projects

Implement small-scale initiatives to test CGM integration and assess impact on diabetes management.



“Diabetes care, especially since we have many old people and one of the highest rates of diabetes in the nation, is especially ESSENTIAL!”

***- Attendee
Pāhoa Diabetes Care
Community Gathering***

Why This Matters

Across all islands, the message was clear: community members are ready and eager for better diabetes support, but Hawai'i's rural and neighbor-island communities remain underserved.

Families described diabetes as both a medical and cultural issue that requires education, food access, emotional support, and ongoing connection.

Providers expressed a desire for more training, better referral systems, and consistent statewide standards.



Phase 1.2 Conclusion

The statewide Diabetes Care Community Gatherings revealed a powerful truth: Across Hawai'i Island, Kaua'i, Maui, and Moloka'i, the barriers to diabetes care may differ in scale, but they share the same root causes: limited access, insufficient education, and the need for culturally grounded support.

Communities, when given space to share their experiences, identified clear, actionable solutions to improve diabetes prevention and management. With sustained investment, statewide coordination, and expanded access to tools like CGMs, Hawai'i's families, kūPūna, and keiki can move toward healthier futures grounded in resilience, culture, and community.

Program Advisory Committee



April 7, 2026

To: Chair Todd, Vice Chair Takenouchi, and Members of the House Committee on Finance (FIN)

From: Hawaii Association of Health Plans Public Policy Committee

Date/Location: Apr. 7, 2026; 2:00 p.m./Conference Room 308 & Videoconference

Re: Comments on SB3045 SD1 HD2 – Relating to Health Insurance

The Hawaii Association of Health Plans (HAHP) offers comments on SB3045 SD1 HD2. 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. According to the study released by the State Auditor, continuous glucose monitors (CGMs) are already currently covered by Hawaii health plans when medically necessary and prescribed by a health care provider. Therefore, mandating coverage would not change existing insurance coverage requirements under Hawaii law.¹

However, it's important to note that CGMs are not included in Hawaii's Essential Health Benefits (EHB) benchmark Plan and are not required under federal law. Under federal regulations, if a state mandates coverage for a benefit that falls outside of the EHB-benchmark plan, the state may be required to defray the additional cost of that benefit.

Mandating CGM coverage could also increase costs within Hawaii's health care system. According to a report by the U.S. Department of Health and Human Services Office of the Inspector General:

- From July 2022 to June 2023, Medicare payments for CGMs and supplies exceeded suppliers' acquisition costs by \$377 million and exceeded their total estimated costs by \$70 million.

¹ <https://files.hawaii.gov/auditor/Reports/2026/26-06.pdf>

- Suppliers billed Medicare for higher priced CGMs and supplies even when lower-priced alternatives should have been used.²

Such findings support the concern that when insurers are required to cover a product, suppliers may increase prices knowing reimbursement is guaranteed.

For these reasons, we respectfully recommend deferring this measure. Thank you for the opportunity to provide comments on SB 3045 SD1 HD2.

Sincerely,

HAHP Public Policy Committee
cc: HAHP Board Members

² <https://oig.hhs.gov/reports/all/2025/medicare-payments-for-continuous-glucose-monitors-and-supplies-exceeded-supplier-costs-and-retail-market-prices-indicating-medicare-can-save-at-least-tens-of-millions-of-dollars-in-one-year/>

SB-3045-HD-2

Submitted on: 4/6/2026 2:58:56 PM

Testimony for FIN on 4/7/2026 2:00:00 PM

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

Comments:

Dear Chair Todd, Vice Chair Takenouchi, and Members of the Committee:

My name is Kiran Polk, and I am submitting this testimony as an individual, not on behalf of my organization or any other entity, in strong support of SB 3045 SD1 HD1.

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.

This is about prevention versus cost. A CGM helped me change my behavior immediately. Insurance denied it because I am not on insulin yet, but that is exactly the point.

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 keep people like me off more expensive care and prevent avoidable complications.

For these reasons, and as this is a decision making hearing, I respectfully ask for your favorable consideration of SB 3045 SD1 HD1.

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

Respectfully,
Kiran Polk