

JOSH GREEN, M.D.
GOVERNOR
KE KIA'ĀINA



RYAN I. YAMANE
DIRECTOR
KA LUNA HO'OKELE

JOSEPH CAMPOS II
DEPUTY DIRECTOR
KA HOPE LUNA HO'OKELE

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

TRISTA SPEER
DEPUTY DIRECTOR
KA HOPE LUNA HO'OKELE

February 10, 2026

TO: The Honorable Senator Joy A. San Buenaventura, Chair
Senate Committee on Health and Human Services

FROM: Ryan I. Yamane, Director

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

Hearing: February 13, 2026, Time 1:00 p.m.
Conference Room 225 & 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.



**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'OKELE

JOHN C. (JACK) LEWIN, MD
ADMINISTRATOR

February 6, 2026

TO: SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES
Senator Joy A. San Buenaventura, Chair
Senator Angus L.K. McKelvey, 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 -- RELATING TO HEALTH INSURANCE**

HEARING: Monday, February 9, 2026 @ 1:05 pm; Conference Room 225

POSITION: SUPPORT with COMMENTS

Testimony:

SHPDA supports SB 3045 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

SB 3045 testimony of SHPDA (2026), continued.

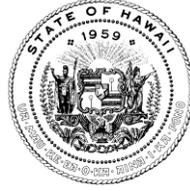
efficiency by reducing administrative friction and supporting more uniform clinical practice, an especially meaningful benefit for rural and medically underserved communities where avoiding avoidable ER visits and hospitalizations can make a major difference.

In closing, this bill 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

Mahalo for the opportunity to testify.

■ -- Jack Lewin, MD, Administrator, SHPDA



STATE OF HAWAII | KA MOKU'ĀINA 'O HAWAI'I
OFFICE OF THE DIRECTOR
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
KA 'OIHANA PILI KĀLEPA
335 MERCHANT STREET, ROOM 310
P.O. BOX 541
HONOLULU, HAWAII 96809
Phone Number: 1-844-808-DCCA (3222)
Fax Number: (808) 586-2856
cca.hawaii.gov

JOSH GREEN, M.D.
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
Senate Committee on Health and Human Services
Monday, February 9, 2026
1:05 pm
State Capitol, Room 225 and via Videoconference**

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

Chair San Buenaventura, Vice Chair McKelvey, 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 on the exchange.

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.

Thank you for the opportunity to testify 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 HEALTH AND HUMAN SERVICES

Senator Joy A. San Buenaventura, Chair
Senator Angus L.K. McKelvey, Vice Chair

Date: February 9, 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 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.

REFERENCES AND QUICK LINKS

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

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Laeton Pang, MD, Treasurer • Thomas Kosasa, MD, Secretary • Marc Alexander, Executive Director

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
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2024 Hawaii Medical Association Public Policy Coordination Team

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

SB-3045

Submitted on: 2/10/2026 9:38:39 AM

Testimony for HHS on 2/13/2026 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
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^[1] 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.

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. It 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.

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

SB-3045

Submitted on: 2/11/2026 12:19:10 AM

Testimony for HHS on 2/13/2026 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
David Isei	Testifying for Hawaii Healthcare Taskforce	Support	Written Testimony Only

Comments:

S.B. 3045 will standardize insurance coverage for continuous glucose monitors across commercial and Medicaid managed care plans in Hawai‘i. This will enable access to clinically proven tools that reduce hypoglycemic events and prevent high-cost acute care, protecting patients and lowering overall costs.

Why we support SB3045

1. The bill addresses the significant impact of type 2 diabetes on preventable health care costs, especially in rural, neighbor-island, and medically underserved communities with limited access to outpatient care. Poor diabetes control results in avoidable emergency visits, hospitalizations, and long-term complications that strain both public and private health systems.
2. Continuous glucose monitors provide real-time glucose data, support earlier clinical intervention, and improve glycemic control. They also reduce hypoglycemia and high-cost acute care utilization. Making CGMs available to appropriate patients is evidence-based and helps lower preventable utilization and complications.
3. Equity: include Medicaid and gestational diabetes. SB3045 requires coverage to apply to Medicaid managed care and explicitly includes gestational diabetes and patients regardless of insulin treatment status, provisions that close current access gaps and protect pregnant people and medically vulnerable populations. The bill also authorizes the State to seek federal waivers and to align with federal requirements where needed.
4. Standardizing coverage will reduce administrative complexity and unpredictability for clinicians and clinics. This operational improvement minimizes wasted clinician time and unnecessary prior-authorization processes, supporting the bill’s goal of preventing high-cost acute events and reducing downstream expenditures.

Data-driven expected benefits (practical, measurable outcomes)

If implemented as written, SB3045 is expected to deliver measurable improvements in the following metrics, which are suitable for short- and mid-term evaluation:

- Reduction in hypoglycemia-related ED visits and inpatient admissions among covered patients (monitorable via hospital claims and Medicaid encounter data)
 - Improved glycemic control (A1c / time-in-range) among enrolled patients, measured through clinic registries and PHO
 - Lower total cost of care for high-risk diabetes panels (net of device cost) as avoided ED/hospital costs offset equipment and supply expenditures. The bill provides the administrative pathway (medicaid waivers, gift/grant acceptance) to align federal reimbursement rules and realize these savings.
-

Implementation recommendations (keep the bill's intent; reduce friction)

To ensure SB3045 achieves rapid, measurable impact with minimal administrative burden, I recommend the Committee consider the following implementation details as companion administrative guidance or follow-on rules:

1. Simple, evidence-based eligibility criteria (e.g., medically necessary and prescribed by an authorized clinician, with explicit examples of qualifying conditions including pregnancy with gestational diabetes, recurrent hypoglycemia, brittle diabetes, and high risk of hospitalization).g clinicians and standardized templates; where possible allow auto-renewal for stable, adherent patients to avoid repeated administrative work for clinicians.
 2. Maintain the minimum benefit floor and repair or replacement coverage as currently drafted. This will prevent patients from incurring high out-of-pocket costs when sensors or transmitters need to be replaced.
 3. Rapid Medicaid alignment plan. The Department of Human Services should publish a time-bound plan to seek federal authorization/waivers (already called for in the bill) and report interim measures for access while federal approvals are pursued.
 4. Mandate an annual report summarizing the number of CGM prescriptions filled by payer, emergency visits and hospitalizations for hypoglycemia or hyperglycemia, and basic cost-of-care trends for enrolled cohorts. These data will enable the Legislature to assess return on investment and refine policy as needed.
-

SB3045 is a targeted, evidence-based bill that aligns clinical benefits with health system savings and advances equity for neighbor-island and Medicaid-covered populations who need these tools most. For these reasons and given the administrative provisions already included, we respectfully urge the Committee to pass SB3045.

We are available to provide additional data, including analyses of claims, clinic case studies, or an

Mahalo for your consideration,

David Isei

Chief Executive Officer

Hawaii Healthcare Taskforce

SB-3045

Submitted on: 2/11/2026 1:43:34 PM

Testimony for HHS on 2/13/2026 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Esther Smith	Testifying for Mohala Health	Support	Written Testimony Only

Comments:

Aloha Chair and Members of the Committee,

I am writing in strong support of SB3045 to ensure consistent access to continuous glucose monitors across Hawai‘i.

Continuous glucose monitors are not a luxury device. They are a standard of care tool that allows patients with diabetes to monitor glucose trends in real time, prevent dangerous hypoglycemia, and avoid prolonged hyperglycemia that leads to long term complications. CGMs reduce emergency department visits, hospitalizations, and long term costs related to kidney failure, blindness, stroke, and amputations. The clinical evidence supporting their use is robust and widely accepted.

For many patients in Hawai‘i, especially those in rural and neighbor island communities, consistent access to CGMs is the difference between stability and crisis. Interruptions in coverage create immediate medical risk. When insurance coverage is inconsistent or burdened by unnecessary administrative barriers, patients lose access, glycemic control worsens, and avoidable complications increase.

CGMs empower patients. They allow parents to monitor children safely. They allow working adults to maintain employment without constant fingersticks. They allow kūpuna to avoid life threatening hypoglycemic episodes. These devices provide actionable data that improves decision making for both patients and clinicians.

In a state already facing healthcare workforce shortages and access challenges, preventing avoidable complications is essential. Consistent CGM coverage reduces strain on our emergency departments and inpatient facilities. It is a fiscally responsible investment that improves both individual and system level outcomes.

SB3045 promotes continuity, safety, and equity in diabetes care. I respectfully urge the Committee to pass this measure and ensure that patients across Hawai‘i have reliable access to this evidence based technology.

Mahalo for your consideration.

Respectfully submitted,

Esther Yu Smith, MD

Mohala Health, Kailua-Kona



Hilo Benioff Medical Center Foundation

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PROGRAM MANAGER

Jessica DeCamp

February 10, 2026

To: Chair Joy San Buenaventura and Vice Chair Angus McKelvey 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 part of the current standard of care in diabetes management and are covered in some form by every other state Medicaid program. Hawaii is currently the only state without a published Medicaid coverage policy for CGMs. Within our Medicaid system, coverage standards and eligibility criteria vary 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. These 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

Testimony of
John M. Kirimitsu
Counsel

Senate Committee on Health and Human Services
The Honorable Joy A. San Buenaventura, Chair
The Honorable Angus L.K. McKelvey, Vice Chair

February 9, 2026
1:05 pm
Conference Room 225 & Videoconference

Re: SB 3045 Relating to Health Insurance

Chair, Vice Chair, and committee members, thank you for this opportunity to provide testimony on SB 3045 mandating coverage for continuous glucose monitors and related supplies.

Kaiser Permanente Hawaii would like to offer comments.

Kaiser supports continuous glucose monitoring to help people stay close to their glucose targets, which can reduce emergency department visits and hospitalizations for chronic health issues, including hypoglycemia.

However, this proposed bill mandating glucose monitors is duplicative of Hawaii's existing diabetes self-management mandate¹ requiring coverage for diabetes equipment and supplies, *which includes medically necessary glucose monitors*. Accordingly, we believe that this bill is unnecessary and request that this measure be deferred.

Should this bill move forward, Kaiser requests an impact assessment report, as statutorily required under Sections 23-51 and 23-52 of the Hawaii Revised Statutes, since this is a new mandate for coverage.

Thank you for the opportunity to comment.

¹ **§431:10A-121 Coverage for diabetes.** Each policy of accident and health or sickness insurance providing coverage for health care, other than an accident-only, specified disease, hospital indemnity, medicare supplement, long-term care, or other limited benefit health insurance policy, that is issued or renewed in this State, **shall provide coverage for outpatient diabetes self-management training, education, equipment, and supplies**, if:

- (1) The equipment, supplies, training, and education are medically necessary; and
- (2) The equipment, supplies, training, and education are prescribed by a health care professional authorized to prescribe.



February 9, 2026

The Honorable Joy A. San Buenaventura, Chair
The Honorable Angus L.K. McKelvey, Vice Chair

Senate Committee on Health and Human Services

Re: SB 3045 – RELATING TO HEALTH INSURANCE.

Dear Chair San Buenaventura, Vice Chair McKelvey, and Members of the Committee:

Hawaii Medical Service Association (HMSA) appreciates the opportunity to provide comments on SB 2855, 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.

Sincerely,

Walden Au
Director of Government Relations

February 13, 2026

To: Chair San Buenaventura, Vice Chair McKelvey, and Members of the Senate Committee on Health and Human Services (HHS)

From: Hawaii Association of Health Plans Public Policy Committee

Date/Location: Feb. 13, 2026; 1:00 p.m./Conference Room 225 & Videoconference

Re: Comments on SB 3045 – Relating to Health Insurance

The Hawaii Association of Health Plans (HAHP) offers comments on SB 3045. 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.

Sincerely,

HAHP Public Policy Committee
cc: HAHP Board Members



**Testimony to the Senate Committee on Health and Human Services
Monday, February 9, 2026; 1:05 p.m.
State Capitol, Conference Room 225
Via Videoconference**

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

Chair San Buenaventura, Vice Chair McKelvey, and Members of the 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, 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, 2026.

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
Monday, February 9, 2026; 1:05 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
Monday, February 9, 2026; 1:05 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.

SB-3045

Submitted on: 2/11/2026 2:14:45 PM

Testimony for HHS on 2/13/2026 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Stacy Haumea	Individual	Support	Remotely Via Zoom

Comments:

Aloha, I am writing to document my strong support of SB3045.

I am a practicing nutrition provider and diabetes educator on Hawai'i Island and have first hand knowledge and experience of how powerful a tool a CGM is. I also have the privilege to use the Stelo CGM for people at risk of DM tool as a preventive tool.

A CGM helps to:

- Manage diabetes safely
- Prevent diabetes emergencies and long-term complications
- Equitable access matters for Medicaid recipients and underserved communities. The financial and emotional burden caused by inconsistent or denied coverage creates lack of trust in the healthcare system.
- Rural and neighbor island residents have limited access to specialists, emergency care, and even pharmacies may be limited; CGM's are true life savers and should be a choice for wider adoption with no financial burden to the patient AND includes streamlined access for providers and patients.

Please support this bill.

warmest aloha, Stacy Haumea

SB-3045

Submitted on: 2/12/2026 1:18:06 AM

Testimony for HHS on 2/13/2026 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Kiran Polk	Individual	Support	Remotely Via Zoom

Comments:

Dear Chair Buenaventura, Vice Chair McKelvey and members of the Committee,

My name is Kiran Polk, and I am submitting this testimony **as an INDIVIDUAL and not on behalf of any organization in strong support of SB 3045.**

I have a family history of diabetes. I 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 at a diabetic range. I am doing everything I can to proactively manage my health so that I do not progress to needing medication 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 in our State 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 reflect real people and real costs that continue to grow.

I have taken diabetes prevention classes, attended a continuous glucose monitor (CGM) workshop, and work with a nutritionist. During the workshop, I was able to use a CGM for two weeks. That 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 doctor 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. Preventing disease progression should be incentivized, not blocked.

SB 3045 recognizes that continuous glucose monitors are evidence-based tools that improve 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.

I respectfully urge your support for SB 3045.

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

Sincerely,
Kiran Polk

SB-3045

Submitted on: 2/8/2026 2:33:45 PM

Testimony for HHS on 2/13/2026 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Michael Olderr	Individual	Support	Written Testimony Only

Comments:

I support this common sense health care bill

SB-3045

Submitted on: 2/11/2026 6:29:30 AM

Testimony for HHS on 2/13/2026 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Melanie Craddock	Individual	Support	Written Testimony Only

Comments:

Hello,

I am writing in support of SB3045. I am a Registered Nurse and Certified Diabetes Care and Education Specialist. I work with the Maui Community and have seen firsthand the improvement in diabetes management when a person with diabetes has real-time knowledge of how food, activity, and stress are impacting their diabetes. Continuous glucose monitoring—combined with education and problem-solving—has improved medication adherence, encouraged healthier eating, and increased physical activity, leading to improvements not only in diabetes management but also in overall quality of life.

Please consider moving this bill forward to reduce risk over time and prevent hospitalizations, removing a barrier for many living with diabetes.

Respectfully,

Melanie Craddock, RN,CDCES