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**PRESENTATION OF THE  
PROFESSIONAL AND VOCATIONAL LICENSING DIVISION**

TO THE HOUSE COMMITTEE ON  
CONSUMER PROTECTION & COMMERCE

TWENTY-EIGHTH LEGISLATURE  
REGULAR SESSION OF 2016

Wednesday, February 17, 2016  
9:30 a.m.

**TESTIMONY ON HOUSE BILL NO. 1899, H.D. 1, RELATING TO LICENSURE OF  
CERTIFIED PROFESSIONAL MIDWIVES.**

TO THE HONORABLE ANGUS L.K MCKELVEY, CHAIR,  
AND MEMBERS OF THE COMMITTEE:

My name is Celia Suzuki, Licensing Administrator for the Professional and Vocational Licensing Division, Department of Commerce and Consumer Affairs (“Department”). The Department appreciates the opportunity to submit testimony on House Bill No. 1899, H.D. 1, Relating to Licensure of Certified Professional Midwives.

House Bill No. 1899, H.D. 1 creates a new chapter to regulate certified professional midwives who practice midwifery care. A sunrise analysis of a proposal to regulate certified professional midwives was conducted and reported in March 1999 (Report No. 99-14). The Auditor analyzed whether certified professional midwives should be regulated as proposed in

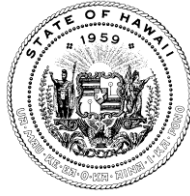
House Bill No. 3123, which was introduced during the 1998 Regular Session. The Auditor assessed the probable effects of regulation and which state agency would be best suited to implement regulation. The Legislature requested the analysis via Senate Concurrent Resolution No. 64, Senate Draft 1 of the 1998 session.

The report concluded that the regulation of certified professional midwives and other lay (non-nurse) midwives is warranted in order to protect consumers by helping ensure that practitioners have the basic skills, and follow appropriate standards for consumer protections. The report suggested that either the Department of Commerce and Consumer Affairs or the Department of Health could administer the regulatory program. The report also mentioned that regulation would be premature until key issues are resolved concerning the scope and nature of regulation and the weaknesses of House Bill No. 3123. Therefore, it was recommended that House Bill No. 3123 should not be enacted.

The last sunrise analysis was performed in 1999, that is, seventeen years ago. The Department respectfully requests that a new study be conducted in order to ensure that all affected parties are given adequate due consideration on whether or not regulation is warranted. The Hawaii Regulatory Licensing Reform Act states that professions and vocation should be regulated only when necessary to protect the health, safety, or welfare of consumers.

Therefore, the Department strongly suggests that a current analysis be conducted on whether certified professional midwives should be regulated as proposed in House Bill No. 1899.

Thank you for the opportunity to provide comments on House Bill No. 1899.



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PRESENTATION OF  
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS  
REGULATED INDUSTRIES COMPLAINTS OFFICE

TO THE HOUSE COMMITTEE  
ON  
CONSUMER PROTECTION AND COMMERCE

TWENTY-EIGHTH STATE LEGISLATURE  
REGULAR SESSION, 2016

WEDNESDAY, FEBRUARY 17, 2016  
9:30 A.M.

TESTIMONY ON HOUSE BILL NO. 1899 H.D.1  
RELATING TO LICENSURE OF CERTIFIED PROFESSIONAL MIDWIVES

TO THE HONORABLE ANGUS L.K. MCKELVEY, CHAIR,  
AND TO THE HONORABLE JUSTIN H. WOODSON, VICE CHAIR,  
AND MEMBERS OF THE COMMITTEE:

The Department of Commerce and Consumer Affairs ("Department") appreciates the opportunity to testify on House Bill No.1899 H.D.1, Relating to Certified Professional Midwives. My name is Daria Loy-Goto and I am the Complaints and Enforcement Officer for the Department's Regulated Industries Complaints Office ("RICO"). RICO offers comments on the bill.

House Bill No. 1899 H.D.1 creates a new chapter for the licensure of certified professional midwives. RICO defers to the Department's Professional and Vocational Licensing Division on licensure for certified professional midwives.

Testimony on House Bill No. 1899 H.D.1  
February 17, 2016  
Page 2

RICO previously provided information related to enforcement provisions implemented in other licensing chapters to the Committee on Health and is available to provide any additional information either Committee may seek.

Thank you for the opportunity to testify on House Bill No. 1899 H.D.1. I will be happy to answer any questions the Committee may have.

From: mailinglist@capitol.hawaii.gov  
Sent: Saturday, February 13, 2016 10:39 AM  
To: CPCtestimony  
Cc: johnbethdefrance@gmail.com  
Subject: Submitted testimony for HB1899 on Feb 17, 2016 09:30AM

**HB1899**

Submitted on: 2/13/2016

Testimony for CPC on Feb 17, 2016 09:30AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Beth DeFrance	Midwives Alliance of Hawaii	Comments Only	No

Comments: I am a member of Hawaii Alliance of Midwives. I am a Certified Professional Midwife and was a Licensed midwife in Oregon for many years. Being a licensed midwife offered me a broader and more safe scope of practice, as well as the ability serve a larger number of needy families. Home birth has proven statistically to be a safe option for low risk women, and can be a cost effective means of providing maternity care for your citizens. I support HB1899 HD1 and would like to see you support this bill as well. Thank you for hearing this bill, and supporting it to move forward. Again, this bill is important because: Certified Professional Midwives (CPMs) recognize the diversity of the midwifery profession. HB1899 HD1 focuses on the licensure of CPMs only; Traditional Birth Attendants have been removed from HB1899 HD1. Licensed CPMs can practice to their fullest scope and provide safe maternity care for families who choose to birth with a midwife in an out of hospital setting. -HB1899 HD1 provides a program with an advisory committee, instead of a board, to license CPMs. This adheres to licensing laws in Hawaii and makes the license for a CPM affordable. The advisory committee works directly with the director of the DCCA. Midwives Alliance of Hawaii supports this program. Licensed Midwives are a safe, viable and reliable source of maternity care for families in Hawaii. Hear, and support HB 1899HD 1 for the families of the big Island of Hawaii.

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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From: mailinglist@capitol.hawaii.gov  
Sent: Monday, February 15, 2016 10:57 PM  
To: CPCtestimony  
Cc: danielecta@gmail.com  
Subject: Submitted testimony for HB1899 on Feb 17, 2016 09:30AM

**HB1899**

Submitted on: 2/15/2016

Testimony for CPC on Feb 17, 2016 09:30AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Dani Kennedy CPM	Midwives Alliance of Hawaii	Support	No

Comments: I am a Certified Professional Midwife in SUPPORT of HB1899 HD1. I have attended 375 out-of-hospital births in the 6 years I have been in practice and believe that families in Hawaii should be given the option to choose a Licensed CPM for their maternity care if they so desire. The U.S. currently recognizes Certified Professional Midwives in 30 states and the majority of the remaining states are well on their way toward gaining licensure for CPMs. Please vote YES for HB1899 HD1 so that women in Hawaii can have increased access to safe midwifery care.

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# *Midwives Alliance of Hawaii*

## **HB1899 HD1 MAH Recommendations**

Midwives Alliance of Hawaii recommends the bill be rearranged into the following sections in order to more closely adhere to licensing law structure:

1. Definitions
2. Licensed midwifery program (this would be an added section)
3. Powers and duties
4. Advisory committee; appointment; term
5. License; qualifications
6. Fees
7. Scope of practice; formulary
8. Grounds for refusal to renew, reinstate or restore a license and for revocation, suspension, denial or condition of a license
9. Exemptions
10. Client protection
11. Disclosure; record keeping
12. Immunity from vicarious liability

For ease of reading the following two proposed amendments, we have provided you with Section 3 and Section 8; these are both listed in the testimony submitted by Midwives Alliance of Hawaii.

### **§ -3 -Powers and duties.**

- (1) Grant, deny, renew, refuse to renew, restore, terminate, reinstate, condition, restrict, suspend, or revoke a license issued pursuant to this chapter;
- (2) Grant permission to a certified professional midwife to practice midwifery care and to use the title of "licensed midwife" or "L.M." to indicate that the person is a licensed midwife in this State;
- (3) Administer, coordinate, and enforce this chapter;
- (4) Discipline a licensed midwife on grounds specified by this chapter or chapter 436B or for any violation of rules adopted by the director pursuant to this chapter;
- (5) Refuse to license a person for failure to meet the licensing requirements in this chapter or for any reason specified by this chapter as grounds to discipline a licensed midwife;
- (6) Appoint an advisory committee composed of practicing certified professional midwives, pursuant to Section 4 Advisory committee; appointment term of this chapter to assist with the implementation of this chapter; and

MIDWIVES ALLIANCE OF HAWAII  
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## *Midwives Alliance of Hawaii*

(7) Adopt, amend, or repeal rules, pursuant to chapter 91, not inconsistent with the law, as may be necessary to enable it to carry into effect this chapter, including the definition of the scope of practice and continuing educational requirements of certified professional midwives based upon certified professional midwife standards, which include but are not limited to the standards set forth by national certifying bodies recognized by the director and advisory committee.

**§ -8 Grounds for refusal to renew, reinstate or restore a license and for revocation, suspension, denial, or condition of a license.** (a) In addition to any other acts or conditions provided by law, the director may refuse to renew, reinstate or restore or may deny, revoke, suspend, or condition in any manner, any license for any one or more of the following acts or conditions on the part of the licensee or the applicant thereof:

- (1) Failure to meet or maintain the conditions and requirements necessary to qualify for the granting of a license;
- (2) Engaging in false, fraudulent, or deceptive advertising, or making untruthful statements;
- (3) Engaging in the practice of midwifery as a licensed midwife while impaired by alcohol and/or drugs;
- (4) Mental incompetence;
- (5) Procuring a license through fraud, misrepresentation, or deceit;
- (6) Professional misconduct, incompetence, gross negligence, or manifest incapacity in the practice of midwifery as a licensed midwife;
- (7) Conduct or practice contrary to recognized standards of ethics for midwifery as a licensed midwife;
- (8) Violating any condition or limitation imposed on a license to practice certified professional midwifery care by the director;
- (9) Failure to comply, observe, or adhere to any law in a manner such that the director deems the applicant or holder to be an unfit or improper person to hold a license;
- (10) Revocation suspension, or other disciplinary action by another state or federal agency against a licensee or applicant for any reason provided by the licensing laws or this section;





## *Midwives Alliance of Hawaii*

(11) Criminal conviction, whether by nolo contendere or otherwise, of a penal crime directly related to the qualifications, functions, or duties of the practice of midwifery by a licensed midwife;

(12) Failure to report in writing to the director any disciplinary decision issued against the licensee or the applicant in another jurisdiction within thirty days of the disciplinary decision;

(13) Submitting to or filing with the director any notice, statement or other document required under this chapter, which is false or untrue or contains any material misstatement or fact; or

(14) Violating this chapter, the applicable licensing laws, or any rule or order of the director.

(b) In any proceeding to discipline a licensee or for the suspension, limitation, or revocation of a license to practice nursing, the licensee sought to be disciplined or the person whose license is sought to be suspended, limited, or revoked shall be given notice and opportunity for hearing in conformity with chapter 91. Any person whose application for a license has been denied shall be given notice and the opportunity for a hearing pursuant to chapter 91.

(c) Any fine imposed by the director after a hearing in accordance with chapter 91 shall be no less than \$100 and no more than \$1,000 for each violation.

(d) The remedies or penalties provided by this chapter are cumulative to each other and to the remedies or penalties available under all other laws of this State.



# Midwives Alliance of Hawaii

February 15, 2016

## **TESTIMONY IN STRONG SUPPORT OF HB1899 HD1, RELATING TO LICENSURE OF CERTIFIED PROFESSIONAL MIDWIVES**

To: House Committee on Consumer Protection & Commerce  
Representative Angus McKelvey, Chair  
Representative Justin Woodson, Vice Chair  
Hawaii State Capitol, Room 320  
415 South Berentania Street  
Honolulu, HI 96813

From: Midwives Alliance of Hawaii  
Lea Minton, CNM, President  
Nina Millar, RN, Vice President  
Naomi Picinich, SNM, Secretary  
Selena Green, CPM, Treasurer  
Dani Kennedy, CPM, Big Island Representative  
Kaja Gibbs, CPM, Oahu Representative

Time: Twenty-Eighth Legislature Regular Session of 2016  
Wednesday, February 17, 2016 at 9:30am

Dear Representative McKelvey, Representative Woodson and committee members:

Midwives Alliance of Hawaii strongly supports HB1899 HD1. As a state non-profit organization who represent out of hospital midwives, we would like to see HB1899 HD1 enacted so that certified professional midwives (CPMs) can be licensed and practice to their fullest scope in the state of Hawaii. CPMs are nationally certified independent and skilled practitioners who are currently recognized in thirty (30) states where they provide comprehensive maternity care for low risk women in out of hospital birth settings.

Licensure of CPMs in Hawaii will improve the safety of out of hospital birth by providing consumers with access to skilled professional midwives, giving CPMs ordering privileges for routine tests to provide standard pregnancy care while assessing the appropriateness of their clients and by allowing CPMs to carry and use pertinent emergency equipment and medication for deliveries. CPMs can also help improve access to maternal health services for families in rural areas in the State of Hawaii by providing prenatal and postpartum care to low risk women who choose to birth in hospitals but who may live far from a provider or have transportation barriers that prohibit her from receiving recommended care. Licensure will help improve relationships between hospital providers and CPMs as their specialty will be recognized, and they can more easily work to build collaborative relationships within the healthcare community.

Midwives Alliance of Hawaii encourages the House of Representatives Consumer Protection and Commerce committee to pass HB1899 HD1 with the following amendments:

Page 4:

- After Section 1 Definitions, and before Section 2 Power and Duties we propose to add:
  - -2 Licensed midwife program: There is established a licensed midwife program within the department to be administered by the director.

Page 4, Section 2 Powers and Duties:

- We propose renumbering Powers and Duties from 2 to 3 due to the addition of proposed section 2 Licensed midwife program.
- Line 4: We recommend adding “have the powers and duties to:” the end of “the director shall”. Line 4 sentence would read: “and duties authorized by law, the director shall have the powers and duties to:”.
- Lines 5-19: Strike all lines (Power and Duties number 1-9) and replace with:  
“(1) Grant, deny, renew, refuse to renew, restore, terminate, reinstate, condition, restrict, suspend, or revoke a license issued pursuant to this chapter;  
  
(2) Grant permission to a certified professional midwife to practice midwifery care and to use the title of “licensed midwife” or “L.M.” to indicate that the person is a licensed midwife in this State;  
  
(3) Administer, coordinate, and enforce this chapter;  
  
(4) Discipline a licensed midwife on grounds specified by this chapter or chapter 436B or for any violation of rules adopted by the director pursuant to this chapter;  
  
(5) Refuse to license a person for failure to meet the licensing requirements in this chapter or for any reason specified by this chapter as grounds to discipline a licensed midwife;  
  
(6) Appoint an advisory committee composed of practicing certified professional midwives, pursuant to Section 4 Advisory committee; appointment term of this chapter to assist with the implementation of this chapter; and  
  
(7) Adopt, amend, or repeal rules, pursuant to chapter 91, not inconsistent with the law, as may be necessary to enable it to carry into effect this chapter, including the definition of the scope of practice and continuing educational requirements of certified professional midwives based upon certified professional midwife standards, which include but are not limited to the standards set forth by national certifying bodies recognized by the director and advisory committee.”

Page 4, Section 3 Advisory committee; appointment term:

- Renumber Advisory committee; appointment term from 3 to 4 due to the addition of proposed section 2 Licensed midwife program, which results in subsequent sections being renumbered.

Page 5, Section 3 Advisory committee; appointment; term:

- Line 2: We recommend changing from “seven members” to “five members”.
- Line 4: Strike “non-” so that it reads “voting member”.
- Line 15: change from “Four licensed midwives” to “Three licensed midwives”.
- Line 13: Strike “and one certified nurse midwife ”.
  - Explanation: We are focused on having CPMs make up the professionals on the advisory committee because they are aware of the training routes and practice standards. We are aware that other committees and licensing boards do not reserve seats for professionals who are not licensed pursuant to that chapter, but are able to freely consult with other professional boards and committees in the State for feedback as needed; we would expect this advisory committee to do the same.

- Line 17-21: Strike “One licensed physician, who has provided primary maternity care for at least twenty births in the twelve-month period prior to appointment, maintains current hospital privileges, and has attended at least one home birth, who shall be a non-voting member; and”.
  - Explanation: We are focused on having CPMs make up the professionals on the advisory committee because they are aware of the training routes and practice standards. We are aware that other committees and licensing boards do not reserve seats for professionals who are not licensed pursuant to that chapter, but are able to freely consult with other professional boards and committees in the State for feedback as needed; we would expect this advisory committee to do the same.

Page 6, Section 3 Advisory committee; appointment; term:

- Line 4: Strike “non-“, so that it read “voting member.”
  - Explanation: CPM midwifery care is very consumer focused and we would like to include an out of hospital birth consumer on the advisory committee so that consumers are represented.

Page 6, Section 4 Scope of practice; formulary:

- Renumber Scope of practice; formulary from 4 to 7 due to the addition of proposed section 2 Licensed midwife program and the proposed restructuring of HB1899 HD1, which results in subsequent sections being renumbered.

Page 7, Section 4 Scope of practice; formulary:

- Line 9-10: We recommend amending “pursuant to the standards of the National Association of Certified Professional Midwives” to “pursuant to the standards of the Midwives Alliance of North America.”

Page 8, Section 5 License; Qualifications:

- Line 20-21 and Page 9, Section 5 License; Qualifications Line 1: Strike number 3 in entirety: “Documentation of a graduate letter from a Midwifery Education Accreditation Council accredited school or letter of completion of portfolio evaluation process;”.
  - Explanation: The North American Registry of Midwives validates the midwife’s schooling or portfolio completion prior to their certification eligibility. Therefore their certification demonstrates they have completed the education requirement.

Page 9, Section 5 License; Qualifications:

- Line 6: Amend “for two years from the date of issuance” to read “for two years and shall be renewed upon the payment of a renewal fee within sixty days before the expiration of the license. Failure to renew a license shall result in forfeiture of that license. Licenses that have been forfeited may be restored within one year of the forfeiture date upon payment of renewal and restoration fees. Failure to restore a forfeited license within one year shall result in the automatic termination of the license. A person whose license has been terminated pursuant to this section shall be required to reapply for a new license as a new applicant.”
- Line 6: Add “(c) Only a person who has a current, unencumbered recognition from the department to practice as a licensed midwife shall use the title “Licensed Midwife” and/or the abbreviation “L.M.”. No other person shall assume the title “Licensed Midwife” or in any manner imply that the person is a licensed midwife except as defined in this chapter or use the abbreviation “L.M.” or any other words, letter, sign, or device to indicate that the person using the same is a licensed midwife. Nothing in this section shall preclude a certified professional midwife who is not recognized by the department as a licensed

midwife and who is currently certified by a national certifying body recognized by the department from using another title designated by certification.”

- Explanation: We feel this is an important safety measure for consumers so that other midwives practicing in the state who are not licensed are not able to mislead consumers or other professionals by calling themselves a licensed midwife.

Page 9, Section 6 Fees; penalties:

- We recommend amending the title of this section from “Fees; penalties” to “Fees.”
- Lines 7-11: Change the wording of (a) in its entirety from “(a) Each applicant shall pay a licensing fee of \$250 upon application for a new or renewal license. Fees collected pursuant to this section shall be deposited into the compliance resolution fund established pursuant to section 26-9(o).” to read: “(a) Upon issuance of a new license and at each license renewal period, each licensed midwife shall pay a fee of \$250 that shall be deposited into the compliance resolution fund established pursuant to section 26-9(o).”
- Lines 12-19: Strike in entirety: “Any fine imposed by the department after a hearing conducted pursuant to this chapter shall be no less than \$100 and no more than \$1,000 for the first violation. A second or subsequent violation of this chapter shall be referred to the office of the attorney general for criminal prosecution. Any person who pleads guilty to or is found guilty of a second or subsequent violation of this chapter shall be guilty of a misdemeanor.”
- Line 12: Add “(b) Application fees paid pursuant to this chapter shall not be refundable. Pursuant to section 26-9(l), the director shall establish license, renewal, restoration, penalty and other fees relating to the administration of this chapter by rule. (c) Fees assessed pursuant to this chapter shall be used to defray costs incurred by the department in implementing this chapter.”

Page 9, Section 7 Hearings:

- Renumber Hearings from 7 to 8 due to the addition of proposed section 2 Licensed midwife program and the proposed restructuring of HB1899 HD1, which results in subsequent sections being renumbered.
- Amend title of this section from “7 Hearings” to “8 Grounds for refusal to renew, reinstate or restore a license and for revocation, suspension, denial, or condition of a license.”
- Page 9, Section 7 Hearings: Lines 20-21 and Page 10, Section 7 Hearings Lines 1-17: Strike in entirety and replaced with:  
“(a) In addition to any other acts or conditions provided by law, the director may refuse to renew, reinstate or restore or may deny, revoke, suspend, or condition in any manner, any license for any one or more of the following acts or conditions on the part of the licensee or the applicant thereof:

(1) Failure to meet or maintain the conditions and requirements necessary to qualify for the granting of a license;

(2) Engaging in false, fraudulent, or deceptive advertising, or making untruthful statements;

(3) Engaging in the practice of midwifery as a licensed midwife while impaired by alcohol and/or drugs;

(4) Mental incompetence;

(5) Procuring a license through fraud, misrepresentation, or deceit;

- (6) Professional misconduct, incompetence, gross negligence, or manifest incapacity in the practice of midwifery as a licensed midwife;
  - (7) Conduct or practice contrary to recognized standards of ethics for midwifery as a licensed midwife;
  - (8) Violating any condition or limitation imposed on a license to practice certified professional midwifery care by the director;
  - (9) Failure to comply, observe, or adhere to any law in a manner such that the director deems the applicant or holder to be an unfit or improper person to hold a license;
  - (10) Revocation suspension, or other disciplinary action by another state or federal agency against a licensee or applicant for any reason provided by the licensing laws or this section;
  - (11) Criminal conviction, whether by nolo contendere or otherwise, of a penal crime directly related to the qualifications, functions, or duties of the practice of midwifery by a licensed midwife;
  - (12) Failure to report in writing to the director any disciplinary decision issued against the licensee or the applicant in another jurisdiction within thirty days of the disciplinary decision;
  - (13) Submitting to or filing with the director any notice, statement or other document required under this chapter, which is false or untrue or contains any material misstatement or fact; or
  - (14) Violating this chapter, the applicable licensing laws, or any rule or order of the director.
- (b) In any proceeding to discipline a licensee or for the suspension, limitation, or revocation of a license to practice nursing, the licensee sought to be disciplined or the person whose license is sought to be suspended, limited, or revoked shall be given notice and opportunity for hearing in conformity with chapter 91. Any person whose application for a license has been denied shall be given notice and the opportunity for a hearing pursuant to chapter 91.
- (c) Any fine imposed by the director after a hearing in accordance with chapter 91 shall be no less than \$100 and no more than \$1,000 for each violation.
- (d) The remedies or penalties provided by this chapter are cumulative to each other and to the remedies or penalties available under all other laws of this State.”

Page 10, Section 8 Exemptions:

- Renumber Exemptions from 8 to 9 due to the addition of proposed section 2 Licensed midwife program and the proposed restructuring of HB1899 HD1, which results in subsequent sections being renumbered.

Page 11, Section 9 Client protection:

- Renumber Client protection from 9 to 10 due to the addition of proposed section 2 Licensed midwife program and the proposed restructuring of HB1899 HD1, which results in subsequent sections being renumbered.

Page 12, Section 10 Disclosure; record keeping:

- Renumber Disclosure; record keeping from 10 to 11 due to the addition of proposed section 2 Licensed midwife program and the proposed restructuring of HB1899 HD1, which results in subsequent sections being renumbered.
- Line 20: We recommend adding "(c) All licensed midwives shall maintain accurate and truthful records as a provider of maternity and birth services. Licensed midwives must hold their midwifery records for the minimum years as required by Hawaii Revised Statutes 622-58."

Page 13 Section 11 Immunity from vicarious liability:

- Renumber Immunity from vicarious liability from 11 to 12 due to the addition of proposed section 2 Licensed midwife program and the proposed restructuring of HB1899 HD1, which results in subsequent sections being renumbered.
- Line 2: There is a quote mark at the end of the sentence that appears to be an error at the end of the sentence. This should be deleted.

We appreciate your efforts on HB1899 HD1 and request your support in moving this legislation forward so that families in Hawaii can benefit from the safety and access that is afforded them through licensing certified professional midwives.

Thank you for your time and the opportunity to testify.

# Core Competencies for Basic Midwifery Practice



Adopted by the Midwives Alliance Board October 3, 1994

Revisions by committee, adopted by the Midwives Alliance Board August 4, 2011

## Introduction

The Midwives Alliance of North America Core Competencies establish the essential knowledge, clinical skills and critical thinking necessary for entry-level midwifery practice. An entry-level midwife is qualified to practice midwifery autonomously.

The Competencies inform practicing midwives, student midwives, midwifery education programs, consumers, accreditation and certification agencies, state and federal legislators, licensing authorities, health policy makers and other health care professionals concerning the practice of midwifery. Individual midwives are responsible to the licensing authority and regulations of the jurisdiction within which they practice.

Midwives provide care to parturient women and their newborn babies in a variety of settings in accordance with the Midwives Model of Care™, which is based on the principle that pregnancy and birth are normal life processes.

The Midwives Model of Care™ includes:

- monitoring the physical, psychological and social well-being of the mother throughout the childbearing cycle;
- providing the mother with individualized education, counseling and prenatal care; continuous hands-on assistance during labor and delivery; and postpartum support;
- minimizing technological interventions;
- identifying and referring women who require obstetrical attention.

[<http://cfmidwifery.org/mmoc/define.aspx>;

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The application of this woman-centered model of care has been proven to reduce the incidence of birth injury, trauma and cesarean section.

*Note:* The MANA Core Competencies were written during the early developmental phase of the Midwives Alliance of North America. The Board of Directors first approved them in 1984. They were adopted by both NARM and MEAC as the education content for certificate programs for CPMs Two years ago a task force was assembled to update and revise the original Core Competencies with representatives from MANA, NARM, MEAC, NACPM, and individuals who had been authors on the original document This resulted in a very thorough and intensive collaboration to update, revise, and invigorate this very important core document Thanks to the determination and passion of these partners and the skillful task force leadership of Pam Dyer Stewart and Justine Clegg, the revised Core Competencies for the Practice of Basic Midwifery were completed in Spring 2011 and approved by the MANA Board in July 2011 We present this incredible and inclusive document with pride and celebration of what it means to be a midwife



The scope of midwifery practice may be expanded beyond the Core Competencies outlined in this document to incorporate additional skills and procedures that improve care for women and their families.

### **The midwife provides care according to the following guiding principles of practice:**

- Pregnancy and childbearing are natural physiologic life processes.
- Women have within themselves the innate biological wisdom to give birth.
- Physical, emotional, psychosocial and spiritual factors synergistically shape the health of individuals and affect the childbearing process.
- The childbearing experience and birth of a baby are personal, family and community events.
- The woman is the only direct care provider for herself and her unborn baby; thus the most important determinant of a healthy pregnancy is the mother herself.
- The parameters of “normal” vary widely, and each pregnancy, birth and baby is unique.

### **In consideration thereof:**

- Midwives work in partnership with women and their chosen support community throughout the caregiving relationship.
- Midwives respect and support the dignity, rights and responsibilities of the women they serve.
- Midwives are committed to addressing disparities in maternal and child health care status and outcomes.
- Midwives work as autonomous practitioners, although they collaborate with other health care and social service providers when necessary.
- Midwives work to optimize the well-being of mothers and their developing babies as the foundation of caregiving.
- Midwives recognize the empowerment inherent in the childbearing experience and strive to support women to make informed decisions and take responsibility for their own and their baby’s well-being.
- Midwives integrate clinical or hands-on evaluation, theoretical knowledge, intuitive assessment, spiritual awareness and informed consent and refusal as essential components of effective decision making.

- Midwives strive to ensure optimal birth for each woman and baby and provide guidance, education and support to facilitate the spontaneous processes of pregnancy, labor and birth, lactation and mother–baby attachment, using appropriate intervention as needed.
- Midwives value continuity of care throughout the childbearing cycle and strive to maintain such continuity.
- Midwives are committed to sharing their knowledge and experience through such avenues as peer review, preceptorship, mentoring and participation in MANA’s statistics collection program.

### **MANA Core Competencies**

Academic knowledge provides the theoretical foundation for understanding the scope of health during the childbearing year in order to distinguish deviations from healthy functioning.

Clinical skills refer to the hands-on assessment of the woman’s physical health, observation of her psychosocial well-being and skilled listening. The midwife views health holistically, uses critical thinking to evaluate clinical findings, applies intuition as authoritative knowledge, maintains an integrated understanding of the whole picture and, with the woman, identifies and creates a plan of care based on conscious analysis of challenges and goals.

#### **I. General Knowledge and Skills**

The midwife’s knowledge and skills include but are not limited to:

- A. communication, counseling and education before pregnancy and during the childbearing year;
- B. human anatomy and physiology, especially as relevant to childbearing;
- C. human sexuality;
- D. various therapeutic health care modalities for treating body, mind and spirit;
- E. community health care, wellness and social service resources;
- F. nutritional needs of the mother and baby during the childbearing year;
- G. diversity awareness and competency as it relates to childbearing.

The midwife maintains professional standards of practice including but not limited to:

- A. principles of informed consent and refusal and shared decision making;
- B. critical evaluation of evidence-based research findings and application to best practices;
- C. documentation of care throughout the childbearing cycle;
- D. ethical considerations relevant to reproductive health;
- E. cultural sensitivity and competency;
- F. use of common medical terms;
- G. implementation of individualized plans for woman-centered midwifery care that support the relationship between the mother, the baby and their larger support community;
- H. judicious use of technology;
- I. self-assessment and acknowledgement of personal and professional limitations.

## II. Care During Pregnancy

The midwife provides care, support and information to women throughout pregnancy and determines the need for consultation, referral or transfer of care as appropriate. The midwife has knowledge and skills to provide care that include but are not limited to:

- A. identification, evaluation and support of mother and baby well-being throughout the process of pregnancy;
- B. education and counseling during the childbearing cycle;
- C. identification of pre-existing conditions and preventive or supportive measures to enhance client well-being during pregnancy;
- D. nutritional requirements of pregnant women and methods of nutritional assessment and counseling;
- E. emotional, psychosocial and sexual variations that may occur during pregnancy;
- F. environmental and occupational hazards for pregnant women;
- G. methods of diagnosing pregnancy;

- H. the growth and development of the unborn baby;
- I. genetic factors that may indicate the need for counseling, testing or referral;
- J. indications for and risks and benefits of biotechnical screening methods and diagnostic tests used during pregnancy;
- K. anatomy, physiology and evaluation of the soft and bony structures of the pelvis;
- L. palpation skills for evaluation of the baby and the uterus;
- M. the causes, assessment and treatment of the common discomforts of pregnancy;
- N. identification, implications and appropriate treatment of various infections, disease conditions and other problems that may affect pregnancy;
- O. management and care of the Rh-negative woman;
- P. counseling to the woman and her family to plan for a safe, appropriate place for birth.

## III. Care During Labor, Birth and Immediately Thereafter

The midwife provides care, support and information to women throughout labor, birth and the hours immediately thereafter. The midwife determines the need for consultation, referral or transfer of care as appropriate. The midwife has knowledge and skills to provide care that include but are not limited to:

- A. the processes of labor and birth;
- B. parameters and methods, including relevant health history, for evaluating the well-being of mother and baby during labor, birth and immediately thereafter;
- C. assessment of the birthing environment to assure that it is clean, safe and supportive and that appropriate equipment and supplies are on hand;
- D. maternal emotional responses and their impact during labor, birth and immediately thereafter;
- E. comfort and support measures during labor, birth and immediately thereafter;

- F. fetal and maternal anatomy and their interrelationship as relevant to assessing the baby's position and the progress of labor;
- G. techniques to assist and support the spontaneous vaginal birth of the baby and placenta;
- H. fluid and nutritional requirements during labor, birth and immediately thereafter;
- I. maternal rest and sleep as appropriate during the process of labor, birth and immediately thereafter;
- J. treatment for variations that can occur during the course of labor, birth and immediately thereafter, including prevention and treatment of maternal hemorrhage;
- K. emergency measures and transport for critical problems arising during labor, birth or immediately thereafter;
- L. appropriate support for the newborn's natural physiologic transition during the first minutes and hours following birth, including practices to enhance mother-baby attachment and family bonding;
- M. current biotechnical interventions and technologies that may be commonly used in a medical setting;
- N. care and repair of the perineum and surrounding tissues;
- O. third-stage management, including assessment of the placenta, membranes and umbilical cord;
- P. breastfeeding and lactation;
- Q. identification of pre-existing conditions and implementation of preventive or supportive measures to enhance client well-being during labor, birth, the immediate postpartum and breastfeeding.

#### IV. Postpartum Care

The midwife provides care, support and information to women throughout the postpartum period and determines the need for consultation, referral or transfer of care as appropriate. The midwife has knowledge and skills to provide care that include but are not limited to:

- A. anatomy and physiology of the mother;

- B. lactation support and appropriate breast care including treatments for problems with nursing;
- C. support of maternal well-being and mother-baby attachment;
- D. treatment for maternal discomforts;
- E. emotional, psychosocial, mental and sexual variations;
- F. maternal nutritional needs during the postpartum period and lactation;
- G. current treatments for problems such as postpartum depression and mental illness;
- H. grief counseling and support when necessary;
- I. family-planning methods, as the individual woman desires.

#### V. Newborn Care

The midwife provides care to the newborn during the postpartum period, as well as support and information to parents regarding newborn care and informed decision making, and determines the need for consultation, referral or transfer of care as appropriate. The midwife's assessment, care and shared information include but are not limited to:

- A. anatomy, physiology and support of the newborn's adjustment during the first days and weeks of life;
- B. newborn wellness, including relevant historical data and gestational age;
- C. nutritional needs of the newborn;
- D. benefits of breastfeeding and lactation support;
- E. laws and regulations regarding prophylactic biotechnical treatments and screening tests commonly used during the neonatal period;
- F. neonatal problems and abnormalities, including referral as appropriate;
- G. newborn growth, development, behavior, nutrition, feeding and care;
- H. immunizations, circumcision and safety needs of the newborn.

## VI. Women's Health Care and Family Planning

The midwife provides care, support and information to women regarding their reproductive health and determines the need for consultation or referral by using a foundation of knowledge and skills that include but are not limited to:

- A. reproductive health care across the lifespan;
- B. evaluation of the woman's well-being, including relevant health history;
- C. anatomy and physiology of the female reproductive system and breasts;
- D. family planning and methods of contraception;
- E. decision making regarding timing of pregnancies and resources for counseling and referral;
- F. preconception and interconceptual care;
- G. well-woman gynecology as authorized by jurisdictional regulations.

## VII. Professional, Legal and Other Aspects of Midwifery Care

The midwife assumes responsibility for practicing in accordance with the principles and competencies outlined in this document. The midwife uses a foundation of theoretical knowledge, clinical assessment, critical-thinking skills and shared decision making that are based on:

- A. MANA's Essential Documents concerning the art and practice of midwifery,
- B. the purpose and goals of MANA and local (state or provincial) midwifery associations,
- C. principles and practice of data collection as relevant to midwifery practice,
- D. ongoing education,
- E. critical review of evidence-based research findings in midwifery practice and application as appropriate,
- F. jurisdictional laws and regulations governing the practice of midwifery,
- G. basic knowledge of community maternal and child health care delivery systems,
- H. skills in entrepreneurship and midwifery business management.

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# Standards and Qualifications for the Art and Practice of Midwifery

Revised at the Midwives Alliance Business Meeting  
October 2, 2005



The midwife practices in accord with the MANA Standards and Qualifications for the Art and Practice of Midwifery and the MANA Statement of Values and Ethics, and demonstrates the clinical skills and judgments described in the MANA Core Competencies for Midwifery Practice.

1. **Skills**—Necessary skills of a practicing midwife include the ability to:
  - Provide continuity of care to the woman and her newborn during the maternity cycle. Care may continue throughout the woman's entire life cycle. The midwife recognizes that childbearing is a woman's experience and encourages the active involvement of her self-defined family system
  - Identify, assess and provide care during the antepartal, intrapartal, postpartal, and newborn periods. She may also provide well woman and newborn care
  - Maintain proficiency in life-saving measures by regular review and practice
  - Deal with emergency situations appropriately
  - Use judgment, skill and intuition in competent assessment and response
2. **Appropriate equipment and treatment**—Midwives carry and maintain equipment to assess and provide care for the well-woman, the mother, the fetus, and the newborn; to maintain clean and/or aseptic technique; and to treat conditions including, but not limited to, hemorrhage, lacerations, and cardio-respiratory distress. This may include the use of non-pharmaceutical agents, pharmaceutical agents, and equipment for suturing and intravenous therapy.
3. **Records**—Midwives keep accurate records of care for each woman and newborn in their practice. Records shall reflect current standards in midwifery charting and shall be held confidential (except as legally required). Records shall be provided to the woman on request. The midwife maintains confidentiality in all verbal and written communications regarding women in her care.
4. **Data Collection**—It is highly recommended that midwives collect data for their practice on a regular basis and that this be done prospectively, following the protocol developed by the MANA Division of Research. Data collected by the midwife shall be used to inform and improve her practice.
5. **Compliance**—Midwives will inform and assist parents regarding public health requirements of the jurisdiction in which the midwifery service is provided.
6. **Medical Consultation, Collaboration, and Referral**—All midwives recognize that there are certain conditions for which medical consultations are advisable. The midwife shall make a reasonable attempt to assure that her client has access to consultation, collaboration, and/or referral to a medical care system when indicated.

7. *Screening*—Midwives respect the woman’s right to self-determination. Midwives assess and inform each woman regarding her health and well-being relevant to the appropriateness of midwifery services. It is the right and responsibility of the midwife to refuse or discontinue services in certain circumstances. Appropriate referrals are made in the interest of the mother or baby’s well-being or when the required or requested care is outside the midwife’s personal scope of practice as described in her practice guidelines.

8. *Informed Choice*—Each midwife will present accurate information about herself and her services, including but not limited to:

- Her education in midwifery
- Her experience level in midwifery
- Her practice guidelines
- Her financial charges for services
- The services she does and does not provide
- Her expectations of the pregnant woman and the woman’s self-defined family system

The midwife recognizes that the woman is the primary decision maker in all matters regarding her own health care and that of her infant.

The midwife respects the woman’s right to decline treatments or procedures and properly documents these choices. The midwife clearly states and documents when a woman’s choices fall outside the midwife’s practice guidelines.

9. *Continuing Education*—Midwives will update their knowledge and skills on a regular basis.

10. *Peer Review*—Midwifery practice includes an on-going process of case review with peers

11. *Practice Guidelines*—Each midwife will develop practice guidelines for her services that are in agreement with the MANA Standards and Qualifications for the Art and Practice of Midwifery, the MANA Statement of Values and Ethics, and the MANA Core Competencies for Midwifery Practice, in keeping with her level of expertise.

12. *Expanded scope of practice*—The midwife may expand her scope of practice beyond the MANA Core Competencies to incorporate new procedures that improve care for women and babies consistent with the midwifery model of care. Her practice must reflect knowledge of the new procedure, including risks, benefits, screening criteria, and identification and management of potential complications.

*The following sources were utilized for reference*

- Essential documents of the National Association of Certified Professional Midwives 2004
- American College of Nurse-Midwives documents and standards for the Practice of Midwifery revised March 2003
- ICM membership and joint study on maternity; FIGO, WHO, etc. revised 1972
- New Mexico regulations for the practice of lay midwifery, revised 1982
- North West Coalition of Midwives Standards for Safety and Competency in Midwifery
- Varney, Helen, *Nurse-Midwifery*, Blackwell Scientific Pub., Boston, MA 1980

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To:  
COMMITTEE ON CONSUMER PROTECTION & COMMERCE  
Rep. Angus L.K. McKelvey, Chair  
Rep. Justin H. Woodson, Vice Chair

DATE: Wednesday, February 17, 2016  
TIME: 9:30 a.m.  
PLACE: Conference Room 329

From: Hawaii Medical Association  
Dr. Scott McCaffrey, MD, President  
Dr. Linda Rasmussen, MD, Legislative Co-Chair  
Dr. Ronald Keinitz, MD, Legislative Co-Chair  
Dr. Christopher Flanders, DO, Executive Director  
Lauren Zirbel, Community and Government Relations

**Re: HB 1899, HD 2**

**Position: Oppose**

**The Hawaii Medical Association opposes this bill for the following reasons:**

- **This bill gives prescriptive authority without the necessary educational and clinical training to prescribe potentially dangerous drugs. The formulary is determined by an advisory committee with only 4 midwives as voting members. Pitocin, when utilized inappropriately, can cause uterine rupture and other severe medical issues.**
  - This is extremely inappropriate. Prescriptive authority should be limited to health care professionals with a solid educational background in pharmacology and drug interactions. Going through a portfolio evaluation of attending births is not safe training to prepare someone to prescribe drugs. **The minimum degree or requirement prior to taking a CPM national certifying exam is a high school diploma or equivalent. This is nowhere near the educational requirement that should be needed in order for prescriptive authority to be granted.** You can view the education requirements for CPM's vs. CNM's here:  
<http://www.midwife.org/acnm/files/cclibraryfiles/filename/000000001031/cnm%20cm%20cpm%20comparison%20chart%20march%202011.pdf>

**OFFICERS**

**PRESIDENT – D. SCOTT McCAFFREY, MD, PRESIDENT ELECT – BERNARD ROBINSON, MD  
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TREASURER – MICHAEL CHAMPION, MD, EXECUTIVE DIRECTOR – CHRISTOPHER FLANDERS, DO**



- **This bill creates a path for unlimited scope of practice as the scope of practice is determined by an advisory committee with only 4 midwives as voting members.**
- **This bill contains no definition of what medical conditions and circumstances are inappropriate for home birth.**
  - Some conditions, which are nearly universally understood to be inappropriate for home birth, are: Vaginal Birth After C-section, multiple gestations and breach baby. These conditions have been labored at home in Hawaii, sometimes resulting is death for both mother and baby.
- **Licensure of health care professionals, or any profession, should be mandatory, not voluntary to protect consumers. This bill creates a voluntary licensure program without fines or discipline for non-compliance.**

**We wanted to highlight some sections of the bill that we feel are worrisome:**

**§ -3 Advisory committee; appointment; term.** (a) The director shall appoint an advisory committee to serve as experts to the department in licensing matters. The advisory committee shall consist of seven members as follows:

- (1) The director or the director's designee, who shall be a **nonvoting member;**
  - (2) **Four licensed midwives** who shall be in current and active practice of midwifery in the State for the duration of their appointment and who shall have actively practiced as licensed midwives in the State for at least three years immediately preceding their appointment, who shall be **voting members**; provided that the initial members appointed pursuant to this paragraph shall be three certified professional midwives and one certified nurse midwife who each have at least three years of experience in the practice of midwifery and who are eligible to become licensed pursuant to this chapter;
  - (3) One licensed physician, who has provided primary maternity care for at least twenty births in the twelve-month period prior to appointment, maintains current hospital privileges, and has attended at least one home birth, **who shall be a nonvoting member; and**
  - (4) One out-of-hospital birth consumer, who is either currently under midwifery care and planning an out-of-hospital birth or has had an out-of-hospital-birth in the past, **who shall be a nonvoting member.**
-



**§ -4 Scope of practice; formulary.** (a) The director shall establish scope of practice standards for the practice of midwifery.

(b) The scope of practice standards shall include:

**(1) Adoption of a drug formulary recommended by the advisory committee and approved by the director; and**

(2) Practice standards for antepartum, intrapartum, postpartum, and newborn care that prohibit a licensed midwife from providing care for a client with a history of disorders, diagnoses, conditions, or symptoms outside of the scope of practice **recommended by the advisory committee and approved by the director** pursuant to the standards of the National Association of Certified Professional Midwives.

(c) The scope of practice standards:

**(1) Shall not require a licensed midwife to practice under the supervision of another health care provider,** except as a condition imposed as a result of discipline by the department;

**(2) Shall not require a licensed midwife to enter into an agreement with another health care provider,** except as a condition imposed as a result of discipline by the department;

**(3) Shall not impose distance or time restrictions on where a licensed midwife may practice;**

**We also wanted to note that *The American College of Obstetricians and Gynecologists Committee Opinion on Planned Home Birth* states that although the absolute risk of home birth may be low, planned home birth is associated with a twofold to threefold increased risk of neonatal death compared with planned hospital birth.**

**The opinion goes on to say:**

Importantly, women should be informed that the appropriate selection of candidates for home birth; the availability of a certified nurse–midwife, certified midwife, or physician practicing within an integrated and regulated health system; ready access to consultation; and assurance of **safe and timely transport to nearby hospitals are critical** to reducing perinatal mortality rates and achieving favorable home birth outcomes.

It is important to note that reports suggesting that planned home births are safe involved **only healthy pregnant women**. Recent cohort studies reporting lower perinatal mortality rates with planned home birth describe the use of strict selection criteria for appropriate candidates (21, 22). **These criteria include the absence of any preexisting maternal disease, the absence of significant disease arising during the pregnancy, a singleton fetus, a cephalic presentation, gestational age greater than 36 weeks and less than 41 completed weeks of pregnancy, labor that is spontaneous or induced as an outpatient, and that the patient has not been transferred from another referring hospital.** Failure to adhere to such criteria (because of postterm pregnancy, twins, or breech presentation) is **clearly associated with a higher risk of perinatal death** (23, 26). Although patients with one prior cesarean delivery were considered candidates for home birth in both Canadian studies, neither report provided details of the outcomes specific to patients attempting vaginal birth after cesarean delivery at home. **Because of the risks associated with a trial of labor after cesarean delivery and that uterine rupture and other complications may be unpredictable, the American College of Obstetricians and Gynecologists recommends that a trial of labor after cesarean delivery be undertaken in facilities with staff immediately available to provide emergency care** (27). The American College of Obstetricians and Gynecologists' Committee on Obstetric Practice considers a **prior cesarean delivery to be an absolute contraindication to planned home birth.**

Another factor influencing the safety of planned home birth is the **availability of safe and timely intrapartum transfer of the laboring patient.** The relatively low perinatal and newborn mortality rates reported for planned home births from Ontario, British Columbia, and the Netherlands were from **highly integrated health care systems** with established criteria and provisions for emergency intrapartum transport (12–14). Cohort studies conducted in areas without such integrated systems and those where the receiving hospital may be remote with the potential for delayed or prolonged intrapartum transport generally report higher rates of intrapartum and neonatal death (6, 9, 11, 19). **The Committee on Obstetric Practice believes that the availability of timely transfer and an existing arrangement with a hospital for such transfers is a requirement for consideration of a home birth .**

**A characteristic common to those cohort studies reporting lower rates of perinatal mortality in North America is the provision of care by well-educated, highly trained, certified midwives who are well integrated into the health care system** (21, 22). In the United States, certified nurse–midwives and certified midwives are certified by the American Midwifery Certification Board. This certification depends on the completion of an accredited educational program and meeting standards set by the American Midwifery Certification Board. According to the National Center for Health Statistics, more than 90% of attended home births in the United States are attended by midwives (28). However, only approximately 25% of these are attended by certified nurse–midwives or certified midwives. The remaining 75% are attended by other midwives; the category used by the National Center for Health Statistics that includes certified professional midwives, lay midwives, and others. **The recognition and regulation of certified professional midwives and lay midwives varies**

**tremendously from state to state. At this time, for quality and safety reasons, the American College of Obstetricians and Gynecologists does not support the provision of care by lay midwives or other midwives who are not certified by the American Midwifery Certification Board.**

You can view this opinion here: <http://www.acog.org/Resources-And-Publications/Committee-Opinions/Committee-on-Obstetric-Practice/Planned-Home-Birth>

**Thank you for the opportunity to provide this testimony.**

February 15, 2016

House Committee on Consumer Protection & Commerce  
Representative Angus McKelvey, Chair  
Representative Justin Woodson, Vice Chair  
Hawaii State Capitol, Room 320  
415 South Berentania Street  
Honolulu, HI 96813

RE: HB1899

Dear Representative McKelvey, Representative Woodson and committee members:

NAME: Selena M. Green, CPM

I am in **SUPPORT** OF HB1899 HD1 and agree with the amendments outlined by Midwives Alliance of Hawaii. I have been a Certified Professional Midwife since 2006. After attending a 3 year program and intensive apprenticeship program, I sat for the national exam given by NARM, the North American Registry of Midwives and received my certification. I believe this licensure will ensure quality, comprehensive midwifery care for the families of Hawaii!

This licensure will allow me to practice within my Scope of Care for low risk pregnancies. By Scope of Care, I am talking about accessing routine tests, carrying and using medication for births, and carrying emergency equipment and supplies. This licensure would allow me to fully use my skills as a nationally independent practitioner and improve the safety of out of hospital birth.

This type of licensure will provide access to low income and disenfranchised families in Hawaii, by providing options that approximately 1.5% of Hawaii's families want. This access will provide safe options to families living in rural areas that want personalized, professional care from skilled providers in their homes.

The ability to give birth in the place and way of a woman's choosing is important to many families in Hawaii and to me as well. The choice to have a baby outside of a hospital setting with a skilled and licensed provider, such as a Certified Professional Midwives (CPMs), cannot be taken lightly. In fact, a lot of information is already available regarding these types of birth choices, and as a legislator you might be interested in some of them as I was.

For instance, **30 states already recognize CPMs** and almost every state now has legislation pending or being introduced regarding home birth midwives. It is considered a viable option by major organizations such as the National Association of CPMs, the North American Registry of Midwives, the Midwives Alliance of North America, and many others. As midwives that are trained to attend these births, we follow rigorous standards and have certifications in neonatal resuscitation as well as other emergency

care. We hold ourselves as consummate professionals and provide that strong level of care to moms and babies that we demand in our own lives.

Questions have been raised about the safety of having a baby outside of a hospital. Studies following out of hospital midwives both in the United States and in Europe have continued to show that for low-risk women there was little difference in outcome except that those delivering outside the hospital were even *less* likely to need a C-Section. The important thing in these studies, and something these bills include, is the need for out of hospital midwives to have a set standard of training and licensure, a scope of practice, and a path of accountability, CPMs fit these requirements. Most CPMs in Hawaii follow these practices already and simply await the ability to hold us to the highest standard through licensure. We can all agree these are necessary steps in our state and this legislation ensures our mothers will be safe, covered by professionals, and continue to have lower costs with greater access to care.

I appreciate your time and efforts on HB1899 HD1 and request your **support** in moving this legislation forward so that families in Hawaii can benefit from the safety and access that is afforded them through licensing certified professional midwives. Thank you.

Sincerely,  
Selena M. Green, CPM  
Treasurer, Midwives Alliance of Hawaii

# Ho‘opae Pono Peace Project

nativpeace@gmail.com

**Testimony of Laulani Teale, MPH**  
**COMMENTS to HB1899 HD1,**  
**RELATING TO LICENSURE OF CERTIFIED PROFESSIONAL MIDWIVES.**  
**COMMITTEE ON CONSUMER PROTECTION & COMMERCE**

Rep. Angus L.K. McKelvey, Chair  
Rep. Justin H. Woodson, Vice Chair 2-1-2016

2-15-16

Aloha Kākou,

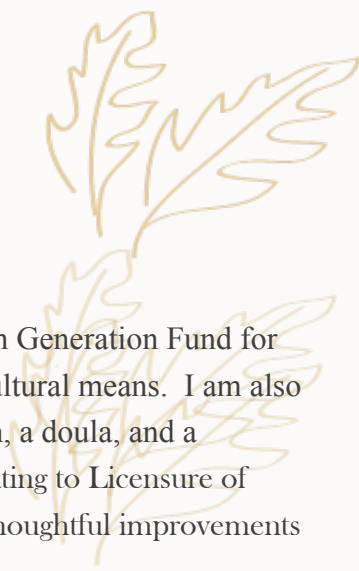
I am the Project Coordinator for the Ho‘opae Pono Peace Project, an affiliate of Seventh Generation Fund for Indigenous Peoples, which works to bring peace and unity in our community through cultural means. I am also a specialist in Native Hawaiian health issues, a traditional lā‘au lapa‘au medicine person, a doula, and a traditional homebirth mother of two. I am writing today in regard to HB 1899 HD1, relating to Licensure of Certified Professional Midwives. I would like to thank the Committee on Health for its thoughtful improvements to the measure; however, I must ask that further changes be made by this Committee.

The crux of this matter is simple: **this measure must not affect anyone except CPMs.** This has been requested by CPMs and non-CPMs alike. Please help us to produce a version of this measure that does this fully, without threat to non-CPMs involved in birthing practices. **Regulation of an important tradition that is not well understood is a bad idea.**

A full range of birthing choices, free from interference with either mother or practitioner, are critical to maternal safety and well-being. They are an important aspect of **reproductive choice**, as well as one of **cultural continuity**. Every traditional culture of the world has birthing practices that are handed down between generations; as this is literally the first cultural practice one learns in life, it is very important. The sensitivity of these practices, as well as the need for a full array ranging from traditional to modern, cannot be over-emphasized.

Please allow me to reiterate my earlier points to the Committee on Health:

**The protection of, and non-interference with both CPM’s and non-CPM’s is the most crucial issue at hand in this legislation, and needs to be recognized as such.** Birthing choice is a central matter in terms of women’s empowerment, reproductive freedom, traditional cultural perpetuation, and self-determination. Personal health sovereignty – which is integral to the well-being of everyone – really does begin at birth. In order for this to be manifest, mothers must be protected, and free to determine their birth options without interference. In order for this to be realistic, birth attendants must likewise be protected and free to practice without fear of persecution.



# Ho‘opae Pono Peace Project

nativpeace@gmail.com

**What the field of midwifery needs from government is RECOGNITION, not regulation.** Since the sunset of SCR 64 in 1998, and the subsequent Auditor’s Report No. 99-14 (1999), there have been no major problems in the unregulated practice of midwifery. The few cases that portrayed midwifery negatively in the media were completely debunked to prove that there was in fact no fault on the part of the midwife. Protection from over-regulation has been crucial for the flourishing of a spectrum of birthing practice, including the passing down of traditional birth knowledge between generations. We are in a good place, and this must not change.

**Birth practices are sensitive and diverse.** No quantity of exemptions will cover everyone who needs to be covered, unless very broadly stated at the outset. A birth practitioner may be a rural kupuna, assisting a hānai (culturally but not legally related) great-grand-niece. Or a non-CPM doula called in to cover an unexpected labor that is progressing faster than a midwife is able to drive (or anyone could get a mother to a hospital, for that matter), whether or not she receives anything from the family for this work. Or an experienced midwife who is paid in salt. Or whatever the family wants to give her. None of these situations should be interfered with, and none of them require licensure of any sort. CPMs also need protection. Their practices involve medications, equipment and methodology that traditional attendants do not use, some of it required by their certifying organization. They need assurance that their practices will not be persecuted, either.

**There is general consensus in the homebirth community: protect everyone.** As a member of the birthing community and a cultural peacemaker, I have been speaking to a broad array of CPM’s, traditional midwives, doulas, cultural practitioners, homebirth families, and others. There is strong consensus on several major points regarding HB 1899, the most important of which are as follows:

- The bill does not work as originally written.
- The title, “RELATING TO LICENSURE OF CERTIFIED PROFESSIONAL MIDWIVES”, needs to be followed in the text of the measure, to be clear that this ONLY applies to Certified Professional Midwives, and NO ONE ELSE.
- At the root, the birth community has strong mutual support for one another. CPMs support non-CPM midwives in staying free from regulation. Non-CPM practitioners support CPMs in getting the recognition they need. It is important that legislation support this unity, and not create an unnecessary “this or nothing” situation that might foster divisiveness.

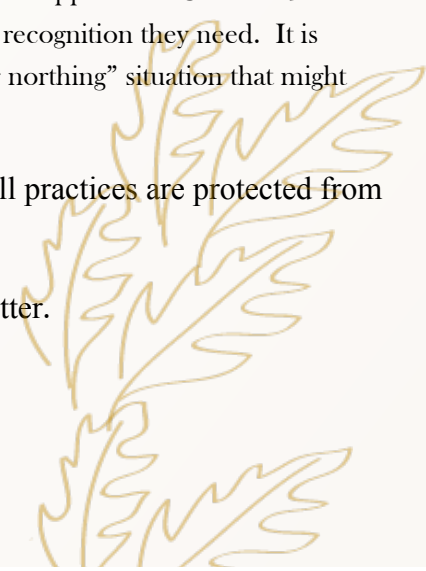
I strongly support CPM determination of their own processes, to the degree that all practices are protected from regulation that could harm them.

Mahalo nui loa to this Committee for your time and attention to this important matter.

Me ke aloha ‘oia‘i‘o nō,

Laulani Teale, MPH

Ho‘opae Pono Peace Project Coordinator



From: mailinglist@capitol.hawaii.gov  
Sent: Monday, February 15, 2016 2:13 PM  
To: CPCtestimony  
Cc: hananaia@gmail.com  
Subject: Submitted testimony for HB1899 on Feb 17, 2016 09:30AM

**HB1899**

Submitted on: 2/15/2016

Testimony for CPC on Feb 17, 2016 09:30AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Maryann Broyles	HanaNaia LLC	Support	No

Comments: I am founder Of HanaNaia LLC a company dedicated to helping Malama the Aina and it's people I am in support of HB 1899 HDI

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**American Congress of Obstetricians and Gynecologists  
District VIII, Hawaii (Guam & American Samoa) Section**

Greigh Hirata, MD, FACOG, Chair  
94-235 Hanawai Circle, #1B  
Waipahu, Hawaii 96797



To: Committee on Consumer Protection and Commerce  
Representative Angus McKelvey, Chair  
Representative Justin Woodson, Vice Chair

DATE: Wednesday, February 17, 2016  
TIME: 9:30 A.M.  
PLACE: Conference Room 329

FROM: Hawaii Section, ACOG  
Dr. Greigh Hirata, MD, FACOG, Chair  
Dr. Jennifer Salcedo, MD, MPH, MPP, FACOG, Vice-Chair  
Lauren Zirbel, Community and Government Relations

**Re: HB 1899, HD 1 HSCR 201-16 Relating to the Licensure for Certified Professional Midwives**

**Position: Oppose**

Dear Representative McKelvey, Representative Woodson and committee members:

The American Congress of Obstetricians and Gynecologists, Hawaii Section (Hawaii ACOG) continue to oppose HB1899, HD 1 HSCR 201-16 for the following reasons.

1. The bill does not require licensure and is purely voluntary. ACOG would only support mandatory licensure for homebirth providers in order to maximize safety of home birth. This view is also consistent with the guidelines from the American College of Nurse-Midwives<sup>1</sup>.
2. It is recommended that the advisory committee include a representative from both the American Congress of Obstetricians and Gynecologists and the American College of Nurse-Midwives. All members of the advisory committee should be allowed to vote. This committee is essential in defining the scope of practice and should be comprised of a multidisciplinary panel which would insure patient safety.

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<sup>1</sup> Principles for Licensing and Regulating Midwives in the U.S. In Accordance With Global Standards Of ICM; [www.midwife.org](http://www.midwife.org)

3. The scope of practice is not well defined. The body of the bill should clearly define the medical disorders, diagnoses, conditions or symptoms outside of the scope of practice and should be limited to specifically low risk women and fetuses to insure patient safety. As a reference, definitions of low-risk patients have been carefully outlined in the Oregon Health Evidence Review Commission Guidance for planned out of hospital births.<sup>i</sup>
4. The minimum continuing education requirements are not well defined.
5. Ideally, this advisory committee should be overseen by a medical board.

International standards governing home birth midwife providers' worldwide call for mandatory licensure in the jurisdiction where the provider practices. Women in Hawaii – no less than women in other, even less-developed countries – should be guaranteed care that meets this important minimum standard for safe, high quality maternity care.

We do acknowledge the effort to license and regulate home birth providers as a first step in improving the safety of women and children in our state. We feel that Hawaii should follow Oregon which since 2015 requires mandatory licensure. Unfortunately, this bill does not meet our minimal requirements and cannot be supported by the Hawaii Section of the American Congress of Obstetricians and Gynecologists.

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<sup>i</sup> HEALTH EVIDENCE REVIEW COMMISSION (HERC) COVERAGE GUIDANCE: PLANNED OUT-OF-HOSPITAL BIRTH: Oregon Health Advisory, Approved 11/12/15

February 13, 2016

Thank you for hearing our voice and for scheduling a hearing for HB1899 HD1. You have heard from me many times and my testimony remains the same, with a few amendments. I am grateful our collective voice is growing louder and the licensing of Certified Professional Midwives remains a viable option to provide better care and access to the women in the great state of Hawaii.

As a woman who desires choice, a woman of childbearing, a Certified Professional Midwife and a long term voting resident of Hawaii, I wanted to write to you in support of the current legislation pending in HB 1899 HD1. The ability to give birth in the place and way of a woman's choosing is important to many families in Hawaii and to me as well. The choice to have a baby outside of a hospital setting cannot be taken lightly. In fact, a lot of information is already available regarding these types of birth choices, and as a legislator you might be interested in some of them as I was.

Questions have been raised about the safety of having a baby outside of a hospital. Studies following out of hospital midwives both in the United States and in Europe have continued to show that for low-risk women there was little difference in outcome except that those delivering outside the hospital were even *less* likely to need a C-Section. The important thing in these studies, and something these bills include, is the need for out of hospital midwives to have a set standard of training and licensure, a scope of practice, and a path of accountability. Most of us follow these practices already and simply await the ability to hold ourselves to the highest standard through licensure. We can all agree these are necessary steps in our state and this legislation ensures our mothers will be safe, covered by professionals, and continue to have lower costs with greater access to care.

**Choosing to vote yes on this bill will protect the consumer, your constituent, in the following ways:**

**- Certified Professional Midwives (CPMs) recognize the diversity of the midwifery profession. HB1899 HD1 focuses on the licensure of CPMs only, Traditional Birth Attendants have been**

**removed from this bill. Licensed CPMs can practice to their fullest scope and provide safe maternity care for families who choose to birth with a midwife in an out of hospital setting.**

**-HB1899 HD1 provides a program with an advisory committee, instead of a board, to license CPMs. This adheres to the licensing laws of Hawaii and makes the license for a CPM affordable. The advisory committee works directly with the director of the DCCA. Midwives Alliance of Hawaii support this program.**

**-Licensed Certified Professional Midwives (CPM) will provide more access to more women.**

**-More CPM's will choose to practice in this state should a license be issued, again providing better access to women.**

**-Licensed midwives will have better access to collaborative care providing safer births for women who choose to give birth at home.**

**-Licensed midwives will have greater accessibility to provide continuity of care should the need for transfer arise.**

**-Licensed midwives can help reduce the number of medical interventions and costly cesareans and provide women in Hawaii better maternal health throughout the duration of her childbearing years.**

Please know, 30 states already allow for these types of out of hospital births and almost every state now has legislation pending or being introduced. It is considered a viable option by major organizations such as the National Association of CPMs, the North American Registry of Midwives, the Midwives Alliance of North America, and many others. As midwives that are trained to attend these births, we follow rigorous standards and have certifications in neonatal resuscitation as well as other emergency care. We hold ourselves as consummate professionals and provide that strong level of care to moms and babies that we demand in our own lives.

**I am in SUPPORT of this bill and, as my representatives, I urge you to be as well. Vote YES for HB 1899 HD 1 so that women in Hawaii will continue to have access to the type of care that is important to us all, that is safe, and that will give more choice and options to all of us on each island.**

Thank You Sincerely,

Amy Kirbow, CCM, CPM

From: mailinglist@capitol.hawaii.gov  
Sent: Saturday, February 13, 2016 10:05 AM  
To: CPCtestimony  
Cc: morganbolender@gmail.com  
Subject: \*Submitted testimony for HB1899 on Feb 17, 2016 09:30AM\*

**HB1899**

Submitted on: 2/13/2016

Testimony for CPC on Feb 17, 2016 09:30AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Morgan Bolender	Individual	Support	No

Comments:

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From: mailinglist@capitol.hawaii.gov  
Sent: Saturday, February 13, 2016 11:09 AM  
To: CPCtestimony  
Cc: echoyarberry@gmail.com  
Subject: \*Submitted testimony for HB1899 on Feb 17, 2016 09:30AM\*

**HB1899**

Submitted on: 2/13/2016

Testimony for CPC on Feb 17, 2016 09:30AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Echo Yarberry	Individual	Support	No

Comments:

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From: mailinglist@capitol.hawaii.gov  
Sent: Saturday, February 13, 2016 12:00 PM  
To: CPCtestimony  
Cc: youngrusells@yahoo.com  
Subject: Submitted testimony for HB1899 on Feb 17, 2016 09:30AM  
Attachments: HB 1899 Lallie.pages.zip

**HB1899**

Submitted on: 2/13/2016

Testimony for CPC on Feb 17, 2016 09:30AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Lallie Russell	Individual	Support	No

Comments:

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Aloha,

I am writing to voice my support of HB1899 as a consumer, midwifery student, and a woman of reproductive age living on the Big Island. I am a strong supporter of women's birthing rights, and have found that women living in Hawai'i have severely limited birthing options. On Big Island, for example, there are only three hospitals where women can give birth. There are no birthing centers or regulated midwives. I am supporting this bill because regulating the CPM license will not only increase birthing options for women, but it will increase the safety of such birthing options. Regulating the CPM license will allow midwives to improve access to safe care, and will allow them ease of transport to hospitals should the need arise. Also, the passing of this bill will attract more CPM's to Hawai'i, as it will become the 27<sup>th</sup> state to regulate the license. If you support a woman's right to have a safe, CPM-attended birth, I urge you to vote yes.

Sincerely,

-Aubrey Olson

To the Representatives of Hawaii:

I urge you to vote yes to better maternal healthcare for women in Hawaii by passing the bill HB 1899 HD1, which would give more women the option of midwifery and home birth as a viable option for pregnancy and delivery. One of the benefits of living in America is having the freedom to choose. In this free market economy, parents have so many choices on how to raise their kids and that choice should begin with who they want to take care of them throughout their pregnancy and delivery. By passing the bill HB 1899 HD1, you will give more women the freedom to make one of the most important decisions that affect their health: how they will deliver their baby.

Choosing to vote YES on this bill will help the women of Hawaii in a variety of ways:

-It will grant licenses to Certified Professional Midwives (CPM) allowing them to serve more women in the community.

-It will ensure that licensed midwives will have better access to collaborative care providing safer births for women who choose to give birth at home.

-It will make licensed midwives have greater accessibility to provide continuity of care should the need for transfer arise.

- It will provide women in Hawaii with better maternal healthcare throughout the duration of her childbearing years through the care of licensed midwives, who help reduce the number of medical interventions and costly cesareans in childbirth.

In November, I was privileged to have the experience of a home birth with a certified professional midwife. If I had gone to the hospital, they would have forced me to have a repeat cesarean, which would have been costly and completely unnecessary. Birth works! I am proof and more women deserve to have better access to professional licensed midwives and the amazing healthcare they provide.

Vote YES for Midwives in Hawaii!

Thank you,

Heidi Livingston

From: mailinglist@capitol.hawaii.gov  
Sent: Sunday, February 14, 2016 11:05 AM  
To: CPCtestimony  
Cc: youngrusells@yahoo.com  
Subject: Submitted testimony for HB1899 on Feb 17, 2016 09:30AM  
Attachments: HB 1899 Christopher Russell.pages.zip

**HB1899**

Submitted on: 2/14/2016

Testimony for CPC on Feb 17, 2016 09:30AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Chris Russell	Individual	Support	No

Comments:

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From: mailinglist@capitol.hawaii.gov  
Sent: Sunday, February 14, 2016 1:17 PM  
To: CPCtestimony  
Cc: ueno.sammi33@gmail.com  
Subject: Submitted testimony for HB1899 on Feb 17, 2016 09:30AM

**HB1899**

Submitted on: 2/14/2016

Testimony for CPC on Feb 17, 2016 09:30AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Samantha Ueno	Individual	Oppose	No

Comments: I am currently planning a homebirth with a traditional midwife who is not a CPM and who has been practicing on the island for several decades. If my understanding of the bill is correct, this bill would render her doing her job illegal and if it is passed before my baby is born next month, she, I, and additional parties involved in the homebirth would be subject to legal repercussions. Also, when I researched my home birth, both times, speaking to several birth professionals around the island, I was only recommended to birth with traditional non CPM-licensed midwives. I could not FIND any CPM midwives, and even if I could, they still would not be covered under insurance, which leads me to wonder what the true intentions and usefulness of this bill would be. Women need to be able to choose where to birth their babies, and with whom, without fear of being arrested!

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Hello!

Thank You some much for your continued support of HB1899. I am a consumer on the Big Island! My first child was born on the mainland under the care of a CPM and it was by far one of the best experiences of our life. We know many women and families who have been cared for prenataly and postpartum from a CPM. CPM's do not just catch (deliver) babies. They play a huge part in family planning, preconception care, prenatal care, labor support, and postpartum care of mom and baby!! More access to the care of CPM's should be a woman's choice and should be accessable in the islands.

I am a childbirth educator, doula and birth assistant on the Big Island. I support many families and know for sure the options for prenatal care and desired outcomes for birth are limited here because of the limited access to CPM's. The only options are OB care at Kona hospital and at Waimea hospital. Yes, Waimea does have CNM's, but there scope of practice runs along the same line of an OB. OB care can vary so much from one OB to the next in how they give one on one care to women and education in the choices a pregnant/laboring woman has. This is very unfortunate as pregnancy and labor are a very special vulnerable time for a women. When she is bullied by OB's with limited choices, this leaves her with a less than optimal outcome.

I am not against OB care, but I know for a fact that midwifery CPM care is giving more time and access to women and giving full support in the choices a women is desiring!! Access to more CPM care is needed in the islands and much desired!!!!

Mahalo,  
Amanda Ryan

From: mailinglist@capitol.hawaii.gov  
Sent: Sunday, February 14, 2016 1:42 PM  
To: CPCtestimony  
Cc: dornbier@gmail.com  
Subject: Submitted testimony for HB1899 on Feb 17, 2016 09:30AM

**HB1899**

Submitted on: 2/14/2016

Testimony for CPC on Feb 17, 2016 09:30AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Penny Dornbierer	Individual	Support	No

Comments: Aloha! I was in charge of Labor and Delivery at a county hospital on the mainland but left as I felt there was a better way for mothers to give birth. I am now a midwifery student here in Hawaii as I believe midwives provide a better continuity of care for pregnant women and their families. Plus, in looking at the statistics, the "need" for a cesarean birth, or even lesser interventions, is greatly reduced for women in the care of midwives. I believe it would be advantageous for the State of Hawaii to follow the lead of many other states in the Union by providing licensure for midwives here. Please support HB1899. Sincerely, Mrs Penny Dornbierer

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From: mailinglist@capitol.hawaii.gov  
Sent: Sunday, February 14, 2016 2:47 PM  
To: CPCtestimony  
Cc: mooninfusion@gmail.com  
Subject: Submitted testimony for HB1899 on Feb 17, 2016 09:30AM

**HB1899**

Submitted on: 2/14/2016

Testimony for CPC on Feb 17, 2016 09:30AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
mieko	Individual	Oppose	No

Comments: I oppose the amended HB1899 HD1. The Director has nothing to do with midwifery nor understand midwifery and shall not be the ultimate decider for any rules or regulations or determine scope of practice standards regarding midwifery/midwives. If you want a physician on a midwifery licensing board, a midwife should be on a physician's licensing board. Midwifery and obstetrics are 2 different paths, do not treat them the same. If it must be so, then ALL things must be treated equally.

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From: mailinglist@capitol.hawaii.gov  
Sent: Sunday, February 14, 2016 4:59 PM  
To: CPCtestimony  
Cc: ardem8@gmail.com  
Subject: \*Submitted testimony for HB1899 on Feb 17, 2016 09:30AM\*

**HB1899**

Submitted on: 2/14/2016

Testimony for CPC on Feb 17, 2016 09:30AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Medra	Individual	Oppose	No

Comments:

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Pro Hawaii HB1899 HD1  
Andraya Somerville  
82-6061 Kiritina Place  
Captain Cook, HI 96704  
(775) 771-6211  
Andraya.somerville@gmail.com

Dear State Representatives,

As a Registered Nurse of Obstetrics and Gynecology, a Certified Professional Midwife, and Childbirth Educator here in Hawaii, I wanted to write to you in support of the current legislation pending in HB 1899 HD1 and SB 2326 and suggested edits that MAH submitted to the bills. The ability to give birth in the place and way of a woman's choosing is important to many families in Hawaii and to me as well. The choice to have a baby outside of a hospital setting with a skilled professional (in this case, Certified Professional Midwife, or CPM) cannot be taken lightly. In fact, a lot of information is already available regarding these types of birth choices, and as a legislator you might be interested in some of them.

For instance, 30 states already recognize CPMs and almost every state now has legislation pending or being introduced regarding home birth midwives. It is considered a viable option by major organizations such as the National Association of CPMs, the North American Registry of Midwives, the Midwives Alliance of North America, and many others. The midwives that are trained to attend these births follow rigorous standards and have certifications in neonatal resuscitation as well as other emergency care for mom and baby. They are consummate professionals and provide that strong level of care that we as medical professionals demand in ourselves and are looking for in our colleagues.

Questions have been raised about the safety of having a baby outside of a hospital. Studies following out of hospital midwives have continued to show that for low-risk women there was little difference in outcome except that those delivering outside the hospital were even *less* likely to need a C-Section. The important thing in these studies, and something these bills include, is the need for out of hospital midwives to have a set standard of training and licensure, a scope of practice, and a path of accountability. CPMs meet all of these requirements. We can all agree these are necessary steps in our state and this legislation ensures our mothers will be safe, covered by professionals, and continue to have lower costs with greater access to care.

I urge you to vote YES for HB 1899 HD1 and SB 2326 and support the suggested edits that MAH submitted to the bills. Voting YES is vital to women's healthcare choices in Hawaii, giving more safe choices and options to all of us on each island.

Sincerely,

Andraya Somerville  
RN, BSN, CPM, CCBE

HB1899HD1

This Licensure Bill for CPMs is poorly written and creates more problems than solutions for our pre-existing women's maternity healthcare crisis we have in the islands. We, Birth Sovereignty, which is composed of a variety of healthcare practitioners and Hawaiian Cultural Practitioners, are aware that Hawaii has a deficit of healthcare workers in Maternal Child Healthcare realm and we created a hui that meets regularly to help with creating and implementing solutions and doing peer meetings that bring us together because we come from different backgrounds of training but we are creating solutions as we collaborate and breaking down confrontations. We are also working with legislators too and building relationships between home and hospital birth attendants. We have accomplished a lot this year including workshops that build bridges and solutions and a productive call with Senator Susie Chun Oakland. The CPM bill does not aid with the problem solving that is needed. This bill will not get the support it needs from the community, which we must remember that this bill should be written for families to have the safest perinatal period for a woman and ohana.

This bill limits families options for qualified Midwives that are taught in a variety of ways from Traditional familiar modalities including apprenticeships and includes a variety of certified midwives coming from states that have LDEM (license direct entry midwives), LM (license midwives), CPMs, CNMs and those that use Midwife as their title. All have their strengths and methods of education. A practical solution for CPMs that want the guidance and approval of licensed medical midwifery is already there, become a CNM and go under their board for billing and licensing. The cost to the State for a handful of CPMS is not practical and more costly burden for the DCCA. There have been a lot of problems in other states with regard to licensing CPMs as they have become a medical midwife and their boards have medical members, MDs, CNM's which creates protocols and modalities that create conflict and many legal suits. Remember that the US corporate medical care is 37<sup>th</sup> for maternal mortality rates and 34<sup>th</sup> for infant mortality rates. Midwifery care is a model with low maternal and fetal mortality rates and the Traditionally trained midwife has always had the lowest rates for a variety of reasons which would take too long to write, but supports the Dutch study statement, "the least intervention has the best outcome."

It was told to us by Senator Josh Green in the midwifery bill hearings last year which had massive numbers that showed up to testify, behind our choice as mothers and families in regard to birth, for us to meet together with the medical community and build bridges, create dialogue and find solutions. This bill is not that and I question the few that wrote this bill that they were part of this practical island solution. We all went through that experience together and we had kuleana when we walked out of that legislative session to be part of the solution. This bill is not part of the solution. The bill states that a CPM would be here for three years, have you as legislatures done a count of CPMs in the islands? There are not many. I am a CPM and I believe the oldest longest certified CPM in the islands, I totally oppose this bill. I became a CPM to make sure Traditional Midwives are always supported as we come from a line that can be proven in our modalities and ethnicities. I kept my CPM to do what Dr. Green suggested, build bridges, help with the crisis in our islands, become the solution instead of creating more problems. There is a handful or two handfuls of CPM's that would qualify for this bill. I would suggest to kill this bill immediately so we do not end up with a legislative hearing that will over flow onto the whole floor of the capital and bring in the press again and encourage the handful of CPMs to become CNMs which is close enough to their model of care.

From: mailinglist@capitol.hawaii.gov  
Sent: Monday, February 15, 2016 8:51 AM  
To: CPCtestimony  
Cc: lisaggh@gmail.com  
Subject: Submitted testimony for HB1899 on Feb 17, 2016 09:30AM

**HB1899**

Submitted on: 2/15/2016

Testimony for CPC on Feb 17, 2016 09:30AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
lisa Hummel	Individual	Oppose	No

Comments: This bill limits families options for qualified Midwives that are taught in a variety of ways from Traditional familiar modalities including apprenticeships and includes a variety of certified midwives coming from states that have LDEM(license direct entry midwives), LM (license midwives), CPMs, CNMs and those that use Midwife as their title.

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From: mailinglist@capitol.hawaii.gov  
Sent: Monday, February 15, 2016 9:14 AM  
To: CPCtestimony  
Cc: drlorikimata@gmail.com  
Subject: Submitted testimony for HB1899 on Feb 17, 2016 09:30AM

**HB1899**

Submitted on: 2/15/2016

Testimony for CPC on Feb 17, 2016 09:30AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Lori kimata	Individual	Oppose	Yes

Comments: Aloha, I am still in strong opposition of HB1899HD1 because it clearly does not correct the original problems. I believe that the intention of Representative Belatti in passing the original bill with amendments was to make this ONLY about regulating CPMs. Because this is a complex matter i sent in suggested revisions that would assist her in making this crystal clear. However, it is still unfortunately not clear! First the report title itself must say "licensed CPMs" NOT "licensed midwives." And everywhere where "licensed midwives" occurs it MUST say, "licensed CPMs" instead! This bill is NOT about licensing midwives, it is about licensing CPMs!! Second, since this is ONLY regulating CPMs then there is NO NEED for an exemption section at all! The exemptions do not make sense in this revision or the original bill. Please do NOT pass this draft as written.

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Shivanii Cordes

65-1233 Laelae Place • Kamuela, HI 96743  
Phone: 303-588-3742 • E-Mail: Shivanii@shivanii.com

Date: February 15, 2016

TO:

**Representative Della Au Belatti, Chair**  
**Representative Richard Creagan,**  
**Vice-Chair Members of the House Committee on Health**

FROM:

Shivanii Cordes

RE: Testimony in Support of HB 1899

I am in support of HB 1899. I am a mother of two healthy and thriving children that I delivered at home with the help of very capable and experienced midwives. I carefully researched the homebirth option before deciding to deliver my children at home. I found that research has shown that giving birth at home is as safe, if not safer than, a hospital delivery for most women who are not in a high-risk situation. I can definitely say this is true in my experience. During office visits, my blood pressure tested 20 points higher than when my midwife visited me at home. For me, being home was more comfortable and thus I was much more relaxed and able to give birth easier. This isn't true for all women and some are more comfortable in a hospital setting. But in either situation, women should be allowed to have an educated and board certified midwife monitoring the health and wellbeing of the baby and mother during birth.

Sincerely,

Shivanii Cordes

From: mailinglist@capitol.hawaii.gov  
Sent: Monday, February 15, 2016 10:06 AM  
To: CPCtestimony  
Cc: babatunji@gmail.com  
Subject: Submitted testimony for HB1899 on Feb 17, 2016 09:30AM

**HB1899**

Submitted on: 2/15/2016

Testimony for CPC on Feb 17, 2016 09:30AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Babatunji Heath	Individual	Oppose	No

Comments: I still OPPOSE HB1899HD1 because although the revisions are slightly better, the bill is still misleading and confusing and as written does not apply only to CPMs.

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From: mailinglist@capitol.hawaii.gov  
Sent: Monday, February 15, 2016 10:12 AM  
To: CPCtestimony  
Cc: albanoble@gmail.com  
Subject: Submitted testimony for HB1899 on Feb 17, 2016 09:30AM

**HB1899**

Submitted on: 2/15/2016

Testimony for CPC on Feb 17, 2016 09:30AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
dawn alba noble	Individual	Oppose	Yes

Comments: I still OPPOSE because although the revisions are slightly better, they still miss the key point!! Rep Belatti passed the original version with the amendment that it would ONLY apply to CPMs! It still unfortunately does not. And as we know in creating a law, detail is everything!

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Sent: Monday, February 15, 2016 10:12 AM  
To: CPCtestimony  
Cc: naturadoc@gmail.com  
Subject: Submitted testimony for HB1899 on Feb 17, 2016 09:30AM

**HB1899**

Submitted on: 2/15/2016

Testimony for CPC on Feb 17, 2016 09:30AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Bonnie Marsh	Individual	Oppose	No

Comments: I oppose this due to the changes still do not make the bill pertain on to CPM's and the language is still unclear and confusing. Please go back to the original intent of this bill. Mahalo, Dr. Bonnie Marsh

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Sent: Monday, February 15, 2016 11:07 AM  
To: CPCtestimony  
Cc: sonyaniess@gmail.com  
Subject: Submitted testimony for HB1899 on Feb 17, 2016 09:30AM

**HB1899**

Submitted on: 2/15/2016

Testimony for CPC on Feb 17, 2016 09:30AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Sonya Niess	Individual	Support	No

Comments: as a consumer i strongly support this bill.

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From: mailinglist@capitol.hawaii.gov  
Sent: Monday, February 15, 2016 11:30 AM  
To: CPCtestimony  
Cc: soulyogahawaii@gmail.com  
Subject: Submitted testimony for HB1899 on Feb 17, 2016 09:30AM

**HB1899**

Submitted on: 2/15/2016

Testimony for CPC on Feb 17, 2016 09:30AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
nicole floyd	Individual	Oppose	Yes

Comments: I still strongly OPPOSE because although the revisions are slightly better, they still miss the key point!! Rep Belatti passed the original version with the amendment that it would ONLY apply to CPMs! It still unfortunately does not. And as we know in creating a law, detail is everything! If you don't have time to read through things please just put in the comment section that the changes still do not make the bill pertain only to CPMs and the language is still unclear. Here are the key problems: 1) The Report title still says "Licensure, Midwife" MUST be changed to "licensure, Certified Professional Midwife (CPM)" 2) EVERYWHERE where "licensed midwives" shows up, it NEEDS to say "licensed CPMs" because we are NOT creating a bill to license midwives and we are not defining what a "licensed midwife" is! We are only defining what a "licensed CPM" is. We are leaving the rest alone as to NOT regulate the whole field. 3) REMOVE the exemption section altogether. If this is a bill specifically about regulating CPMs then clearly NO exemptions are needed! Thank you, Nicole D. Floyd

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From: mailinglist@capitol.hawaii.gov  
Sent: Monday, February 15, 2016 3:46 PM  
To: CPCtestimony  
Cc: lainehamamura@gmail.com  
Subject: Submitted testimony for HB1899 on Feb 17, 2016 09:30AM

**HB1899**

Submitted on: 2/15/2016

Testimony for CPC on Feb 17, 2016 09:30AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Laine Hamamura	Individual	Oppose	No

Comments: I OPPOSE HB1899HD1 because the changes made to this still do not make the bill pertain only to CPMs and the language is still unclear and confusing. I have had a hospital birth and two home births and I believe this bill as written regulates midwives and really it should only regulate CPMs. I am hoping to have more children in the near future and would not like this bill to regulate midwives and thus make it difficult for me to choose and find a midwife to assist in my birth. Please note the following changes I recommend to this bill: 1) The Report title still says "Licensure, Midwife" MUST be changed to "licensure, Certified Professional Midwife (CPM)" 2) EVERYWHERE where "licensed midwives" shows up, it NEEDS to say "licensed CPMs" because we do NOT want to create a bill to license midwives and we do not need to define what a "licensed midwife" is! This bill should only define what a "licensed CPM" is. This bill should NOT regulate the whole field. 3) REMOVE the exemption section altogether. If this is a bill specifically about regulating CPMs then clearly NO exemptions are needed! Thank you for attention to my testimony and comments.

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From: mailinglist@capitol.hawaii.gov  
Sent: Monday, February 15, 2016 4:53 PM  
To: CPCtestimony  
Cc: angrybraids@aol.com  
Subject: \*Submitted testimony for HB1899 on Feb 17, 2016 09:30AM\*

**HB1899**

Submitted on: 2/15/2016

Testimony for CPC on Feb 17, 2016 09:30AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Amelia Ensign	Individual	Oppose	No

Comments:

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Aloha!

I am a 27 year old woman in Kailua-Kona and I wish to have children someday. I care deeply about my rights and the rights of women in the care they receive during pregnancy, birth and postpartum. I support the regulation and recognition of Certified Professional Midwives in the state of Hawaii. The midwifery model of care is one of excellence, compassion and safety for mother and baby. Giving low risk women the option of out of hospital birth with the care of CPM's is a beneficial option for families, babies and society at large. This will also take a burden off of very busy hospitals and provide more individualized care to women in their childbearing years.

Many women in the Hawaiian Islands are counting on our State government to hear our voices and act in support of this bill. Thank you for your consideration and I urge you to vote yes on bill HB 1899 HD1.

Thank you,

Sara Samsel

From: mailinglist@capitol.hawaii.gov  
Sent: Monday, February 15, 2016 6:55 PM  
To: CPCtestimony  
Cc: jizelley@gmail.com  
Subject: Submitted testimony for HB1899 on Feb 17, 2016 09:30AM

**HB1899**

Submitted on: 2/15/2016

Testimony for CPC on Feb 17, 2016 09:30AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
jizelle rice	Individual	Support	No

Comments: I support HB1899

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Sent: Monday, February 15, 2016 7:00 PM  
To: CPCtestimony  
Cc: lizzrobbnett@gmail.com  
Subject: \*Submitted testimony for HB1899 on Feb 17, 2016 09:30AM\*

**HB1899**

Submitted on: 2/15/2016

Testimony for CPC on Feb 17, 2016 09:30AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Elizabeth Robnett	Individual	Support	No

Comments:

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Sent: Monday, February 15, 2016 7:01 PM  
To: CPCtestimony  
Cc: olomanaboy@gmail.com  
Subject: \*Submitted testimony for HB1899 on Feb 17, 2016 09:30AM\*

**HB1899**

Submitted on: 2/15/2016

Testimony for CPC on Feb 17, 2016 09:30AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
William Rice	Individual	Support	No

Comments:

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Sent: Monday, February 15, 2016 7:05 PM  
To: CPCtestimony  
Cc: shannonkona@gmail.com  
Subject: Submitted testimony for HB1899 on Feb 17, 2016 09:30AM

**HB1899**

Submitted on: 2/15/2016

Testimony for CPC on Feb 17, 2016 09:30AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Shannon Rudolph	Individual	Oppose	No

Comments: Oppose. On the neighbor islands, we need all of the health care workers we can get our hands on. It may not be a big deal to you if you live in Honolulu, with a wealth of services - but it is a big deal to residents of other islands with far less to work with. Women and their choice of midwife has been a mostly successful endeavour for eons, I'm not so sure how much the state should be involved with limiting women's choices with their own body. Please oppose this bill; it's not good enough and limits our health care options.

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From: mailinglist@capitol.hawaii.gov  
Sent: Monday, February 15, 2016 7:07 PM  
To: CPCtestimony  
Cc: kellyerinmyers@gmail.com  
Subject: Submitted testimony for HB1899 on Feb 17, 2016 09:30AM

**HB1899**

Submitted on: 2/15/2016

Testimony for CPC on Feb 17, 2016 09:30AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Kelly Myers	Individual	Support	No

Comments: I support this measure, as it will increase the safe birthing options available to the women of Hawaii. Midwives provide an excellent and safe alternative for healthy women to deliver outside of the western medical model. This measure will ensure that women who chose this option will have professional, competent care.

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From: mailinglist@capitol.hawaii.gov  
Sent: Monday, February 15, 2016 7:24 PM  
To: CPCtestimony  
Cc: hawnrice@yahoo.com  
Subject: \*Submitted testimony for HB1899 on Feb 17, 2016 09:30AM\*

**HB1899**

Submitted on: 2/15/2016

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<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Catherine Rice	Individual	Support	No

Comments:

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From: mailinglist@capitol.hawaii.gov  
Sent: Monday, February 15, 2016 8:03 PM  
To: CPCtestimony  
Cc: seejfay@hotmail.com  
Subject: Submitted testimony for HB1899 on Feb 17, 2016 09:30AM

**HB1899**

Submitted on: 2/15/2016

Testimony for CPC on Feb 17, 2016 09:30AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Constance Fay	Individual	Support	No

Comments: This is a very important measure. It protects both midwives and the families having their babies with the help of midwives. Delivery with the aid of a professional midwife is sometimes the best option for families living in rural Hawaii. There is a serious shortage of doctors. Hospitals are far away. Roads are often closed. Midwives provide careful pre and postnatal care. They screen for any possible complications and insist that their clients who may experience difficulties have backup medical care. Please pass this legislation.

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From: mailinglist@capitol.hawaii.gov  
Sent: Monday, February 15, 2016 8:39 PM  
To: CPCtestimony  
Cc: hamelamed@gmail.com  
Subject: Submitted testimony for HB1899 on Feb 17, 2016 09:30AM

**HB1899**

Submitted on: 2/15/2016

Testimony for CPC on Feb 17, 2016 09:30AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
yoav	Individual	Comments Only	No

Comments: I support midwives becoming regulated and certified on the hawaiian islands. Birth is such a sacred rights of passage for women, and for men as well. It is important to honor the traditions of wise women educating and supporting one another. These midwives are medically trained and need to be regulated and maintained at a professional standard for the safety and well being of all te mothers and the newborn ohana. Yoav

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From: mailinglist@capitol.hawaii.gov  
Sent: Monday, February 15, 2016 10:06 PM  
To: CPCtestimony  
Cc: taramattes3@gmail.com  
Subject: Submitted testimony for HB1899 on Feb 17, 2016 09:30AM

**HB1899**

Submitted on: 2/15/2016

Testimony for CPC on Feb 17, 2016 09:30AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
tara mattes	Individual	Oppose	No

Comments: I am writing to you as a mother of two children born at home. I had two amazing births with two amazing midwives of Hawaii. I oppose this bill because the language is unclear and confusing. It is important to me that the option to choose the midwife of my choice remain protected. Thank you , tara mattes

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Sent: Monday, February 15, 2016 10:15 PM  
To: CPCtestimony  
Cc: suzannakinsey@gmail.com  
Subject: Submitted testimony for HB1899 on Feb 17, 2016 09:30AM  
Attachments: TestimonyHB1899HD1sk

**HB1899**

Submitted on: 2/15/2016

Testimony for CPC on Feb 17, 2016 09:30AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Suzanna Kinsey	Individual	Oppose	Yes

Comments:

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Sent: Monday, February 15, 2016 10:24 PM  
To: CPCtestimony  
Cc: mettaben@gmail.com  
Subject: Submitted testimony for HB1899 on Feb 17, 2016 09:30AM  
Attachments: TestimonyHB1899HD1bk

**HB1899**

Submitted on: 2/15/2016

Testimony for CPC on Feb 17, 2016 09:30AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Ben Kinsey	Individual	Oppose	No

Comments:

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From: mailinglist@capitol.hawaii.gov  
Sent: Monday, February 15, 2016 10:51 PM  
To: CPCtestimony  
Cc: naomi.picinich@gmail.com  
Subject: Submitted testimony for HB1899 on Feb 17, 2016 09:30AM

**HB1899**

Submitted on: 2/15/2016

Testimony for CPC on Feb 17, 2016 09:30AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
naomi	Individual	Support	No

Comments: I support HB1899 HD1. I look forward to a future in Hawaii in which I can be licensed as a CPM to serve our rural community. I am also a home birth consumer who appreciates the opportunity to chose a skilled and professional provider for my family. I feel fortunate to be an educated consumer and to have the liberty to make decisions based on an educated and fully- informed consent regarding evidence-based maternity care. This standard of practice is what CPMs uphold already in Hawaii and have been waiting for state recognition. Now is the time for Hawaii to upgrade to a new chapter of maternal healthcare for all. Thank you for taking the time to aid in granting this possibility to more individuals who are eligable. Mahalo, Naomi Picinich, SM

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From: mailinglist@capitol.hawaii.gov  
Sent: Monday, February 15, 2016 11:07 PM  
To: CPCtestimony  
Cc: dryenguyen@gmail.com  
Subject: Submitted testimony for HB1899 on Feb 17, 2016 09:30AM

**HB1899**

Submitted on: 2/15/2016

Testimony for CPC on Feb 17, 2016 09:30AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Dr. Ye Nguyen	Individual	Oppose	No

Comments: Aloha, My name is Dr. Ye Nguyen. I have supported women birthing at home & hospitals for the last 14 years in Hawaii. I have also home birthed both of my children. I am opposed to HB1899. I feel that there still needs to be some changes made to this bill, if it is specific to certified professional midwives. 1) The Report title still says "Licensure, Midwife" MUST be changed to "licensure, Certified Professional Midwife (CPM)" 2) EVERYWHERE where "licensed midwives" shows up, it NEEDS to say "licensed CPMs" because we are NOT creating a bill to license midwives and we are not defining what a "licensed midwife" is! We are only defining what a "licensed CPM" is. We are leaving the rest alone as to NOT regulate the whole field. 3) REMOVE the exemption section altogether. If this is a bill specifically about regulating CPMs then clearly NO exemptions are needed! Honestly, though...at the end of the day, I feel that women's bodies should not be regulated by the government. They should have full freedom to choose who they want to attend, support or deliver their babies without regulation or fear of persecution. Thank you for your time, Dr. Ye Nguyen

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From: mailinglist@capitol.hawaii.gov  
Sent: Monday, February 15, 2016 11:08 PM  
To: CPCtestimony  
Cc: noelanilove@gmail.com  
Subject: Submitted testimony for HB1899 on Feb 17, 2016 09:30AM

**HB1899**

Submitted on: 2/15/2016

Testimony for CPC on Feb 17, 2016 09:30AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Noelani Love	Individual	Comments Only	No

Comments: I oppose HB1899 HD1 as written. My name is Noelani Love and I am a homebirth mother. This bill is supposed to be specific to Certified Professional Midwives (CPMs) and I would support it if this were true. Unfortunately, the language is unclear and confusing. The first hearing of this bill, with Rep. Belatti, was passed with amendments that it ONLY apply to CPMs. To be clear, the terminology needs to be changed from "midwife" to "certified professional midwife." A licensed midwife is NOT the same as a licensed Certified Professional Midwife. The exemptions section should be removed because this bill should only refer to Certified Professional Midwives. No exemptions are needed if this were truly the case. It is unclear, now that the term "traditional birth attendant" has been removed from the bill, whether they are exempt or not. This bill is about licensure of Certified Professional Midwives but, as it is written, it also regulates other forms of midwifery. I oppose this bill because it limits my choice to midwifery care during homebirth, and it limits my civil rights as a woman.

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Sent: Monday, February 15, 2016 11:12 PM  
To: CPCtestimony  
Cc: lea.tiare@gmail.com  
Subject: \*Submitted testimony for HB1899 on Feb 17, 2016 09:30AM\*

**HB1899**

Submitted on: 2/15/2016

Testimony for CPC on Feb 17, 2016 09:30AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Lea Minton	Individual	Support	No

Comments:

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From: mailinglist@capitol.hawaii.gov  
Sent: Monday, February 15, 2016 11:28 PM  
To: CPCtestimony  
Cc: andiandlen@Gmail.com  
Subject: Submitted testimony for HB1899 on Feb 17, 2016 09:30AM

**HB1899**

Submitted on: 2/15/2016

Testimony for CPC on Feb 17, 2016 09:30AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Andi Pawasarat-Losalio	Individual	Oppose	No

Comments: The medical system in America is overburdened. We do not have enough medical care providers for citizens. Medicalizing and over-regulating midwifery will only add to this burden. Midwifery is not some new service that needs to be overregulated because it is some new phenomenon-we've been birthing for centuries with unmedicalized midwives. Women birthing without government regulation should be a right not a privilege. We should be able to choose who we birth with, or with no one if we so choose. We need to continue to have the right to choose how we birth without so much regulation. We don't need the government to tell us how to do basic functions of life, sex, and babies. You may educate us, and make recommendations, but should not be mandating types of care nor should the government push overregulation on our chosen caregivers. Please allow midwives to make recommendations on how to provide care not have government declare major regulations. Please protect women's rights, we are smart women who have been birthing for thousands of years and it's the midwives who have been helping us. Please let them do their important work and make the recommendations on how to regulate, not the government. Please support traditional, low intervention, midwifery home birthing. Mahalo

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From: mailinglist@capitol.hawaii.gov  
Sent: Tuesday, February 16, 2016 3:49 AM  
To: CPCtestimony  
Cc: 2kahauaLea@gmail.com  
Subject: Submitted testimony for HB1899 on Feb 17, 2016 09:30AM

**HB1899**

Submitted on: 2/16/2016

Testimony for CPC on Feb 17, 2016 09:30AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Kylee Mar	Individual	Oppose	No

Comments: 1) The Report title still says "Licensure, Midwife" MUST be changed to "Licensure, Certified Professional Midwife (CPM)" 2) EVERYWHERE where "licensed midwives" shows up, it NEEDS to say "licensed CPMs. 3) REMOVE the exemption section altogether. If this is a bill specifically about regulating CPMs then clearly NO exemptions are needed!

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From: mailinglist@capitol.hawaii.gov  
Sent: Tuesday, February 16, 2016 7:54 AM  
To: CPCtestimony  
Cc: alohabirth@hawaiiantel.net  
Subject: Submitted testimony for HB1899 on Feb 17, 2016 09:30AM

**HB1899**

Submitted on: 2/16/2016

Testimony for CPC on Feb 17, 2016 09:30AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
nina millar	Individual	Support	No

Comments: I'm a practicing homebirth midwife in support of HB1899HD1. I feel this measure would improve the safety of Hawaii's families that choose out of hospital birth. Humbly I request the members of this committee vote in favor of HB1899HD1 and the proposed amendments by Midwives Alliance of Hawaii. Thank you, Nina Millar

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From: mailinglist@capitol.hawaii.gov  
Sent: Tuesday, February 16, 2016 8:03 AM  
To: CPCtestimony  
Cc: leonakassel@gmail.com  
Subject: Submitted testimony for HB1899 on Feb 17, 2016 09:30AM

**HB1899**

Submitted on: 2/16/2016

Testimony for CPC on Feb 17, 2016 09:30AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Leona	Individual	Oppose	No

Comments: I strongly oppose your efforts to regulate Certified Professional Midwives. Traditional midwives provide a valuable service to our community by creating a holistic option for those who want natural childbirths. Traditional midwives provide holistic care, education, and outreach to our local mothers. This bill was not created in collaboration with traditional midwives and is a disservice to our communities.

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From: mailinglist@capitol.hawaii.gov  
Sent: Tuesday, February 16, 2016 8:05 AM  
To: CPCtestimony  
Cc: stewart.brady@ymail.com  
Subject: Submitted testimony for HB1899 on Feb 17, 2016 09:30AM

**HB1899**

Submitted on: 2/16/2016

Testimony for CPC on Feb 17, 2016 09:30AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
brady stewart	Individual	Oppose	No

Comments: Based on experiences in Oregon with midwife licensure, the board would likely be used to leverage control over the free practice of midwifery by the medical industry (American Medical Association, American College of Obstetricians and Gynecologists). Let it be recognized that midwifery is not a medical industry and should not be forced to submit to a medical model of care. Experiences in Oregon also have shown that midwives are being tried under criminal law whereas medical practitioners are tried under civil law and shielded from criminal prosecution. Finally, the licensure standards would limit care options for clients with certain preexisting conditions. This is a matter of personal choice and informed consent of the client should not be infringed by lawmakers.

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In Opposition to HB1899

Aloha,

My name is Jaymie Lewis. I spoke in opposition to this bill at the first testimony hearing on 2/3/2016 due to the loose usage of the term "Midwifery". This bill is intended to ONLY impact CPMs and no other factor of midwifery in Hawaii. It seemed that Senator Bellotti understood this and the committee passed the bill with recommended changes.

The language of the rewrite of this bill as it heads to the second hearing is better, but there are still several places within the bill that loosely uses the term "midwifery, midwife" that leaves room for misinterpretation. Even the title of the bill, itself is not specific to CPMs. I feel that if this bill is not clear about it's intention, then it could cost others their livelihood and families their freedoms. Good, experienced practitioners and/or families could suddenly fall into an illegal void that the law doesn't belong.

Hawaii is unique in its birthing practices, being home to a wide variety of cultural beliefs, religious beliefs, and more. It is up to a family to decide where and with whom they want to welcome their babies into this world. We need to protect this sacred right. However, I also believe CPMs *should* have their nationally accredited license recognized by the state, so they can practice within their scope of training. 30 other US states honor this form of midwifery training certification. I am currently working towards this license and would like to have it recognized once, acquired, but NOT AT THE EXPENSE OF MY ELDERS OR PEERS, nor anyone else's beliefs.

I feel I could get behind this bill **IF** the detailed corrections could be made. **IF** everywhere "licensed midwife" appeared, the language be changed to "licensed CPM" and the exemption section is removed, since it is unnecessary to have exemptions when the bill is speaking strictly to a CPM and no others. When the detailed language is exact, I think there will be very little opposition to this CPMs licensing bill.

I thank you kindly for your consideration in the matter. I do hope we can make this compromise for Hawaii.

With Aloha  
Jaymie Lewis  
Traditional Midwife

From: mailinglist@capitol.hawaii.gov  
Sent: Tuesday, February 16, 2016 8:28 AM  
To: CPCtestimony  
Cc: audrey262@yahoo.com  
Subject: Submitted testimony for HB1899 on Feb 17, 2016 09:30AM

**HB1899**

Submitted on: 2/16/2016

Testimony for CPC on Feb 17, 2016 09:30AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Audrey Alvarez	Individual	Oppose	No

Comments: OPPOSE HB1899 HD1 My name is Audrey Alvarez and I am a 3 time homebirth mother. I oppose HB1899 HD1 as it is written. This bill is supposed to be specific to Certified Professional Midwives (CPMs) and I would support it if this were true. Unfortunately, the language is unclear and confusing. The first hearing of this bill, with Rep. Belatti, was passed with amendments that it ONLY apply to CPMs. Terminology needs to be changed from "midwife" to "certified professional midwife." A licensed midwife is NOT the same as a licensed Certified Professional Midwife. The exemptions section needs to be removed because this bill should only refer to Certified Professional Midwives. No exemptions are needed if this were truly the case. It is unclear, now that the term "traditional birth attendant" has been removed from the bill, whether they are exempt or not. This bill is about licensure of Certified Professional Midwives but, as it is written, it also regulates other forms of midwifery. I oppose this bill because it limits my choice to midwifery care and it limits my rights as a woman. Thank you.

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Sent: Tuesday, February 16, 2016 8:52 AM  
To: CPCtestimony  
Cc: hillabug@hotmail.com  
Subject: Submitted testimony for HB1899 on Feb 17, 2016 09:30AM

**HB1899**

Submitted on: 2/16/2016

Testimony for CPC on Feb 17, 2016 09:30AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Hilary Millar	Individual	Support	No

Comments: As a mother of two children born at home with a Certified professional midwife, I support HB1899 HD1. Please consider the amendments as proposed by the Midwives Alliance of Hawaii in passing this measure. Thank you- Hilary Millar

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From: mailinglist@capitol.hawaii.gov  
Sent: Tuesday, February 16, 2016 8:59 AM  
To: CPCtestimony  
Cc: tentgoddess@gmail.com  
Subject: Submitted testimony for HB1899 on Feb 17, 2016 09:30AM

**HB1899**

Submitted on: 2/16/2016

Testimony for CPC on Feb 17, 2016 09:30AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Rea T Fox	Individual	Oppose	Yes

Comments: The changes AS WRITTEN still do not make the bill pertain ONLY to CPMs. This is not a bill to license midwives. Therefore the language is unclear & confusing. As the bill pertains ONLY to CPMs there need be no exemptions. The bill needs to say "licensed CPMs" in every instance, and exemptions need to be removed. Thank you!

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## Francis Cordes

65-1233 Laelae Place • Kamuela, HI 96743  
Phone: 303-588-6881 • E-Mail: [frank@frankcordes.com](mailto:frank@frankcordes.com)

Date: February 15, 2016

TO:

Representative Della Au Belatti, Chair  
Representative Richard Creagan,  
Vice-Chair Members of the House Committee on Health

FROM:

Francis Cordes

RE: Testimony in Support of HB 1899

I am in support of HB 1899. I am the father of two healthy and thriving children that my wife delivered at home with the help of very capable and experienced midwives. We carefully researched the home birth option before we decided to deliver our children at home. We found that research has shown that giving birth at home is as safe, if not safer than, a hospital delivery for most women who are not in a high-risk situation. I can definitely say this is true in our experience. During office visits, my wife's blood pressure tested 20 points higher than when her midwife visited her at home. For her, being at home was more comfortable and thus she was much more relaxed and able to give birth easier. I know that this isn't necessarily true for all women and some are more comfortable in a hospital setting. But in either situation, women should be allowed to have an educated and board certified midwife monitoring the health and wellbeing of the baby and mother during birth. Also as a man I wanted to participate in the birth of both of my children as much as possible. I am grateful that with the strength, guidance and expertise of our midwives I was able to do that.

Sincerely,

Francis Cordes

Testimony of Kaliko Amona  
Opposition to HB1899 HD1  
RELATING TO LICENSURE OF CERTIFIED PROFESSIONAL MIDWIVES  
COMMITTEE ON CONSUMER PROTECTION & COMMERCE  
Wednesday, February 17, 2016  
9:30 a.m.  
Conference Room 329

Representative Angus L.K. McKelvey, Chair  
Representative Justin H. Woodson, Vice Chair

Aloha Representatives,

I am a mother of three young children born at home under the care of midwives. I have also attended several births in hospitals and homes in multiple capacities—as a doula, friend, sister, and also as a student supporting and learning the practice of midwifery.

While I am a strong supporter of midwifery care and have considered pursuing a Certified Professional Midwife credential myself, **I oppose this bill (HD1) as it is currently written.**

This bill is supposed to be specific to Certified Professional Midwives (CPMs) and I would support it if this were true. Unfortunately, the language remains unclear and confusing.

**The current draft should be further edited to clearly and explicitly state that the bill is about the regulation and licensure of the practice of Certified Professional Midwives only—not any other type of midwifery or birth practice.**

Additionally, I am very concerned about the exemption section. As this bill should be about the licensure of CPM's only (and not the regulation of midwifery in general), the exemption section is unnecessary and should be removed. What are these groups being exempted from?

While I support the licensure of Certified Professional Midwives, I cannot support this current process if the bill will regulate or disallow other forms of midwifery and traditional birth practices, and thus family choices in midwifery care. If this bill is revised to explicitly apply only to CPMs and their practice and would not impede other practitioners and students in the birth field, then I would support it.

Mahalo for your consideration,

Kaliko Amona

**Committee on Consumer Protection & Commerce**

Rep. Angus L.K. McKelvey, Chair  
Rep. Justin H. Woodson, Vice-Chair

Wednesday, February 17, 2016  
9:30am  
State Capitol, Conference Room 329

**LATE TESTIMONY**

In consideration of  
House Bill 1899  
Relating to Licensure of Certified Professional Midwives

Aloha,

I **oppose HB 1899**. I feel that this bill will limit the options for local families in Hawaii who choose to Home birth.

Mahalo,

Edward Kekoa