



SENATE COMMITTEE ON WAYS AND MEANS
The Honorable Senator Jill N. Tokuda, Chair
The Honorable Senator Donovan M. Dela Cruz, Vice Chair

S.B. No. 1312, S.D. 1, Relating to the Licensure of Midwives

Hearing: Thursday, February 23, 2017, 9:35 a.m.

The Office of the Auditor has **no position** on S.B. No. 1312, S.D.1, Relating to the Licensure of Midwives, which will establish mandatory licensing for persons who engage in the practice of midwifery care. We recently assessed the regulation of certified professional midwives that was proposed during the 2016 legislative session, Report No. 17-01, *Sunrise Analysis: Regulation of Certified Professional Midwives* (January 2017), and offer testimony to advise the committee as to certain aspects of our report that may be relevant to its consideration of the bill.

We found that the Hawai'i Regulatory Licensing Reform Act's criteria requires mandatory licensure of the *entire midwifery profession*. Midwives assist women in home childbirth. They monitor the pregnant mother's health as well as the weight, heart rate, and position of the baby, provide prenatal care, assist during labor and delivery, and offer guidance about breastfeeding and other newborn care issues. Their work directly affects the health and safety of mothers and newborns. Licensure will ensure that midwives assisting in homebirths have certain minimum qualifications to mitigate risks associated with those births. This conclusion was consistent with our 1999 sunrise review, Report No. 99-14, *Sunrise Analysis of a Proposal to Regulate Certified Professional Midwives*, in which we determined that "the practice of midwifery poses a clear and potential harm to the health and safety of the public."

Although we recommended that every person who provides maternity and prenatal services as a midwife be subject to mandatory licensing based on the Hawai'i Regulatory Licensing Reform Act's criteria, we offer no position on the specifics of the licensure that would be established by S.B. No. 1312, S.D. 1.

The Auditor's Summary of Report No. 17-01, *Sunrise Analysis: Regulation of Certified Professional Midwives*, is attached to this testimony. The full report is available on our website at <http://files.hawaii.gov/auditor/Reports/2017/17-01.pdf>.

Thank you for considering our testimony related to S.B. No. 1312, S.D. 1.

Auditor's Summary

Sunrise Analysis: Regulation of Certified Professional Midwives

Report No. 17-01

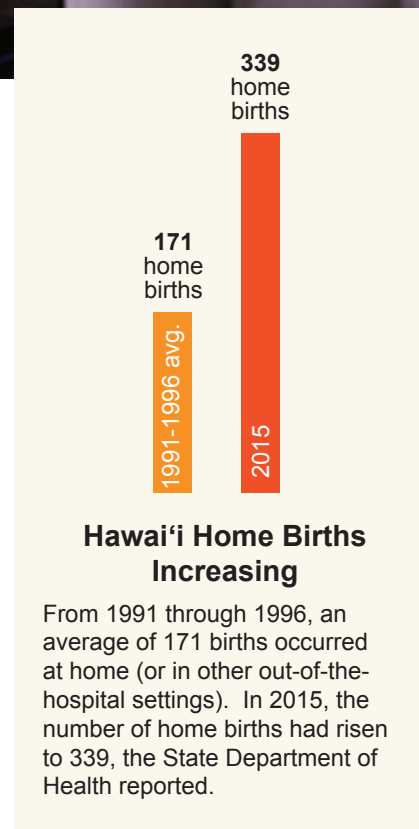


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Should Certified Professional Midwives Be Regulated?

IN REPORT NO. 17-01, *Sunrise Analysis: Regulation of Certified Professional Midwives*, we found that the State's proposed regulation of Certified Professional Midwives, who comprise just a small segment of the midwifery profession, is insufficient and inconsistent with the State's regulatory policies. The proposed regulation we reviewed applies only to midwives who have obtained the Certified Professional Midwife credential from the North American Registry of Midwives, which is one of several midwifery associations, but the proposed regulation does not require even those individuals to be licensed to provide services as a midwife.

Although the regulation, *as proposed*, is flawed, we found that the Hawai'i Regulatory Licensing Reform Act's criteria supports mandatory licensure of the *entire* midwifery profession. Midwives assist women in home childbirth. They can perform exams



monitoring the pregnant mother’s health as well as the weight, heart rate and position of the baby, provide prenatal care, assist during labor and delivery, and offer guidance about breastfeeding and other newborn care issues. They typically provide such services as an alternative to a medical doctor such as an obstetrician. Their work directly impacts—and can endanger—the health and safety of both mothers and babies. Given the nature of the work performed by midwives, we recommend that the Legislature consider establishing a mandatory licensing framework for all midwives, not just Certified Professional Midwives, to protect the consumers of the services, i.e., the mothers and newborns.

Why did we perform this review?

DURING THE 2016 SESSION, the Legislature considered legislation to regulate Certified Professional Midwives and, by concurrent resolution, asked us to review the appropriateness of the proposed regulation.

The Hawai‘i Regulatory Licensing Reform Act requires us to assess legislative proposals that will create a regulatory scheme for professions and vocations that currently are unregulated. These reviews, which are known as a “Sunrise Analysis,” examine whether regulation is necessary to protect the health, safety, or welfare of consumers of the services and is consistent with other regulatory policies.

The Hawai‘i Regulatory Licensing Reform Act mandates that a profession or vocation be licensed where the nature of services offered may jeopardize the health, safety, or welfare of consumers. At the same time, the Act establishes policies to ensure that the State exercises its power to regulate only where such regulation is reasonably necessary to protect consumers.



Even Barbers are Regulated

THE STATE OF HAWAII, through the Professional and Vocational Licensing Division of the Department of Commerce and Consumer Affairs, regulates 49 professions and vocations. Physicians, dentists, nurses, and pharmacists are regulated by the State, as are barbers, automobile mechanics, massage therapists, and real estate agents. **Midwives, however, are not regulated in Hawai‘i, meaning that the State does not license or otherwise oversee those providing services as a midwife.**

Hawai‘i Regulatory Licensing Reform Act

The Hawai‘i Regulatory Licensing Reform Act requires the Auditor to analyze proposed regulatory measures that, if enacted, would subject unregulated professions and vocations to licensing or other regulatory controls. The policies that the Legislature adopted regarding regulation of professions and vocations are as follows:

The State may regulate professions and vocations only where reasonably necessary to protect the health, safety, or welfare of consumers, and not that of the regulated profession or vocation;

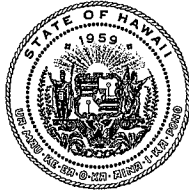
The State must regulate professions or vocations when the health, safety, or welfare of the consumer may be jeopardized by the nature of the service offered by the provider;

Evidence of abuses by providers of the service must be given great weight in determining whether regulation is desirable;

Regulation must be avoided if it will artificially increase the cost of goods and services to consumers, except in cases where this cost is exceeded by the potential danger to the consumer;

Regulation must not unreasonably restrict entry into professions and vocations by all qualified persons; and

Aggregate costs for regulation and licensure must not be less than the full costs of administering that program.



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

TO THE SENATE COMMITTEE ON WAYS AND MEANS

TWENTY-NINTH LEGISLATURE
Regular Session of 2017

Thursday, February 23, 2017
9:35 a.m.

WRITTEN TESTIMONY

**TESTIMONY ON SENATE BILL NO. 1312, S.D. 1, RELATING TO THE LICENSURE OF
MIDWIVES.**

TO THE HONORABLE JILL N. TOKUDA, CHAIR,
AND MEMBERS OF THE COMMITTEE:

My name is Celia Suzuki, Licensing Administrator of the Professional and Vocational Licensing Division ("PVLDD"), Department of Commerce and Consumer Affairs ("Department"). The Department appreciates the opportunity to submit testimony on Senate Bill No. 1312, S.D. 1, Relating to the Licensure of Midwives.

The purpose of Senate Bill No. 1312, S.D. 1, is to establish the Board of Midwifery within the Department to regulate the practice of midwifery by certified midwives and certified professional midwives. The measure requires licensing of midwives to commence on July 1,

2020. The bill also requires the Department to convene a working group of interested stakeholders and submit a report to the 2018 Legislature.

The Department has prepared a proposed S.D. 2 for the Committee's consideration. Much of the language is standard language that is reflected in other licensing laws in the PVLD. In addition, the Department has blanked out all of the fees to encourage further discussion and to allow the Department sufficient time to do a reasonable cost analysis on this new regulatory scheme.

The Department is also requesting that SECTION 3 of the bill be deleted. We believe convening a working group is not necessary as the bill already appears to address concerns that were raised by traditional Native Hawaiian healers and other interested parties.

Thank you for the opportunity to provide written testimony on Senate Bill No. 1312, S.D. 1, with the Department's suggested amendments. The proposed S.D. 2 is attached.

A BILL FOR AN ACT

RELATING TO THE LICENSURE OF MIDWIVES.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

1 SECTION 1. The legislature finds that the nature of the
2 maternity and prenatal services provided by midwives could
3 potentially endanger the health and safety of women and newborns
4 under a midwife's care if the profession is not adequately
5 regulated. Public health and safety concerns substantially
6 outweigh any negative effects arising from regulation, including
7 the resulting restrictions on individuals entering the
8 profession of midwifery and any increase in the cost of
9 midwifery services caused by regulation of the profession. The
10 legislature further finds that the auditor, in its sunrise
11 analysis on the regulation of certified professional midwives,
12 applied the criteria for licensure in the Hawaii regulatory
13 licensing reform act. The auditor recommended that the
14 profession of midwifery be regulated and its practitioners be
15 licensed.

16 The legislature also finds that there are two national
17 pathways to certification for midwives. The American Midwifery

1 Certification Board is the certifying agency for certified nurse
2 midwives and certified midwives. The North American Registry of
3 Midwives is the certifying agency for certified professional
4 midwives. The legislature notes that the intent of this measure
5 is to establish regulations for certified midwives and certified
6 professional midwives, based on standards and best practices
7 adopted by the United States Midwifery Education, Regulation,
8 and Association coalition. The legislature also notes that
9 certified nurse midwives are already otherwise regulated by the
10 state board of nursing and are not intended to be covered by
11 this measure. Native Hawaiian healers engaged in traditional
12 Native Hawaiian healing practices, recognized as such by any
13 council convened by Papa Ola Lokahi, are also not intended to be
14 regulated by this measure, although the legislature notes that
15 traditional Native Hawaiian healers are encouraged to
16 participate in the licensing pathway, if they so choose.

17 The purpose of this Act is to establish mandatory licensing
18 for certified midwives and certified professional midwives in
19 Hawaii.

1 SECTION 2. The Hawaii Revised Statutes is amended by
2 adding a new chapter to be appropriately designated and to read
3 as follows:

4 **"CHAPTER**

5 **MIDWIVES**

6 **§ -1 Definitions.** As used in this chapter:

7 "Accreditation Commission for Midwifery Education" means
8 the organization established in 1982 and recognized by the
9 United States Department of Education as an accrediting agency
10 for midwifery education programs, whose graduates are eligible
11 for certification as certified midwives.

12 "American Midwifery Certification Board" means the national
13 certifying body for certified midwife candidates who have
14 received their graduate level education in programs accredited
15 by the Accreditation Commission for Midwifery Education.

16 "Board" means the state board of midwifery established
17 under section -3.

18 "Certified midwife" means a midwife who has been certified
19 by the American Midwifery Certification Board.

20 "Certified professional midwife" means a midwife who has
21 been certified by the North American Registry of Midwives.

1 "Licensed certified midwife" means a certified midwife who
2 holds a current license issued by the board pursuant to this
3 chapter to engage in the practice of midwifery in Hawaii.

4 "Licensed certified professional midwife" means a certified
5 professional midwife who holds a current license issued by the
6 board pursuant to this chapter to engage in the practice of
7 midwifery in Hawaii.

8 "Midwifery Education and Accreditation Council" means the
9 organization established in 1991 and recognized by the United
10 States Department of Education as an accrediting agency for
11 midwifery education programs and institutions, whose graduates
12 are eligible for certification as certified professional
13 midwives.

14 "North American Registry of Midwives" means the national
15 certifying body for certified professional midwife candidates
16 who have received their graduate level education in programs
17 accredited by the Midwifery Education and Accreditation Council.

18 "Practice of midwifery" means providing well-woman and
19 maternity care for individuals and their newborns during the
20 antepartum, intrapartum, and postpartum periods.

1 "United States Midwifery Education, Regulation, and
2 Association coalition" means the national coalition comprised of
3 representatives of national midwifery associations,
4 credentialing bodies, and education accreditation agencies,
5 including:

- 6 (1) Accreditation Commission for Midwifery Education;
- 7 (2) American College of Nurse-Midwives;
- 8 (3) American Midwifery Certification Board;
- 9 (4) Midwives Alliance of North America;
- 10 (5) Midwifery Education and Accreditation Council;
- 11 (6) National Association of Certified Professional
12 Midwives; and
- 13 (7) North American Registry of Midwives.

14 **§ -2 Powers and duties.** In addition to any other powers
15 and duties authorized by law, the board shall have all the
16 powers necessary or convenient to effectuate the purpose of this
17 chapter, including, without limitation, the following powers:

- 18 [~~(1) Receive applications for licensure;~~
- 19 ~~(2) Determine the qualifications of persons applying for~~
20 ~~licensure;~~
- 21 ~~(3) Grant licenses to qualified applicants;~~

1 ~~(4) Establish procedures to renew, suspend, revoke, and~~
2 ~~reinstate licenses;~~]

3 [~~(5)~~](1) Establish and collect fees for the examination of
4 applicants for licensure and license renewal;

5 ~~(6) Establish the minimum educational and continuing~~
6 ~~educational requirements for licensure;~~

7 ~~(7) Investigate complaints against licensed certified~~
8 ~~midwives and licensed certified professional midwives;~~

9 ~~(8) Undertake, when appropriate, disciplinary hearings,~~
10 ~~and~~

11 ~~(9)~~](2) Subject to chapter 91, adopt, amend, or repeal
12 rules, as necessary to effectuate this chapter[-]; and

13 (3) To enforce this chapter and rules adopted pursuant
14 thereto.

15 **§ -3 Board of midwifery; establishment, appointment,**
16 **membership.** (a) There is established the board of midwifery
17 within the department of commerce and consumer affairs for
18 administrative purposes.

19 (b) The board shall consist of seven members as follows:

20 (1) One certified nurse midwife regulated by the state
21 board of nursing who shall be in current and active

1 practice of midwifery in the State for the duration of
2 appointment and who shall have actively practiced as a
3 certified nurse midwife in the State for at least
4 three years immediately preceding the appointment;

5 (2) Two licensed certified midwives who shall be in
6 current and active practice of midwifery in the State
7 for the duration of their appointment and who shall
8 have actively practiced as licensed certified midwives
9 in the State for at least three years immediately
10 preceding their appointment; provided that the two
11 certified midwives initially appointed under this
12 paragraph shall be licensed pursuant to this chapter
13 by January 1, 2021;

14 (3) Two licensed certified professional midwives who shall
15 be in current and active practice of midwifery in the
16 State for the duration of their appointment and who
17 shall have actively practiced as licensed certified
18 professional midwives in the State for at least three
19 years immediately preceding their appointment;
20 provided that the two certified professional midwives

1 initially appointed under this paragraph shall be
2 licensed pursuant to this chapter by January 1, 2021;

3 (4) ~~[One traditional Native Hawaiian healer engaged in~~
4 ~~traditional practices of prenatal, maternal, and~~
5 ~~childcare, as recognized by a council convened~~
6 ~~pursuant to section 453-2(c);] and~~

7 (5) ~~[One]~~ Two public members.

8 (c) ~~[The board shall select its own chairperson from among~~
9 ~~its members.]~~ Immediately upon the qualification and appointment
10 of the original members, and annually thereafter, the board
11 shall elect one member as the chairperson and one member as the
12 vice-chairperson. In the absence of both the chairperson and
13 vice-chairperson to preside at the meeting, the members present
14 shall select a chairperson pro tem.

15 (d) The term of office for members of the board shall be
16 four years. No member shall be appointed to more than two
17 consecutive terms or serve more than eight consecutive years.

18 (e) The governor may appoint and fill each vacancy on the
19 board pursuant to section 26-34.

20 **§ -4 Scope of practice; standards.** (a) The board shall
21 establish scope of practice standards for the practice of

1 midwifery by licensed certified midwives and licensed certified
2 professional midwives. The scope of practice standards shall be
3 based on the definition and scope of practice established by the
4 United States Midwifery Education, Regulation, and Association
5 coalition for certified midwives and certified professional
6 midwives.

7 (b) The standards adopted by the board shall include
8 requirements for [~~educational standards,~~] ethical conduct,
9 client protection, disclosures, immunity from vicarious
10 liability, and recordkeeping.

11 **§ -5 License; qualifications.** (a) No person shall
12 engage in the practice of midwifery in this State unless the
13 person holds a current license issued by the board pursuant to
14 this chapter. A license shall be granted to an applicant who
15 files a board-approved application for licensure, pays the
16 required [~~application~~]fees, and provides evidence to the board
17 of the following:

18 (1) Documentation of completion of an educational program
19 or pathway as follows:

20 (A) For certified midwives, documentation of
21 graduation from a midwifery educational program

1 accredited by the Accreditation Commission for
2 Midwifery Education; or
3 (B) For certified professional midwives,
4 documentation of completion of an educational
5 program or pathway accredited by the Midwifery
6 Education and Accreditation Council;
7 (2) Documentation of certification from the appropriate
8 national certifying agency:
9 (A) For certified midwives, documentation of
10 certification by the American Midwifery
11 Certification Board; or
12 (B) For certified professional midwives,
13 documentation of credentialing by the North
14 American Registry of Midwives [~~and~~
15 ~~(3) Successful completion of continuing education~~
16 ~~requirements established by the board]~~.
17 (b) All licenses for certified midwives issued pursuant to
18 this chapter shall be valid for [~~five~~] three years from the date
19 of issuance.

1 (c) All licenses for certified professional midwives
2 issued pursuant to this chapter shall be valid for three years
3 from the date of issuance.

4 **§ -6 Fees; penalties.** [~~(a) Each~~] Upon application for
5 a new license or at each triennial renewal, each applicant shall
6 pay a licensing fee of [~~\$250~~] \$_____ and a compliance
7 resolution fund fee of \$_____ [~~upon application for a new or~~
8 renewal license]. Application fees paid pursuant to this
9 chapter shall not be refundable. Fees collected pursuant to
10 this section shall be deposited into the compliance resolution
11 fund established pursuant to section 26-9(o).

12 [~~(b) Any fine imposed by the board after a hearing~~
13 ~~conducted pursuant to this chapter shall be no less than \$100~~
14 ~~and no more than \$1,000 for the first violation. A second or~~
15 ~~subsequent violation of this chapter shall be referred to the~~
16 ~~department of the attorney general for criminal prosecution.~~
17 ~~Any person who pleads guilty to or is found guilty of a second~~
18 ~~or subsequent violation of this chapter shall be guilty of a~~
19 ~~misdemeanor.]~~

20 [~~§ -7 Hearings.~~ (a) ~~Unless otherwise provided by law,~~
21 ~~in every case in which the board refuses to issue, renew,~~

1 ~~restore, or reinstate a license under this chapter, or proposes~~
2 ~~to take disciplinary action or other licensing sanctions against~~
3 ~~a licensee, the board shall conduct an administrative proceeding~~
4 ~~in accordance with chapter 91.~~

5 ~~(b) In all proceedings before it, the board shall have the~~
6 ~~same powers respecting administering oaths, compelling the~~
7 ~~attendance of witnesses and the production of documentary~~
8 ~~evidence, and examining witnesses as are possessed by circuit~~
9 ~~courts. In case of disobedience by any person of any order of~~
10 ~~the board, or of any subpoena issued by the board, or the~~
11 ~~refusal of any witness to testify to any matter regarding which~~
12 ~~the witness may be questioned lawfully, any circuit judge, on~~
13 ~~application by the board, shall compel obedience as in the case~~
14 ~~of disobedience of the requirements of a subpoena issued by a~~
15 ~~circuit court, or a refusal to testify therein.]~~

16 § -7 License required. (a) Except as specifically
17 provided in this chapter, no person shall engage in the practice
18 of midwifery or use the title "licensed midwife" or "midwife"
19 without a valid license issued pursuant to this chapter.

20 (b) Any person who violates this section shall be subject
21 to a fine of not less than \$100 and no more than \$1,000 for each

1 separate offense. Each day of each violation shall constitute a
2 separate offense.

3 (c) Any person who violates this section shall be guilty
4 of a misdemeanor.

5 § -8 Grounds for refusal to renew, reinstate or restore
6 and for revocation, suspension, denial, or condition of
7 licenses. (a) In addition to any other acts or conditions
8 provided by law, the licensing authority may refuse to renew,
9 reinstate or restore or may deny, revoke, suspend, or condition
10 in any manner, any license for any one or more of the following
11 acts or conditions on the part of the licensee or the applicant
12 thereof:

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

16 (2) Engaging in false, fraudulent, or deceptive
17 advertising, or making untruthful or improbable
18 statements;

19 (3) Engaging in the practice of midwifery while impaired
20 by alcohol, drugs, physical disability, or mental
21 instability;

- 1 (4) Procuring a license to practice midwifery through
- 2 fraud, misrepresentation, or deceit;
- 3 (5) Aiding and abetting an unlicensed person to directly
- 4 or indirectly perform activities requiring a license
- 5 to practice midwifery;
- 6 (6) Engaging in professional misconduct, incompetence,
- 7 gross negligence, or manifest incapacity in the
- 8 practice of midwifery;
- 9 (7) Engaging in conduct or practice contrary to recognized
- 10 standards of ethics for the practice of midwifery;
- 11 (8) Violating any condition or limitation imposed on a
- 12 license to practice midwifery by the board;
- 13 (9) Engaging in the practice of midwifery in a manner that
- 14 causes injury to one or more members of the public;
- 15 (10) Failure to comply, observe, or adhere to any law in a
- 16 manner such that the board deems the applicant or
- 17 holder to be an unfit or improper person to hold a
- 18 license;
- 19 (11) Revocation suspension, or other disciplinary action by
- 20 another state or federal agency against a licensee or

1 applicant for any reason provided by the licensing
2 laws or this section;

3 (12) Criminal conviction, whether by nolo contendere or
4 otherwise, of a penal crime directly related to the
5 qualifications, functions, or duties of midwifery,
6 notwithstanding any statutory provision to the
7 contrary;

8 (13) Failure to report to the board, in writing, any
9 disciplinary decision issued against the licensee or
10 the applicant in another jurisdiction within thirty
11 days after the disciplinary decision is issued;

12 (14) Employing, utilizing, or attempting to employ or
13 utilize at any time any person not licensed under this
14 chapter where licensure is required; or

15 (15) Violating this chapter, chapter 436B, or any rule or
16 order of the board.

17 (b) Any licensee or applicant who violates this section
18 may also be fined not less than \$100 and no more than \$1,000.

19 § -9 Injunctive relief. The board may, through the
20 attorney general, apply for an injunction in any court of
21 competent jurisdiction to enjoin any person who has not been

1 issued a license or whose license has been suspended or revoked
2 or expired, from practicing midwifery.

3 **§ -[8]10 Exemptions.** (a) This chapter shall not apply
4 to the following:

5 (1) Student midwives in training under the direct
6 supervision of licensed certified midwives or licensed
7 certified professional midwives;

8 (2) Certified nurse midwives regulated by the board of
9 nursing pursuant to chapter 457;

10 (3) A person administering care to a spouse, parent,
11 sibling, child, or other family member, including
12 hanai family;

13 (4) A person rendering aid in an emergency where no fee
14 for the service is contemplated, charged, or received;

15 (5) A person performing a service within the person's
16 authorized scope of practice of a profession that is
17 licensed, certified, or registered under other laws of
18 this State; and

19 (6) Traditional Native Hawaiian healers engaged in
20 traditional healing practices of prenatal, maternal,

1 and child care, as recognized by a council convened
2 pursuant to section 453-2(c).

3 (b) Nothing in this chapter shall limit, alter, or
4 otherwise adversely impact the practice of traditional Native
5 Hawaiian healing pursuant to the Constitution of the State of
6 Hawaii. Nothing in this chapter shall prevent a Native Hawaiian
7 healer from pursuing licensure under this chapter.

8 (c) Except as otherwise provided in this section, after
9 December 31, 2020, no person shall practice midwifery in the
10 State or hold themselves out as a certified midwife or certified
11 professional midwife without being licensed pursuant to this
12 chapter."

13 ~~[SECTION 3. (a) The department of commerce and consumer~~
14 ~~affairs shall convene a working group of interested~~
15 ~~stakeholders, including representatives from various midwifery~~
16 ~~organizations, different midwifery backgrounds, Papa Ola Lokahi,~~
17 ~~and the American Congress of Obstetricians and Gynecologists,~~
18 ~~before the midwifery licensing goes into effect pursuant to~~
19 ~~section 4 of this Act.~~

20 ~~(b) The group shall consider matters related to the~~
21 ~~following issues or concerns:~~

- 1 ~~(1) Informed consent;~~
- 2 ~~(2) Peer review as part of the re-credentialing process;~~
- 3 ~~(3) A transport plan;~~
- 4 ~~(4) Whether an additional person, apart from family~~
5 ~~members, needs to be present during a home birth;~~
- 6 ~~(5) Whether the Midwifery Bridge Certificate, issued by~~
7 ~~the North American Registry of Midwives, is sufficient~~
8 ~~for licensure as a certified professional midwife or~~
9 ~~if recipients of this certificate should be viewed as~~
10 ~~students or trainees and have a different licensure~~
11 ~~status; and~~
- 12 ~~(6) The potential for a path for licensure for lay~~
13 ~~midwives who are neither certified midwives or~~
14 ~~certified professional midwives.~~
- 15 ~~(c) The working group shall submit a report to the~~
16 ~~legislature, no later than twenty days prior to the regular~~
17 ~~session of 2018, on the findings and recommendations of the~~
18 ~~working group.]~~

19 SECTION 3. (a) The board of midwifery established
20 pursuant to section 2 of this Act shall establish the midwifery
21 licensing program by July 1, 2019; provided that licenses for

1 certified midwives and certified professional midwives shall be
2 issued by the board beginning July 1, 2020.

3 (b) The board of midwifery shall submit a report to the
4 legislature, no later than twenty days prior to the regular
5 session of 2021 regarding the status of the licensing program
6 established pursuant to this Act.

7 SECTION 4. If any provision of this Act, or the
8 application thereof to any person or circumstance, is held
9 invalid, the invalidity does not affect other provisions or
10 applications of this Act that can be given effect without the
11 invalid provision or application, and to this end the provisions
12 of this Act are severable.

13 SECTION 5. This Act does not affect rights and duties that
14 matured, penalties that were incurred, and proceedings that were
15 begun before its effective date.

16 SECTION 6. Upon issuance of a new license and at each
17 license renewal period, each certified midwife or certified
18 professional midwife shall pay a fee of \$_____ that shall be
19 deposited into the compliance resolution fund established
20 pursuant to section 26-9(o).

1 SECTION 7. Section 26H-4, Hawaii Revised Statutes, is
2 amended to read as follows:

3 **"§26H-4 Repeal dates for newly enacted professional and**
4 **vocational regulatory programs.** (a) Any professional or
5 vocational regulatory program enacted after January 1, 1994, and
6 listed in this section shall be repealed as specified in this
7 section. The auditor shall perform an evaluation of the
8 program, pursuant to section 26H-5, prior to its repeal date.

9 (b) Chapter 436H (athletic trainers) shall be repealed on
10 June 30, 2018.

11 (c) Chapter 465D (behavior analysts) shall be repealed on
12 June 30, 2021.

13 (d) Chapter _____ (midwives) shall be repealed on
14 June 30, 2025.

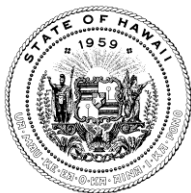
15 SECTION 8. The department of commerce and consumer affairs
16 may employ necessary personnel without regard to chapter 76,
17 Hawaii Revised Statutes, to assist with the implementation and
18 continuing functions of this chapter.

19 SECTION 9. There is appropriated out of the compliance
20 resolution fund established pursuant to section 26-9(o), Hawaii
21 Revised Statutes, the sum of \$ _____ or so much thereof as

1 may be necessary for fiscal years 2018-2019 and 2019-2020 to
2 implement this chapter.

3 SECTION 10. This Act shall take effect on July 1, 2050.

4



DAVID Y. IGE
GOVERNOR
SHAN S. TSUTSUI
LT. GOVERNOR

STATE OF HAWAII
OFFICE OF THE DIRECTOR
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
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P.O. BOX 541
HONOLULU, HAWAII 96809
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CATHERINE P. AWAKUNI COLÓN
DIRECTOR
JO ANN M. UCHIDA TAKEUCHI
DEPUTY DIRECTOR

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

TO THE SENATE COMMITTEE
ON
WAYS AND MEANS

TWENTY-NINTH STATE LEGISLATURE
REGULAR SESSION, 2017

THURSDAY, FEBRUARY 23, 2017
9:35 A.M.

WRITTEN TESTIMONY ONLY
ON
SENATE BILL NO. 1312 S.D.1
RELATING TO LICENSURE OF MIDWIVES

TO THE HONORABLE JILL N. TOKUDA, CHAIR,
AND TO THE HONORABLE DONOVAN M. DELA CRUZ, VICE CHAIR,
AND MEMBERS OF THE COMMITTEE:

The Department of Commerce and Consumer Affairs ("Department") appreciates the opportunity to testify on Senate Bill No. 1312 S.D.1, Relating to Licensure of 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 enforcement-related written comments on this bill, with requested amendments.

Senate Bill No. 1312 S.D.1 creates a new chapter for the licensure of midwives and a new Board of Midwifery as the oversight authority. The bill also requires the Department to convene a working group to discuss with stakeholders issues relating to the practice of midwifery.

RICO defers to the Department's Professional and Vocational Licensing division with regard to licensing-related issues in the practice of midwifery. RICO raises several enforcement-related concerns relating to Senate Bill No. 1312 S.D.1 and requests certain amendments to the bill.

Most licensing chapters contain standard provisions on discipline and the powers and duties of the oversight authority, board or director. RICO respectfully requests the following amendments that would ensure that the new chapter is consistent with other licensing chapters:

1) Add a new section, as follows, to authorize enforcement of unlicensed activity:

License required. (a) Except as specifically provided in this chapter, no person shall engage in the practice of midwifery or use the title "licensed midwife" or "midwife" without a valid license issued pursuant to this chapter.

(b) Any person who violates this section shall be subject to a fine of not less than \$100 and no more than \$1,000 for each separate offense. Each day of each violation shall constitute a separate offense.

(c) Any person who violates this section shall be guilty of a misdemeanor.

2) Delete subsection (b) in § -6 at page 10, lines 12 to 19, because the fine for unlicensed activity is now contained in the new section above.

3) Delete § -7 on page 10, line 20 to page 11, line 15 because it is

unnecessary. Moreover, § -7(a) would require the licensing authority to conduct a disciplinary hearing in all cases, which would deprive RICO of entering into settlement agreements when appropriate.

4) Add a section for the grounds for discipline consistent with standard regulatory requirements as follows:

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 board may refuse to renew, reinstate, or restore and 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 a licensee or license applicant:

- (1) Failure to meet or to 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 or improbable statements in advertising;
- (3) Engaging in the practice of midwifery while impaired by alcohol, drugs, physical disability, or mental instability;
- (4) Procuring a license to practice midwifery through fraud, misrepresentation, or deceit;
- (5) Aiding and abetting an unlicensed person to directly or indirectly perform activities requiring a license to practice midwifery;
- (6) Engaging in professional misconduct, incompetence, gross negligence, or manifest incapacity in the practice of midwifery;
- (7) Engaging in conduct or a practice contrary to recognized standards of ethics for the practice of midwifery;
- (8) Violating any condition or limitation imposed on a license to practice midwifery by the board;
- (9) Engaging in the practice of midwifery in a manner that causes injury to one or more members of the public;
- (10) Failing to comply with, observe, or adhere to any law in a manner that causes the director to determine that the applicant or holder is unfit to hold a license;
- (11) Having a license revoked or suspended or other disciplinary action by any state or federal agency for any reason that is provided by the applicable licensing laws or by this section;
- (12) Having been convicted or pleaded nolo contendere to a crime directly related to the qualifications, functions, or duties of the practice of midwifery;

- (13) Failing to report in writing to the board any disciplinary decision issued against the licensee or applicant in another jurisdiction within thirty days of the disciplinary decision;
- (14) Employing, whether gratuitously or for pay, any person not licensed pursuant to this chapter to perform the functions or duties of the practice of midwifery; or
- (15) Violating this chapter, chapter 436B, or any rule or order of the board.

(b) Any licensee or applicant who violates this section may also be fined not less than \$100 and no more than \$1,000.

5) Add a new section to authorize injunctive relief as follows:

Injunctive relief. The board may, through the attorney general, apply for an injunction in any court of competent jurisdiction to enjoin any person who has not been issued a license or whose license has been suspended or revoked or expire, from practicing midwifery.

These amendments, which RICO believes would bring the proposed regulatory provisions for the practice of midwifery in this measure more in line with standard regulatory statutes for other regulated professions, are included in the proposed S.D.2 submitted by the Department's Professional and Vocational Licensing Division as part of that division's testimony to the Committee. RICO notes that it may have additional recommendations as scope of practice standards are determined and issues such as informed consent, peer review, and licensure for lay midwives are discussed.

RICO also notes that the definition of "practice of midwifery" includes the terms "newborn", "antepartum", "postpartum" and "well-women and maternity care", which are general and subject to varying interpretations. For example, "well-woman care" could be broadly interpreted to include pap smears, breast exams, menopausal care, contraceptive counseling, and other general wellness issues. The Department would welcome any guidance the Legislature may be able to provide

Written Testimony on Senate Bill No. 1312 S.D.1

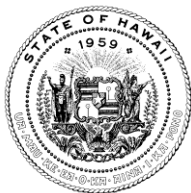
February 23, 2017

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Written Testimony on Senate Bill No. 1312 S.D.1

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THE QUEEN'S HEALTH SYSTEMS

To: The Honorable Jill N. Tokuda, Chair
The Honorable Donovan M. Dela Cruz, Vice Chair
Members, Committee on Ways and Means

From: 
Paula Yoshioka, Senior Vice President, The Queen's Health Systems

Date: February 22, 2017

Hrg: Senate Committee on Ways and Means Decision Making; Thursday, February 23, 2017
at 9:35AM in Room 211

Re: **Oppose SB 1213, SD1, Relating to the Licensure of Midwives**

My name is Paula Yoshioka, and I am a Senior Vice President at The Queen's Health Systems (QHS). QHS would like to **oppose** SB 1213, SD1, Relating to Licensure of Midwives, as written echoing the strong concerns voiced by the American Congress of Obstetricians and Gynecologists (ACOG).

QHS agrees with the State Auditor's findings that the entire midwifery profession should be licensed and regulated to protect the health and safety of pregnant women and children. International standards governing home birth midwife providers worldwide call for mandatory licensure in the jurisdiction where the provider practices. Women should be guaranteed care that meets this important minimum standard for safe, high quality maternity care.

Therefore, we support the intent of licensing and regulating the midwifery profession and appreciate a number of the changes made in the SD1 version. However, we still share the below concerns highlighted by ACOG in their testimony.

- The current bill is unclear as to the extent to which midwifery licensure will be mandatory. It states that licensure will be mandatory for the practice of midwifery, but also states that it applies only to Certified Professional Midwives (CPMs) and Certified Midwives (CMs), thereby leaving the status of lay midwives unclear. Additionally, it supports discussion by a working group of a pathway to licensure for lay midwives, which ACOG strongly opposes, as it would defeat the purpose of licensure as a protection for the safety and health of the public (by ensuring only qualified providers may legally provide such services).
- Midwifery scope of practice and prescriptive authority would be determined entirely by a Board that does not contain a voting physician member and would not be required to adhere to World Health Organization and ACOG definitions of low-risk birth. While obstetrician-gynecologists are not experts on midwifery, they are the primary recipients of home-birth transfers to hospital settings and the experts on the definition and recognition of high-risk obstetric conditions. Additionally, the current bill refers to scope of midwifery practice as established by the U.S. Midwifery Education, Regulation, and

The mission of The Queen's Health Systems is to fulfill the intent of Queen Emma and King Kamehameha IV to provide in perpetuity quality health care services to improve the well-being of Native Hawaiians and all of the people of Hawai'i.

Association Coalition for CMs and CPMs (U.S. MERA), which does not in fact define scope of practice standards. Patient selection is critical to minimizing adverse perinatal outcomes.

- The suggested amendments delete language establishing requirements for client protection, disclosure, and immunity from vicarious liability (stating such issues will be addressed by U.S. MERA standards). However, eliminating such language removes important patient and hospital-based clinician protections that are not appropriately left to, or enforceable by, U.S. MERA.
- Minimal educational standards for licensure do not specify requirement for a Bridge Certificate for those graduating from unaccredited programs.
- There are no specific reporting or peer review requirements to evaluate poor outcomes, which should not be left solely to the Board.
- There is no provision for a second trained provider to be present at home births to provide dedicated care for the newborn, as recommended by the American Academy of Pediatrics.
- While we support exemption of persons administering care to a spouse, parent, sibling, child, or other family member, including hanai family, the use of this inclusive definition of family without specifying that no fee for the service is contemplated, charged, or received (as is the case for those rendering aid in an emergency under the bill) is inappropriate.

In addition, QHS would like to see a plan for transition of care to an acute care facility with obstetric services if home delivery fails. According to the National Birth Center Study, out of 15,574 births in non-traditional hospitals settings:

- 700 (4.5 percent) were referred to a hospital before labor.
- 1,853 (11.9 percent) were transferred to a hospital during labor
- 311 (2.0 percent) were transferred to a hospital after giving birth, and 343 (2.2 percent) had their babies transferred after birth.


This bill is a first step to a larger conversation on licensing and regulating the midwifery profession in order to ensure the health and safety of pregnant women and children in Hawaii.

Thank you for your time and attention to this important issue.



THE QUEEN'S HEALTH SYSTEMS

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The Honorable Donovan M. Dela Cruz, Vice Chair
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Thank you for your time and attention to this important issue.



Thursday, February 23, 2017; 9:35 am
Conference Room 211

Senate Committee on Ways and Means

To: Senator Jill Tokuda, Chair
Senator Donovan Dela Cruz, Vice Chair

From: Charles Neal, Jr., MD, PhD
Chief, Neonatology Department

Re: **SB 1312, SD1 Relating To The Licensure Of Midwives**
Providing Comments

My name is Dr. Charles Neal, Jr., MD, PhD and I am the Neonatology Clinical Section Chief and Medical Director of the Newborn Intensive Care Unit at Kapi'olani Medical Center for Women and Children (Kapi'olani). Kapi'olani Medical Center is the state's only maternity, newborn and pediatric specialty hospital. It is also a tertiary care, medical teaching and research facility. Specialty services for patients throughout Hawai'i and the Pacific Region include intensive care for infants and children, 24-hour emergency pediatric care, air transport, maternal-fetal medicine and high-risk perinatal care. The not-for-profit hospital offers several community programs and services, such as the Kapi'olani Child Protection Center and the Sex Abuse Treatment Center. Additionally, Kapi'olani's Women's Center is ranked among the top in the nation. Kapi'olani Medical Center is an affiliate of Hawai'i Pacific Health, the largest health care provider in the state.

I am writing to offer comments on SB 1312, SD1 which establishes mandatory licensing for midwives in Hawaii. The bill creates a licensing scheme and oversight of the practice of midwifery which will improve consumer safety and afford greater quality of care for women who elect to deliver with a midwife and for their babies. However, we are concerned with certain aspects SB 1312, SD1 as outlined below.

- The scope of practice of midwifery and prescriptive authority would be determined entirely by the Board of Midwifery that does not include a voting physician member, essentially locking out input from the medical community regarding safe and ethical determination of low-risk pregnancies. While obstetrician-gynecologists are not experts on midwifery, we are the primary recipients of home-birth transfers to hospital settings and the experts on the definition and recognition of high-risk obstetric conditions.
- While the current draft of SB 1312 indicates that the scope of practice will be based on the United States Midwifery Education, Regulation, and Association

coalition (US MERA) for certified midwives and certified professional midwives, to our knowledge there is no US MERA agreement as to the scope of care and practice. The midwifery scope of practice would not be required to adhere to World Health Organization (WHO) and American Congress of Obstetricians and Gynecologists (ACOG) definitions of low-risk birth. Determination of low-risk pregnancy has been defined and validated through these ACOG and WHO guidelines. To practice outside of these definitions allows practitioners to determine pregnancy risk on their own terms, regardless of their clinical experiences. Patient selection is critical in minimizing adverse perinatal outcomes. The far majority of devastating home birth outcomes (neonates) that we have cared for at Kapi'olani started with higher risk deliveries that would have been better served in a medical facility.

- The suggested amendments delete language establishing requirements for client protection, disclosure, and immunity from vicarious liability (stating such issues will be addressed by US MERA standards). However, eliminating such language removes important patient and hospital-based clinician protections that are not appropriately left to, or enforceable by, US MERA.
- There is no provision in the bill for a second trained provider to be present at the time of the home birth to provide dedicated care for the newborn. At a minimum, a second person with NRP (Neonatal Resuscitation Program) training should be present to care for the baby in the event that mother and baby are both in need of attention. This is not an uncommon scenario, when mother is having a hemorrhage that must be controlled and the baby is transitioning with respiratory distress. During 2010-2012, the Department of Health estimated that 4% of all deliveries in Hawaii were home births. However, we found that planned home birth infants made up 12% of our neonatal intensive care unit with Hypoxic Ischemic Encephalopathy (HIE) which is a type of brain damage that occurs when an infant's brain doesn't receive enough oxygen and blood just prior to or after delivery. It is a dangerous condition that requires immediate medical intervention.

While it is important to respect mother's choices with regards to delivery options, the safety and well being of the unborn baby appear to be overlooked and must be considered.

Thank you for the opportunity to provide this testimony.



Thursday, February 23, 2017 at 9:35 AM
Conference Room 211

healthy
mothers
healthy
babies

COALITION
OF HAWAII

To: The Honorable Jill N. Tokuda, Chair
The Honorable Donovan M. Dela Cruz, Vice Chair
Members of the Senate Committee on Ways and Means

From: Lisa Kimura, Executive Director, Healthy Mothers Healthy Babies of Hawaii

Re: Testimony in Support with Amendments to S.B. 1312 S.D.1

Good morning members of the Senate Committee on Ways and Means,

Healthy Mothers Healthy Babies Coalition of Hawaii (HMHB) is writing in support with amendments to S.B. 1312 S.D.1, which would establish mandatory licensing for persons who engage in the practice of midwifery.

Currently, patients on neighbor islands and in rural communities across the state have issues accessing prenatal care. Often, in communities where accessibility and availability are limited, certified professional midwives (CPMs) and certified nurse midwives are sought as an option to assist with prenatal care, childbirth and postpartum recovery; providing a valuable service, in a personal setting.

Under current Hawaii law, there are no laws in place to regulate the practice of midwifery. **Within the past 8 years, out of hospital births have grown 60%, demonstrating the desire of women to choose a comfortable, home-based birth option, under the guidance of a trained professional.** Certified professional midwives (CPMs) are specifically trained to practice births in these settings.

We do agree that the midwifery profession should be regulated and licensed under a program in the DCCA and passing a bill to license certified professional midwives will lead to stronger standards of maternity care, greater access and lower maternity costs for all families in Hawaii, but we do have concerns with the wording of the bill, including the following amendments:

- Replace the entire SB1312_SD1 bill with the language of HB1288
- Include licensure of certified midwives per USMERA regulation recommendations
- Keep the exemption language inserted into SB1312_SD1 by the Office of Hawaiian Affairs.

These amendments to the bill would provide us with a more solid foundation to move forward in the pursuit to regulate the midwifery profession. This will ensure our community has access to safe, standard midwifery care practices while respectfully supporting the profession.

Presently, certified professional midwives provide the bulk of out of hospital maternity care, yet they are not regulated in Hawaii – limiting their services for medically-necessary lab tests and supplies, and their ability to be reimbursed by health insurance companies. This prevents CPMs from providing their fullest scope of care for patients, and they often are unable to receive fair compensation for their critical work.

Thank you for supporting **S.B. 1312 S.D.1** with the amendments suggested and for the opportunity to submit testimony.

2/22/2017

To: Senate Committee on Ways and Means
Senator Jill N. Tokuda, Chair
Senator Donovan M. Dela Cruz, Vice Chair
Conference Room 211
Hawaii State Capitol
415 South Beretania Street
Honolulu, HI 96813

From: Farrah Rivera, MSM

Time: Twenty-Ninth Legislature Regular Session of 2017
Thursday, February 23, 2017 at 9:35am

**TESTIMONY IN SUPPORT WITH AMENDMENTS OF SB1312_SD1, RELATING TO THE
LICENSURE OF MIDWIVES**

Dear Senator Tokuda, Senator Dela Cruz, and committee members:

Thank you for the opportunity to testify in support, with amendments, of SB1312_SD1. The regulation of the midwifery profession is important to ensure that all persons who receive maternity and women's health services are provided safe and competent care.

We support the State Auditor's Report No.17-01 findings that the midwifery profession should be regulated; therefore we support the intent of SB1312_SD1 to provide an opportunity to regulate midwives. We believe non-nurse midwives should be licensed and regulated under a program in the DCCA, rather than having their own board due to the financial burden; that eligible midwife educational pathways should include the portfolio process as agreed upon by the US Midwifery Education, Regulation & Association; and remove the working group from the bill. If this bill were to go into effect as is, the findings by the working group would not amend the regulation of midwifery under this bill and therefore the working group is moot. Therefore we request that :

- SB1312_SD1 be completely replaced with the language of HB1288 which was developed with input from certified professional midwives, whom are the experts of their own profession;
- Insert language to regulate certified midwives pursuant to USMERA Principles for Model U.S. Midwifery Legislation and Regulation; and
- Keep the exemption language inserted into SB1312_SD1 from OHA.

These amendments to the bill will provide us with a more solid foundation to move forward in the pursuit to regulate the midwifery profession. This will ensure our community has access to safe, standard midwifery care practices while respectfully supporting the profession.

I ask for your support, with amendments, of SB1312_SD1. Thank you for the opportunity to testify and your consideration in this important health care matter.

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 21, 2017 12:32 PM
To: WAM Testimony
Cc: amy@gomidwife.com
Subject: Submitted testimony for SB1312 on Feb 23, 2017 09:35AM

SB1312

Submitted on: 2/21/2017

Testimony for WAM on Feb 23, 2017 09:35AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
amy kirbow	kona birth and midwifery services /gomidwife	Support	No

Comments: 2/21/2017 To: Senate Committee on Ways and Means Senator Jill N. Tokuda, Chair Senator Donovan M. Dela Cruz, Vice Chair Conference Room 211 Hawaii State Capitol 415 South Beretania Street Honolulu, HI 96813 From: Amy Kirbow, CPM Time: Twenty-Ninth Legislature Regular Session of 2017 Thursday, February 23, 2017 at 9:35am TESTIMONY IN SUPPORT WITH AMENDMENTS OF SB1312_SD1, RELATING TO THE LICENSURE OF MIDWIVES Dear Senator Tokuda, Senator Dela Cruz, and committee members: Thank you for the opportunity to testify in support, with amendments, of SB1312_SD1. The regulation of the midwifery profession is important to ensure that all persons who receive maternity and women's health services are provided safe and competent care. We support the State Auditor's Report No.17-01 findings that the midwifery profession should be regulated; therefore we support the intent of SB1312_SD1 to provide an opportunity to regulate midwives. We believe non-nurse midwives should be licensed and regulated under a program in the DCCA, rather than having their own board due to the financial burden; that eligible midwife educational pathways should include the portfolio process as agreed upon by the US Midwifery Education, Regulation & Association; and remove the working group from the bill. If this bill were to go into effect as is, the findings by the working group would not amend the regulation of midwifery under this bill and therefore the working group is moot. Therefore we request that: • SB1312_SD1 be completely replaced with the language of HB1288 which was developed with input from certified professional midwives, whom are the experts of their own profession; • Insert language to regulate certified midwives pursuant to USMERA Principles for Model U.S. Midwifery Legislation and Regulation; and • Keep the exemption language inserted into SB1312_SD1 from OHA. These amendments to the bill will provide us with a more solid foundation to move forward in the pursuit to regulate the midwifery profession. This will ensure our community has access to safe, standard midwifery care practices while respectfully supporting the profession. I ask specifically for this bill to be supported with amendments for the benefit of constituents on the island of Hawaii as access is limited and many women may wait months into their pregnancy to receive care from an obstetrician who is overbooked. Licensing CPMs, who have met the regulations

expressed through USMERA allows for improvement in care provided to the women of our state granting them access to competent midwifery care and reducing the burden on an already overtaxed healthcare system. I ask for your support, with amendments, of SB1312_SD1. Thank you for the opportunity to testify and your consideration in this important health care matter.

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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Testimony of Laulani Teale, MPH

in OPPOSITION to SB 1312 SD1, Relating to the Licensure of Midwives COMMITTEE ON WAYS AND MEANS

Senator Jill N. Tokuda, Chair

Senator Donovan M. Dela Cruz, Vice Chair

Thursday, February 23, 2017 9:35 a.m. Conference Room 211

Aloha and mahalo for this opportunity to testify.

I appreciate the efforts to accommodate cultural practitioners in this measure, but I must still strongly oppose it at this time. My recommendation is to hold this bill in committee and to start over with a more comprehensive, effective and cohesive measure when one is developed. I would not oppose the creation of a well-structured task force or working group to assist in this purpose, but strongly feel the matter should go no further than that at this time, until real solutions are developed.

I have several concerns with this version of the measure. Some of them include the following:

- Not all types of midwifery are eligible for licensure OR exemption. This goes against the recent Sunrise Analysis, which states that it is wrong to make some eligible, but not others. There are huge gaps into which fall many practices that are neither included nor exempted. The Hawai'i Regulatory Licensing Reform Act states that "Regulation must not unreasonably restrict entry into professions and vocations by all qualified persons." However, this measure does just that.
- The effect this would have would be to force many kinds of practices underground, as they were in the past. This is not good for anyone, and complicates transport situations. This could endanger mothers and babies. Crucial information is lost when everyone is forced to hide the fact that a midwife was involved. Continuity of care is disrupted.
- This is not a medical license. The measure only authorizes "well-woman and maternity care" and does not amend Chapter 453 at all. So there is no assurance that even fully licensed midwives would not get into trouble for practicing without a medical license due to their use of certain drugs or procedures.
- Hawaiian cultural practices are NOT adequately protected. There is no existing Kupuna Council that covers birthing practice under Papa Ola Lokahi, no guarantee that such a council would be accepted, and no guarantee that if it were, it would protect practitioners, particularly non-Hawaiian practitioners, if legally pressed. As such, the Board Member required in §3(b)(4) of this measure is not possible, because there is no such thing as a "traditional Native Hawaiian healer engaged in traditional practices of prenatal, maternal, and childcare, as recognized by a council convened pursuant to section 453-2(c)" at this time.
- Non-Hawaiian cultural practices are not protected at all. This is unfair to traditional midwives of other cultures, and especially mothers. A mother of any culture deserves to be able to practice her own culture. What about exemptions for traditional Tongan

midwives, Samoan midwives, Filipina midwives, Chicana midwives, or Italian midwives? Or midwives of any other culture? Women of those cultures deserve to practice their birthing traditions, too. Practitioners from these cultures should not be forced underground. Religious and spiritual midwives are also real practitioners who need protection, and also should not be forced underground.

- The cost of running this board may be high due to the complexity of the matter and the small numbers of midwives licensed. Fees might be raised unreasonably as a result. This could make for an unworkable situation. The Hawai‘i Regulatory Licensing Reform Act requires that “Aggregate costs for regulation and licensure must not be less than the full costs of administering that program.” This requirement might make licensure unrealistic, due to the complexity of midwifery and the small number of midwives who would be available for licensure. Either license fees would have to be unattainably high, or they would not pay for the full cost of administration.
- "Well-woman and maternity care" is a poor definition for "midwifery". This potentially makes many things illegal that are not in fact the role of a midwife. Under this definition, a woman applying essential oils to or feeding a laboring woman or post-partum mother is in danger of being accused of practicing midwifery without a license! More seriously, doulas and students and visiting labor assistants (eg massage therapists, counselors, acupuncturists, etc.) fall under this definition, but are not eligible for licensure. That is a very serious problem, as the section currently reads: “"Practice of midwifery" means providing well-woman and maternity care for individuals and their newborns during the antepartum, intrapartum, and postpartum periods”
- Student midwives are not protected. Those on the path toward licensure cannot realistically work toward licensure when they are not protected. Furthermore, none of the listed pathways in this measure are realistic for Hawai‘i. Relocation would be required. This is not realistic for many local practitioners, and would definitely result in a predominance of practitioners from outside of Hawai‘i. This would be likely to change the culture of midwifery a lot, in a way that is not aligned with local practices and values.
- Section 1 of the measure (the preamble) is offensive, erroneous and a poor foundation for an effective law on anything. The first line, “The legislature finds that the nature of the maternity and prenatal services provided by midwives could potentially endanger the health and safety of women and newborns under a midwife's care if the profession is not adequately regulated”, is a primary example, which sets the tone for the rest of this problematic section.
- There needs to be recognition that midwifery is probably the oldest profession on earth AND the most historically persecuted. It is time to give this ancient tradition – which was successful enough to bring every one of us here today – its due respect, and stop unrealistic persecution.

My name is Laulani Teale. I am a cultural practitioner of la‘au lapa‘au, trained by Papa Henry Allen Auwae. Birth practices are part of my training and practice in this respect. I am also trained as a doula, and in this capacity I assist in births with other practitioners of many different kinds. I hold a Master’s degree in Public Health from the University of Hawai‘i with a specialty in Kanaka Maoli health issues related to colonization (please note that from a professional standpoint, the medicalization of birth is very much a Kanaka Maoli health issue related to colonization). My mentor in this area was the late Dr. Richard Kekuni Blaisdell, with whom I worked closely since 1992. He strongly concurred with and supported the importance of fully protecting out-of-hospital traditional birthing.

I am also a mother of two children, both born on the ‘āina with the help of a wonderful midwife. Although my midwife is not a relative, not Kanaka Maoli, not certified as a CPM, she has decades of experience and is extremely capable and skilled. I had major complications with both births, and she assisted us through them. I should emphasize here that it was not her choice for us not to be transported to the hospital; it was mine. No one could force me to go, and no one would have stopped me had I wanted to go. If there was a negative outcome, she would not have been responsible for this in any way.

I should also emphasize that without my unlicensed, non-Kanaka Maoli midwife, the birthing practices of my Kanaka Maoli kupuna might have been totally lost. In my family, my maternal grandmother was the last child born at home. Home was a small house deep in Kahana Valley, where her brother Nana still grows kalo in our family lo‘i (now a learning place for a broad community). The cornerstone of that house, where my Tutu pushed my grandmother into the world with only the assistance of her husband, is still there.

My mother and I were both born in the hospital. During my birth, while women smoked cigarettes during labor and underwent routine shaving and universal episiotomies, forceps were used on me, causing permanent bone damage. When I had my own children, no one in my family could assist me. My family practices were nearly lost, and I would have been in great danger by birthing alone. The re-invigoration of our traditions were only possible with the help of my wonderful midwife, who has also trained me in birthing wisdom that I can now pass on.

One thing needs to be understood clearly: It is NOT the midwife who makes the ultimate decision as to when to transport when there is trouble. This is the mother's decision. Protecting that choice is a matter of reproductive freedom. It is at the very core of women’s rights to self-determination over our own bodies. To limit this choice in any way is to join the forces of oppression that currently seek to erode our fundamental power over ourselves, our bodies, and our role as the active gatekeepers of the next generation. I say no to that erosion.

There is no actual evidence that regulation of midwives would make birth safer. If the State of Hawai‘i wants to make birth safer, it should start with addressing the need for hospital improvement. If anyone needs better customer accountability in the world of birth, it is hospitals, not mothers or midwives. No one should fear getting help when they need it, and no one should be treated judgmentally if something goes wrong and help is sought. No one should have to sacrifice dignity and decision-making power for medical assistance, or delay a transport

because their baby might undergo some routine horror, such as the violent scrubbing off of all vernix from newborn skin or unwanted medical interventions that were not fully cleared with the parents. Until these conditions are changed, actual variables in birth safety are unaddressed.

Medical beliefs change rapidly; traditional wisdom stays the same. The medical world simply cannot regulate midwifery, because they cannot even begin to understand it. It is an ancient, complex and kapu art, in all its many forms, and should be left alone. Next to the ancient practice of midwifery, which worked well enough for thousands of years for us all to be here today, modern medicine is like a rather reckless child trying to tell an elder what to do.

Hospitals, on the other hand, need much greater accountability to women. There are certainly many wonderful stories of hospital births throughout Hawai‘i. In many cases, family decisions and diverse practices are respected, and everyone has a beautiful experience. There are also stories in which, just as there may be in home birth, something goes wrong and a traumatic experience results. And then there are the horror stories – by the thousands -- of undue oppression, mistreatment of mothers and their supporters, crucial information lost during shift changes or because of a biased intake, complications that are a direct result of unnecessary interventions, disregard for basic needs and privacy, rude dismissal of cultural practices, wrongful CWS involvement (there were at least two major cases of this, following home-to-hospital transport, in the last year alone) and so much more.

Not only are these stories dangerous and unacceptable in their own right, as well as far too common, but they – not midwives – deter mothers from getting medical help when it would be advisable to do so. Many women would rather take great risks than lose sovereignty over their own bodies, and their child’s.

Therefore, if the State of Hawai‘i wants to make homebirth safer, it should do the following:

- **Require hospitals to improve standards of respect and body sovereignty.** Let women know that it is in fact safe to seek help when they need it, and they and their babies will not be subjected to interventions that they consider abusive, without their full consent. Investigate the problem of intimidation of families by CWS calls initiated by hospitals, along with other serious mistreatment, and take action to address these very seriously.
- **Make better rural health services available.** In some communities, home birth is a far safer alternative to a two-hour drive to a hospital in labor. And what if a family has no car? While unassisted rural births are certainly a longstanding cultural and traditional practice that needs protection, there should absolutely be medical resources available in case of major complications. Unacceptable expectations on mothers – such as the recommendation that they stay with friends in Hilo for a week (rural Hawaii Island) or fly to Maui and live alone in a hospital with no support for a month (Lana‘i) are unreasonable and outright cruel. Out-of-hospital birthing is not to be blamed for the inadequacies of basic medical care in these communities.
- **Stop persecuting, and start really supporting, home birth parents and midwives.** Midwives of all kinds provide lower-cost, lower-impact birth services, which need respect and support. Midwives have been recognized by the World Health Organization (WHO) as crucial to maternal/child health worldwide. Hawaii needs to catch up with this standard. If there are

concerns about the birth choices of parents, appropriate educational resources can be cooperatively developed. Real support would include recognition of various professional certifications and other standards; broad protection from interference; airfare for practitioners from all islands to attend meetings that affect them; facilitation of real communication with medical organizations; and ability to work fully in whatever style they practice, without fear of persecution.

- **Encourage medical professionals and organizations to communicate with midwives.** The out-of-hospital birthing community has been reaching out extensively over the past few years, often with little response. CPMs have had some commendable success in this, but there seems to be reluctance by medical and governmental representatives to communicate with a broader range of birth practitioners. I would personally support the eventual creation of a task force, comprised of home birth parents, direct-entry midwives, CPMs, cultural practitioners, student midwives, medical professionals, and government representatives, to develop real, comprehensive solutions and better communication. Ironically, Senator Green proposed this in his last draft of SB 2569 (2014). However, he did not have enough time or communicative base at that time to develop it.
- **Build comprehensive solutions.** Legislation is not the answer to everything, and its best use cannot really be determined until a broad strategy is developed.

One way or another, real solutions will only come from the out-of-hospital birth community as a whole. Anything else is destined to fail miserably, because no one can regulate that which he or she does not understand. Out-of-hospital birth is only understood by out-of-hospital practitioners, and cannot be effectively regulated by anyone else. Some styles (such as ancient extended family practices, including diverse hanai) really cannot be regulated at all.

Birth is a powerful and unpredictable force of nature, like a great wave of the ocean. Anything might happen, anywhere. But we do not tell surfers not to surf, do we? Why should we tell women not to have their babies at home, in any manner they choose? A surfer may get seriously injured without warning. It happens. But they are not judged for this, nor are those who come to their aid. Why should women be judged, along with their attendants, for whatever might happen in a birth? Is this not simply an age-old manifestation of patriarchal oppression, left over from the days of the witch trials (which were, in historic actuality, about the persecution of midwives)?

I cannot emphasize enough that failure to fully address the complexity of this situation in legislation will not stop out-of-hospital birthing at all. It would simply force many birth practitioners underground -- again. My own son was born when midwifery was illegal. I was blessed with a midwife who was brave enough to defy the unjust law and skillfully help him into the world, despite complications. I would do the same for other mothers, and so would many more of us. Midwives are tenacious. This is a sacred duty, and nothing can stop us from what we do. This would not be new; historically, midwives have been underground for hundreds of years at a time in many cultures. They do not, however, ever go away.

Please respect and protect all birthing and midwifery traditions.

Mahalo nui loa once again for the opportunity to testify before this committee.

Aloha me ka 'oia'i'o,

A handwritten signature in black ink that reads "Laulani". The signature is written in a cursive style with a large initial "L" and a decorative flourish at the end.

Laulani Teale

AFFILIATE OF



AMERICAN COLLEGE
of NURSE-MIDWIVES

With women, for a lifetime®

February 21, 2017

To: Senate Committee on Ways and Means
Senator Jill N. Tokuda, Chair
Senator Donovan M. Dela Cruz, Vice Chair
Conference Room 211
Hawaii State Capitol
415 South Beretania Street
Honolulu, HI 96813

From: Hawaii Affiliate of the American College of Nurse-Midwives

Time: Twenty-Ninth Legislature Regular Session of 2017
Thursday, February 23, 2017 at 9:35am

Testimony Re: SB1312_SD1

Position: Support

Dear Senator Tokuda, Senator Dela Cruz, and Committee Members:

Thank you for the opportunity to testify about the revised version of SB1312_SD1. This revised version includes changes that incorporate the American College of Nurse-Midwives (ACNM) national organization and the Hawaii Affiliate of the ACNM recommendations for revisions to the original bill (SB3012). Based on the revisions and other recommendation from maternal-child organizations, as well as the inclusion of the Hawaii Affiliate of the ACNM as one of the stakeholders to be included in the working group to further develop the items listed in this revised bill, we are in support of the SB1312_SD1.

Providing a process by which non nurse-midwives are regulated and can obtain licensure is important in order to ensure that competent and safe health care services are provided to childbearing women and their newborn infants. The Hawai'i Affiliate of the ACNM members are available and willing to assist with this endeavor in whatever manner is needed.

Respectfully,
The Executive Board of the Hawaii Affiliate of the
American College of Nurse-Midwives

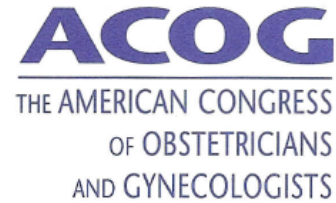
Maureen Shannon, CNM, FNP, PhD, FACNM, FAAN (President)

Contact Information: mtshannon@gmail.com

Annette Manant, CNM, MSN, PhD (Secretary)

Joan Thompson, CNM, MSN (Treasurer)

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



To: Sen. Jill Tokuda, Chair
Sen. Donovan M. Dela Cruz, Vice-Chair

DATE: Thursday, February 23, 2017
TIME: 9:35 A.M.
PLACE: Conference Room 211

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: SB 1312, Relating to the Licensure of Midwives

Position: Oppose

Midwifery Licensure

The American Congress of Obstetricians and Gynecologists, Hawaii Section (Hawaii ACOG) opposes SB 1312 for the following reasons:

- The current bill is unclear as to the extent to which midwifery licensure will be mandatory, as recommended in the recent Sunrise Analysis and strongly supported by ACOG to protect the health and safety of the public. It states that licensure will be mandatory for the practice of midwifery, but also states that it applies only to CPMs and CMs, thereby leaving the status of lay midwives unclear. Additionally, it supports discussion by a working group of a pathway to licensure for lay midwives, which our organization strongly opposes, as it would defeat the purpose of licensure as a protection for the safety and health of the public (by ensuring only qualified providers may legally provide such services).
- Midwifery scope of practice and prescriptive authority would be determined entirely by a Board that doesn't contain a voting physician member and would not be required to adhere to World Health Organization and ACOG definitions of low-risk birth. While obstetrician-gynecologists are not experts on midwifery, we are the primary recipients of home-birth transfers to hospital settings and the experts on the definition and recognition of high-risk obstetric conditions. Additionally, the current bill refers to scope of midwifery practice as established by the U.S. Midwifery Education, Regulation, and Association Coalition for CMs and CPMs (U.S. MERA), which does not in fact define scope of practice standards. Patient selection is critical to minimizing adverse perinatal outcomes.
- The suggested amendments delete language establishing requirements for client protection, disclosure, and immunity from vicarious liability (stating such issues will be addressed by U.S. MERA standards). However, eliminating such language removes important patient and hospital-based clinician protections that are not appropriately left to, or enforceable by, U.S. MERA.

- Minimal educational standards for licensure do not specify requirement for a Bridge Certificate for those graduating from unaccredited programs.
- There are no specific reporting or peer review requirements to evaluate poor outcomes, which should not be left solely to the Board.
- There is no provision for a second trained provider to be present at home births to provide dedicated care for the newborn, as recommended by the American Academy of Pediatrics.
- While ACOG supports exemption of persons administering care to a spouse, parent, sibling, child, or other family member, including hanai family, the use of this inclusive definition of family without specifying that no fee for the service is contemplated, charged, or received (as is the case for those rendering aid in an emergency under the bill) is inappropriate.

International standards governing home birth midwifery providers 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. Unfortunately, this bill does not take the adequate steps to protect the health and safety of women and infants and cannot be supported by the Hawaii Section of the American Congress of Obstetricians and Gynecologists.

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 21, 2017 8:49 PM
To: WAM Testimony
Cc: ekandagawa@gmail.com
Subject: *Submitted testimony for SB1312 on Feb 23, 2017 09:35AM*

SB1312

Submitted on: 2/21/2017

Testimony for WAM on Feb 23, 2017 09:35AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Emily Kandagawa	First Women's Council, LLC	Oppose	No

Comments:

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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2/21/2017

To: Senate Committee on Ways and Means
Senator Jill N. Tokuda, Chair
Senator Donovan M. Dela Cruz, Vice Chair
Conference Room 211
Hawaii State Capitol
415 South Beretania Street
Honolulu, HI 96813

From: Midwives Alliance of Hawaii
President: Le'a Minton, MSN, APRN, CNM, IBCLC
Vice President: Farrah Rivera, MSM
Secretary: Kaja Gibbs, LM, CPM
Treasurer: Selena Green, CPM
Big Island Representative: Dani Dougherty, BS, CPM
Maui Representative: Jan Ferguson, CPM
Oahu Representative: Summer Yadao, SM
Kauai Representative: Leah Hatcher, CPM

Time: Twenty-Ninth Legislature Regular Session of 2017
Thursday, February 23, 2017 at 9:35am

TESTIMONY IN SUPPORT WITH AMENDMENTS OF SB1312_SD1, RELATING TO THE LICENSURE OF MIDWIVES

Dear Senator Tokuda, Senator Dela Cruz, and committee members:

Thank you for the opportunity to testify in support, with amendments, of SB1312_SD1. The regulation of the midwifery profession is important to ensure that all persons who receive maternity and women's health services are provided safe and competent care.

We support the State Auditor's Report No.17-01 findings that the midwifery profession should be regulated; therefore we support the intent of SB1312_SD1 to provide an opportunity to regulate midwives. We believe non-nurse midwives should be licensed and regulated under a program in the DCCA, rather than having their own board due to the financial burden; that eligible midwife educational pathways should include the portfolio process as agreed upon by the US Midwifery Education, Regulation & Association; and remove the working group from the bill. If this bill were to go into effect as is, the findings by the working group would not amend

the regulation of midwifery under this bill and therefore the working group is moot. Therefore we request that:

- SB1312_SD1 be completely replaced with language similarly used in HB1288 which was developed with input from certified professional midwives, whom are the experts of their own profession;
- Insert language to regulate certified midwives pursuant to USMERA Principles for Model U.S. Midwifery Legislation and Regulation; and
- Keep the exemption language inserted into SB1312_SD1 from OHA.

Attached you will find our recommended amendments for the bill. You will see that some of the changes we made include being very specific in the definitions for certified professional midwife and certified midwife. These definitions must specify that the person *currently* holds certification from their nationally certifying body, not that they *have been* certified. The importance in this is that no person is considered a certified professional midwife or certified midwife by their national body unless they are current; this is what ensures they are adhering to the renewal requirements and staying current in practice.

These amendments to the bill will provide us with a more solid foundation to move forward in the pursuit to regulate the midwifery profession. This will ensure our community has access to safe, standard midwifery care practices while respectfully supporting the profession.

We ask for your support, with amendments, of SB1312_SD1. Thank you for the opportunity to testify and your consideration in this important health care matter.

A BILL FOR AN ACT

RELATING TO LICENSURE OF MIDWIVES.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

SECTION 1. The legislature finds that the Hawaiian Islands have a culture and traditional heritage that includes midwifery care. Mothers have accessed midwifery care throughout history regardless of their religious, economic, or personal circumstances. As determined by Senate Concurrent Resolution No. 64, S.D.1 (1998), a subsequent sunrise audit report, Auditor's Report No. 99-14 (1999), and House Concurrent Resolution No. 65, H.D.1 (2016), and the subsequent Auditor's Report No. 17-01 (2017), the legislature finds that it is necessary to establish a regulatory process for the entire midwifery profession.

The purpose of this Act is to regulate midwives engaged in the practice of midwifery care by establishing licensure requirements and regulatory requirements.

SECTION 2. The Hawaii revised statutes is amended by adding a new chapter to be appropriately designated and to read as follows:

**“CHAPTER
CERTIFIED PROFESSIONAL MIDWIVES**

§ -1. Definitions. As used in this chapter:

“Accreditation Commission for Midwifery Education” means the organization established in 1982 and recognized by the Department of Education as a national accrediting agency for nurse-midwifery and midwifery programs, whose graduates are eligible for certification as certified nurse midwives or certified midwives.

“American Midwifery Certification Board” means the national certifying body for certified nurse midwife candidates and certified midwife candidates who have received their graduate level education in programs accredited by the Accreditation Commission for Midwifery Education.

“Certified midwife” means a person who is currently certified by the American Midwifery Certification Board or any successor organization.

“Certified professional midwife” means a person who is currently certified by the North American Registry of Midwives or any successor organization.

“Client” means a person under the care of a licensed midwife, as well as the person’s fetus and newborn child.

“Department” means the department of commerce and consumer affairs.

“Director” means the director of commerce and consumer affairs.

“Licensed midwife” means an individual who holds a current license issued by the department pursuant to this chapter to engage in the practice of midwifery in Hawaii.

“Midwifery” means the provision of providing well-woman care, and support, education and care to healthy persons during the childbearing cycle, including normal pregnancy, labor, childbirth and the postpartum period with an emphasis on education, health promotion, shared responsibility, mutual participation in decision making and working with each client and the client’s family to identify their unique physical, social, cultural, and emotional needs.

“Midwifery Education Accreditation Council” means the organization established in 1991 and recognized by the United States Department of Education as an accrediting agency for midwifery education programs and institutions, whose graduates are eligible for certification as certified professional midwives.

“Midwives Alliance of North America” means a professional organization representing out-of-hospital birth midwives.

“National Association of Certified Professional Midwives” means the membership organization that specifically represents certified professional midwives in the United States.

“North American Registry of Midwives” means the organization that sets standards for competency-based certification for certified professional midwives.

“Out of Hospital” means taking place in a birth center or home.

“Postpartum period” means the period not exceeding six weeks from the date of delivery.

“Practice of a certified midwife” means the management of women’s health care, pregnancy, childbirth, postpartum care for newborns, family planning and gynecological services consistent with the Standards of Practice of the American College of Nurse-Midwives.

“Practice of a certified professional midwife” means providing well-woman care, and maternity care for individuals and their newborns during the antepartum, intrapartum, and postpartum periods consistent with the North American Registry of Midwives Job Analysis.

“United States Midwifery Education, Regulation, and Association” means the national coalition comprised of representatives of the following national midwifery associations, credentialing bodies, and education accreditation agencies: Accreditation Commission for Midwifery Education, American College of Nurse Midwives, American Midwifery Certification Board, Midwifery Education Accreditation Council, Midwives Alliance of North America, National Association of Certified Professional Midwives, and North American Registry of Midwives.

§ -2. License required; validity and renewal. (a) Except as specifically provided in this chapter, no person shall engage in the practice of midwifery or use the title “Licensed Midwife” or “Midwife” without a valid license issued pursuant to this chapter.

(b) Only a person who has a current, unencumbered license from the department to practice as a licensed midwife shall use the title “Licensed Midwife” or “Midwife” or the abbreviation “L.M.”. No other person shall assume the title “Licensed Midwife” “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 person holding a national certification as a midwife from identifying herself/himself as holding such certification, so long as the person is not practicing midwifery or professing to be authorized to practice midwifery in this State.

(c) Any person who violates this section shall be subject to a fine of not less than \$100 and no more than \$1,000 for each separate offense. Each day of each violation shall constitute a separate offense.

(d) Any person who violates this section shall be guilty of a misdemeanor.

§ -3. License; qualifications; validity and renewal. (a) A license to practice midwifery pursuant to this chapter shall be granted to an applicant who files a department-approved application for licensure, pays the required application fees, and provides evidence to the department of the following:

(A) Qualifications for licensure by the department as a certified professional

midwife:

- (1) Proof of current certification as a certified professional midwife by the North American Registry of Midwives or a successor organization;
- (2) Completion of an educational program or pathway accredited by the Midwifery Education Accreditation Council or having obtained the midwifery bridge certificate issued by North American Registry of Midwives;
- (3) Successful completion of department approved continuing education courses in legend drugs and devices specific to midwifery practice; and
- (4) Compliance with data reporting as defined by the department, such as Midwives Alliance of North America (MANA) statistics individual practice report.

(B) Qualifications for licensure by the department as a certified midwife:

- (1) Proof of current certification as a certified midwife by the American Midwifery Certification Board or a successor organization;
- (2) Proof of successful completion of a graduate-level education program accredited by the Accreditation Commission for Midwifery Education;
- (3) Successful completion of department approved continuing education courses; and

(b) All licenses issued under this chapter shall be valid for two years from the date of issuance 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.

§ -4. Fees. (a) Each applicant shall pay a licensing fee of \$275 upon application for a new or renewal license. Fees collected pursuant to this section or by rule adopted under this section shall be non-refundable. Fees collected pursuant to this section or by rule adopted under this section shall be deposited into the compliance resolution fund established pursuant to section 26-9(o).

(b) The director may establish fees for the restoration of a license, penalty fees, and any other fees required for the administration of this chapter by rule pursuant to chapter 91.

§-5 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 and 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 a licensee or license applicant:

- (1) Failure to meet or to 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 or improbable statements in advertising;
- (3) Engaging in the practice of midwifery while impaired by alcohol, drugs, physical disability, or mental instability;
- (4) Procuring a license to practice midwifery through fraud, misrepresentation, or deceit;
- (5) Aiding and abetting an unlicensed person to directly or indirectly perform activities requiring a license to practice midwifery;
- (6) Engaging in professional misconduct, incompetence, gross negligence, or manifest incapacity in the practice of midwifery;
- (7) Engaging in conduct or a practice contrary to recognized standards of ethics for the practice of midwifery;
- (8) Violating any condition or limitation imposed on a license to practice midwifery by the director;
- (9) Violating any condition or limitation imposed on a license to practice midwifery by the director;
- (10) Engaging in the practice of midwifery in a manner that causes injury to one or more members of the public;
- (11) Failing to comply with, observe, or adhere to any law in a manner that causes the director to determine that the applicant or holder is unfit to hold a license;
- (12) Having a license revoked or suspended or other disciplinary action by any state or federal agency for an reason that is provided by the applicable licensing laws or by this section;
- (13) Having been convicted or pleaded nolo contendere to a crime directly related to the qualifications, functions, or duties of the practice of midwifery;
- (14) Failing to report in writing to the director any disciplinary decision issued against the licensee or applicant in another jurisdiction within thirty days of the disciplinary decision;

- (15) Employing, whether gratuitously or for pay, any person not licensed pursuant to this chapter to perform the functions or duties of the practice of midwifery;
- (16) Violating this chapter, chapter 436B, or any rule or order of the director.

(b) Any licensee or applicant who violates this section may also be fined not less than \$100 and no more than \$1,000.

§ -6. Power and duties. In addition to any other powers and duties authorized by law, the director shall have the powers and duties to:

- (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 person to practice midwifery and to use the title of "licensed midwife" or "L.M." or a description indicating that the person is a licensed midwife in this State;
- (3) Adopt, amend, or repeal rules pursuant to chapter 91 as the director finds necessary to carry out this chapter;
- (4) Administer, coordinate, and enforce this chapter;
- (5) 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;
- (6) 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 midwife; and
- (7) Appoint an advisory committee to serve as experts to the director in the implementation and enforcement of this chapter.

§ -7. 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;
- (2) Five licensed midwives, represented by three certified professional midwives and two certified midwives or certified nurse midwives, who shall be in current and active practice 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; provided that the initial members appointed pursuant to this paragraph shall each have at least three years experience in the practice of midwifery and who are eligible to become licensed pursuant to this chapter or are currently licensed in the State of Hawaii; and

(3) One out-of-hospital birth consumer, who is either currently under midwifery care and planning an out-of-hospital birth or who has had an out-of-hospital birth in the past.

(b) Members of the committee shall serve four-year terms.

(c) In the event of the death, resignation, or removal of any committee member before the expiration of the member's term, the vacancy shall be filled for the unexpired portion of the term in the same manner as the original appointment.

(d) The committee shall elect a chairperson from among its members. The committee shall meet at least annually to make recommendations to the director and may hold additional meetings at the call of the chairperson or at the written request of any two members of the committee. Three voting members shall constitute a quorum. The vote of the majority of members present at a meeting in which a quorum is present shall determine the action of the committee.

§ -8. Scope of practice; formulary.(a) The director shall establish scope of practice standards for the practice of midwifery by licensed midwives.

(b) The scope of practice standards shall be pursuant to the United States Midwifery Education, Regulation and Association Principles for Model U.S. Midwifery Legislation & Regulation and shall include client protection, disclosure, record keeping, and immunity from vicarious liability.

(c) The scope of practice standards shall not:

(1) 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) 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; and

(3) Impose distance or time restrictions on where a licensed midwife may practice.

§ -9. Exemptions. This chapter shall not apply to any of the following:

(1) Certified nurse midwives regulated by the board of nursing pursuant to chapter 457;

(2) Student midwives in training under the direct supervision of licensed midwives;

(3) A person administering care to a spouse, parent, sibling, or child, or other family member, including hanai family;

- (4) A person rendering aid in an emergency where no fee for the service is contemplated, charged, or received; or
- (5) A person performing a service within the person's authorized scope of practice of a profession that is licensed, certified, or registered under other laws of this State.
- (6) Traditional Native Hawaiian healers engaged in traditional healing practices of prenatal, maternal, and child care, as certified and recognized by a council convened pursuant to Section 453-2(c).

(b) Nothing in this chapter shall limit, alter, or otherwise adversely impact the practice of traditional Native Hawaiian healing pursuant to the Constitution of the State of Hawaii. Nothing in this chapter shall prevent a Native Hawaiian healer from pursuing licensure under this chapter.

§ -10. Injunctive relief. The director may, through the attorney general, apply for an injunction in any court of competent jurisdiction to enjoin any person who has not been issued a license or whose license has been suspended or revoked or expired, from practicing midwifery.

SECTION 3. If any provision of this Act, or the application thereof to any person or circumstance, is held invalid, the invalidity does not affect other provisions or applications of the Act that can be given effect without the invalid provision or application, and to this end the provisions of this Act are severable.

SECTION 4. This Act does not affect rights and duties that matured, penalties that were incurred, and proceedings that were begun before its effective date.

SECTION 5. This Act shall take effect upon its approval.



Dr. Lori Kimata, Lic.ND-81
Naturopathic Physician, Midwife
1188 Bishop St. Suite 1509
Honolulu, HI 96813
Ph 808-783-0361

REGULAR SESSION OF 2017

WAM/CPH Decision Making 2-23-17, 9:35 am Rm 211

RE: SB 1312 S.D.1 Relating to the Licensure of Midwives

IN OPPOSITION

Aloha honorable chairs and committee members,

My name is Dr. Lori Kimata and I have been practicing Naturopathic Medicine and Midwifery for over twenty-eight years.

I appreciate your attempt to address some of the concerns regarding the original SB1312. HOWEVER, as I have said before it is a very complex issue and the amendments in SD1 continue to be problematic.

First my personal concern about my students being illegal which Senator Baker assured me in the 2/14/17 hearing would not be the case, still did not get amended, so SD1 would still criminalize them.

Second, how can the state justify the cost to assemble and run the board SD1 proposes with seven members and a working group of probably 10-20 people! It is an unreasonably cost for the state considering that out of hospital birth practitioners serve

only 2% of the population and many of them would not even be the midwives that will be applying for this licensure! It also makes no sense that a midwifery board would be made up primarily of practitioners using the medical rather than the midwifery model. In addition the 2 licensed certified midwives SD1 suggests as board members would be currently impossible in the State of Hawaii since there are none that presently exist here. Therefore the board suggested is unattainable as well as unreasonable.

More importantly as I have communicated previously in numerous testimonies regarding midwifery regulation, consumers, families, women, we the people, are asking you as legislators, not to criminalize our choices and respect body sovereignty. If our primary concern is for the welfare of the mothers and babies then let us appreciate the fact that we all (lay, cultural, professional, biblical, traditional etc.) have something to learn from each other and that not one specialty has the best way to birth all the babies in Hawaii. One standard cannot ever fit the diversity of our people! Let us consider what the auditor's report had to say more carefully and return next year with something more comprehensive, inclusive and cost effective for the people of this Aloha state!

For these reasons and more, I strongly oppose SB1312 SD1

Sincerely,

Dr. Lori Kimata ND, midwife



2/21/17

To: Senate Committee on Ways and Means
Senator Jill N. Tokuda, Chair
Senator Donovan M. Dela Cruz, Vice Chair
Conference Room 211
Hawaii State Capitol
415 South Beretania Street
Honolulu, HI 96813

From: Breastfeeding Hawaii

Time: Twenty-Ninth Legislature Regular Session of 2017
Thursday, February 23, 2017 at 9:35am

TESTIMONY IN SUPPORT WITH AMENDMENTS OF SB1312_SD1, RELATING TO THE LICENSURE OF MIDWIVES

Dear Senator Tokuda, Senator Dela Cruz, and committee members:

Thank you for the opportunity to testify on behalf of Breastfeeding Hawaii, in support, with amendments of SB1312_SD1. The regulation of the midwifery profession is important to ensure that all persons who receive maternity and women's health services are provided safe and competent care.

Breastfeeding Hawaii is a 501(c)(3) non-profit organization and the state affiliate to the United States Breastfeeding Committee. Our mission is to protect, promote and support breastfeeding through education of and collaboration with professionals involved in maternal-child health, and serve as a community breastfeeding advocate in the State of Hawaii. We are currently committee members of the Hawaii Maternal and Infant Health Collaborative and we believe that SB1312, with amendments, can help to achieve the goals of increased access to quality maternal and infant health services.

We support the intent of SB1312_SD1 to provide an opportunity to regulate midwives. We request non-nurse midwives be licensed and regulated under a program in the DCCA, instead of a board, due to the financial burden of a board and that eligible midwife educational pathways should include the portfolio process as agreed upon by the US MERA. We recommend removing the working group from SB1312_SD1 as the findings by the working group would not amend the regulation of midwifery under this bill and therefore the working group is moot. We request that:

- SB1312_SD1 be completely replaced with the language of HB1288 which was developed with input from certified professional midwives, whom are the experts of their own profession;
- Language is inserted to regulate certified midwives pursuant to USMERA Principles for Model U.S. Midwifery Legislation and Regulation; and
- The exemption language inserted into SB1312_SD1 from OHA regarding Traditional Native Hawaiian healers be kept.

This will ensure our community has access to safe, standard midwifery care practices while respectfully supporting the profession.

BREASTFEEDING



HAWAII

P.O. Box 4270 Kaneohe, HI 96744
www.breastfeedinghawaii.org

Thank you for the opportunity to testify and your consideration in this important health care matter.
Sincerely,

Le'a Minton

Le'a Minton, MSN, APRN, CNM, IBCLC
Board President, Breastfeeding Hawai'i

SB1312

Submitted on: 2/21/2017

Testimony for WAM on Feb 23, 2017 09:35AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Darby Partner CPM	Hawaii Holistic Midwifery	Comments Only	No

Comments: See attachment.

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Hawaii Holistic Midwifery
Darby Partner Certified Professional Midwife
po box 1600 kealakekua, hi 96750 (808)313-2428
www.unfoldinglotus.com birthbliss@gmail.com

February 21, 2017

To: Senate Committee on Ways and Means
Senator Jill N. Tokuda, Chair
Senator Donovan M. Dela Cruz, Vice Chair
Conference Room 211
Hawaii State Capitol
415 South Beretania St.
Honolulu, HI 96813

From: Darby L. Partner CPM

Time: Twenty-Ninth Legislature Regular Session of 2017
Thursday, February 23, 2017 at 9:35am

TESTIMONY OPPOSING CURRENT LANGUAGE OF SB1312_SD1

Dear Senator Tokuda, Senator Dela Cruz, and committee members,

Thank you very much for the opportunity to testify and voice my opinion about SB1312_SD1.

I am a certified professional midwife in Kealakekua, Big Island. I was previously a licensed midwife in Oregon before relocating to Hawaii. I have been practicing here for 3 ½ years. I look forward to serving the birthing families of Hawaii for many years to come and continuing to improve health on the island. Midwifery care is the answer to the great need for safe, competent, comprehensive, personalized and affordable maternity care in Hawaii.

I appreciate your efforts to license midwives as I believe a standard of care is necessary in this state. I also believe midwifery licensure will help to educate the public, as well as the medical community on midwives' extensive education, experience and competency so that if needed, we may work together in a cooperative, respectful way for the healthiest outcomes.

I am very concerned about the current language of this bill. Please amend the bill so that eligible midwife educational pathways also include the Portfolio Evaluation Process as agreed upon by the US Midwifery Education, Regulation & Association. US MERA states the PEP process is a legitimate CPM and midwifery-licensure pathway and this bill needs to reflect that. Approximately 2/3 of our islands' CPMs earned their CPM through the PEP process.

Please remove the working group from the bill. If this bill were to go into effect as is, the findings of the working group would not amend the regulation of midwifery under this bill and therefore the working group is moot.

Please replace the language of SB1312_SD1 with the language of HB1288 which was developed with input from Certified Professional Midwives, whom are the experts of their own profession. Please keep the exemption language from OHA on Hawaiian Cultural Practitioners. I ask for your support in amending SD1312_SD1 so that it can include all CPMs. Mahalo for your consideration in this very important matter concerning the care of women and newborn babies of Hawaii.

Sincerely,
Darby L. Partner CPM

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 21, 2017 12:19 PM
To: WAM Testimony
Cc: jdsteiner26@gmail.com
Subject: Submitted testimony for SB1312 on Feb 23, 2017 09:35AM

SB1312

Submitted on: 2/21/2017

Testimony for WAM on Feb 23, 2017 09:35AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Joshua Steiner	Individual	Oppose	No

Comments: My midwife was extremely knowledgeable and answered any questions or concerns about giving birth and would love to use her again in the future!

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From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 21, 2017 12:53 PM
To: WAM Testimony
Cc: grow.midwifery@gmail.com
Subject: Submitted testimony for SB1312 on Feb 23, 2017 09:35AM

SB1312

Submitted on: 2/21/2017

Testimony for WAM on Feb 23, 2017 09:35AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Sarah "Sky" Connelly	Individual	Support	No

Comments: Honorable members of the Ways and Means Committee-- I am writing to you regarding SB1312-SD1. I support this bill WITH AMMENDMENTS. I am a Certified Professional Midwife (CPM) and I hold a license in the state of California. I currently have a small home birth practice in Kihei, Hawaii. It is very important to me that midwives be licensed because I feel it increases access to midwifery care and informs consumers regarding a minimum standard of competency. I also appreciate the better integration into the medical care system that licensure affords midwives-- such as being able to order needed labs and ultrasounds, possibly accepting insurance, and being able to carry life-saving medications and equipment without fear of repercussion. That being said, this bill requires amendments before moving forward in order to better serve families, midwives and the State of Hawaii. The amendments I am requesting are as follows: 1) Replace all of the existing language in SB1312-SD1 with the language of HB 1288. HB 1288 is written in a way that makes sense for midwives, for families and for the state. It also comes from a place of positive regulation, rather than negative protection. This language difference will go a long way in helping to integrate midwives as professionals into the broader medical community. 2) Include the US MERA recommendations for educational pathways-- MEAC accredited schools, PEP process with Bridge Certificate, and NARM board certification. US MERA lays out a clear path for certification and licensure of midwives that includes minimum educational standards set by the International Confederation of Midwives, and in cooperation with NACPM, MANA, ACNM, NARM, ACMB, ACME, MEAC, and ICTC. US MERA has laid out an effective and clear plan for licensure and minimum education standards. ACOG also supports these standards, and US MERA plan as an effective way to ensure them. Why re-invent the wheel? Why not use these standards which are already accepted on an international level? I think it is also important to keep the exemption language for traditional Hawaiian practitioners in the current draft of the bill. With these amendments to SB1312-SD1, this bill could help move the practice of midwifery forward and improve maternal and infant outcomes for the whole State of Hawaii. Thank you for your time-- Sky Connelly CPM, LM

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From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 21, 2017 12:58 PM
To: WAM Testimony
Cc: foodsovereignty@gmail.com
Subject: Submitted testimony for SB1312 on Feb 23, 2017 09:35AM

SB1312

Submitted on: 2/21/2017

Testimony for WAM on Feb 23, 2017 09:35AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Mitsuko Hayakawa	Individual	Oppose	Yes

Comments: Aloha Members of the Ways and Means Committee, I am a mother of three children who were all born at home with midwives. Several years ago, I was informed that my midwife for my third child Brenda Capps has been jailed for practicing midwifery without a license. Brenda was practiced midwifery under the religious clause and was the most humble and capable midwife of all the midwives I have had. Brenda is a Christian woman and pastor's wife. Laws that regulate midwives such as SB1312 would criminalize highly trained midwives who want to practice midwifery as a spiritual practice. Brenda's life was ruined because of California's law mandating licensing of midwives. I sincerely hope Hawai'i would not criminalize midwives who want to provide the kinds of service women want. SB1312 would also limit women's choices in planning the birth they would like. Birth is a natural process of life. If women are healthy, it should not require medical intervention and forced licensing that would also increase costs for mothers who choose the assistance of a midwife. I strongly urge you to oppose SB1312. Mitsuko Hayakawa Pearl City Resident Licensin

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From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 21, 2017 1:57 PM
To: WAM Testimony
Cc: jusbecuz@hotmail.com
Subject: *Submitted testimony for SB1312 on Feb 23, 2017 09:35AM*

SB1312

Submitted on: 2/21/2017

Testimony for WAM on Feb 23, 2017 09:35AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Marilyn Yamamoto	Individual	Oppose	No

Comments:

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From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 21, 2017 3:44 PM
To: WAM Testimony
Cc: audrey262@yahoo.com
Subject: Submitted testimony for SB1312 on Feb 23, 2017 09:35AM

SB1312

Submitted on: 2/21/2017

Testimony for WAM on Feb 23, 2017 09:35AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Audrey Alvarez	Individual	Oppose	No

Comments: 2/21/17 My name is Audrey Alvarez and I am a mother of three children ages 8 years, 5 years and 21 months old. All three of my children were safely and peacefully born at home under the care of highly skilled, wise and supportive women - my (traditional) midwife + doula team. Whether a woman chooses a hospital or home birth, it should be just that - HER choice. It is our divine right to choose where and how we birth - not the state's! I was in attendance at the first hearing last week and although there were changes/amendments to the bill, the measure still does not give enough protection. We need the right of EVERY WOMAN to give birth with WHOMEVER she wants to be FULLY PROTECTED. With that said, I am still in strong opposition of SB1312 as it stands. Thank you, Audrey Alvarez Honolulu, HI

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From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 21, 2017 4:00 PM
To: WAM Testimony
Cc: ponosize@hotmail.com
Subject: *Submitted testimony for SB1312 on Feb 23, 2017 09:35AM*

SB1312

Submitted on: 2/21/2017

Testimony for WAM on Feb 23, 2017 09:35AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Pono Kealoha	Individual	Oppose	No

Comments:

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From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 21, 2017 4:01 PM
To: WAM Testimony
Cc: leiwright8@gmail.com
Subject: Submitted testimony for SB1312 on Feb 23, 2017 09:35AM

SB1312

Submitted on: 2/21/2017

Testimony for WAM on Feb 23, 2017 09:35AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Leila Wright	Individual	Oppose	No

Comments: We need to protect our traditional midwives and recognize the wisdom that has been passed down through generations. Both mother and experienced midwives are discerning enough to know when a situation is turning south and can act accordingly. Majority of births go smoothly and should be treated as sacred not a medical procedure. The traditional midwives of Hawaii should be protected at all costs!

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From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 21, 2017 4:04 PM
To: WAM Testimony
Cc: danielecta@gmail.com
Subject: *Submitted testimony for SB1312 on Feb 23, 2017 09:35AM*

SB1312

Submitted on: 2/21/2017

Testimony for WAM on Feb 23, 2017 09:35AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Dani Dougherty BS, CPM	Individual	Support	No

Comments:

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From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 21, 2017 4:48 PM
To: WAM Testimony
Cc: nfayeb9@gmail.com
Subject: Submitted testimony for SB1312 on Feb 23, 2017 09:35AM

SB1312

Submitted on: 2/21/2017

Testimony for WAM on Feb 23, 2017 09:35AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Nina Faye Blanco	Individual	Oppose	No

Comments: The new language of this bill seems to make it harder for recognition to happen, and totally leaves out some important types of practice. We need the right of EVERY WOMAN to give birth with WHOMEVER she wants to be FULLY protected.

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From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 21, 2017 4:48 PM
To: WAM Testimony
Cc: dgsinhawaii@yahoo.com
Subject: Submitted testimony for SB1312 on Feb 23, 2017 09:35AM

SB1312

Submitted on: 2/21/2017

Testimony for WAM on Feb 23, 2017 09:35AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Diana G. Smith	Individual	Support	No

Comments: As with any medical profession midwives should be licensed AND required by law to maintain continuing education credits

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To: WAM Testimony
Cc: joyamarshall0416@gmail.com
Subject: *Submitted testimony for SB1312 on Feb 23, 2017 09:35AM*

SB1312

Submitted on: 2/21/2017

Testimony for WAM on Feb 23, 2017 09:35AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Joy Marshall	Individual	Support	No

Comments:

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Sent: Tuesday, February 21, 2017 4:57 PM
To: WAM Testimony
Cc: gemp2122@gmail.com
Subject: *Submitted testimony for SB1312 on Feb 23, 2017 09:35AM*

SB1312

Submitted on: 2/21/2017

Testimony for WAM on Feb 23, 2017 09:35AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Geneve Chong	Individual	Oppose	No

Comments:

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Sent: Tuesday, February 21, 2017 4:58 PM
To: WAM Testimony
Cc: aashishhemrajani@yahoo.com
Subject: Submitted testimony for SB1312 on Feb 23, 2017 09:35AM

SB1312

Submitted on: 2/21/2017

Testimony for WAM on Feb 23, 2017 09:35AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Aashish Hemrajani	Individual	Oppose	No

Comments: This has the potential to infringe on cultural practices, and parents' right to choose how they become parents. Further, the percentage of births overseen by lay midwives is very small, creating an unreasonable burden to appropriate funds for regulation. It makes more sense to regulate hospital births, where the majority of complications arise. Thank you for hearing my testimony.

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Sent: Tuesday, February 21, 2017 5:29 PM
To: WAM Testimony
Cc: laurenelaide721@yahoo.com
Subject: *Submitted testimony for SB1312 on Feb 23, 2017 09:35AM*

SB1312

Submitted on: 2/21/2017

Testimony for WAM on Feb 23, 2017 09:35AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Lauren Ampolos	Individual	Oppose	No

Comments:

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Sent: Tuesday, February 21, 2017 5:32 PM
To: WAM Testimony
Cc: jennahia@yahoo.com
Subject: Submitted testimony for SB1312 on Feb 23, 2017 09:35AM

SB1312

Submitted on: 2/21/2017

Testimony for WAM on Feb 23, 2017 09:35AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Jennifer Noelani Ahia	Individual	Oppose	No

Comments: I strongly oppose this bill. Giving birth is the most natural event in the world, that women have been doing since humans arrived. While there are many reason some women choose a more medicalized birth, it is not a necessity. The choice of how to hanau should belong to the mother. Many women, especially here in Hawaii, choose traditional midwives. These midwives are highly trained and offer a level of cultural awareness and spirituality that cannot be found in the hospital setting, or even from western trained midwives. Cultural midwives provide a style of care that cannot be measured by western standards .This bill would all but eliminate the CHOICE of using a traditional midwife and I strongly oppose it.

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Sent: Tuesday, February 21, 2017 5:41 PM
To: WAM Testimony
Cc: lisarobbins@gmail.com
Subject: Submitted testimony for SB1312 on Feb 23, 2017 09:35AM

SB1312

Submitted on: 2/21/2017

Testimony for WAM on Feb 23, 2017 09:35AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Lisa Noelani Robbins	Individual	Oppose	No

Comments: I am a financial educator and a kupuna, health, financial, and food advocate. I am opposed to SB 1312 for two reasons: 1) Midwifery is a protected Native Hawaiian cultural right that does not need further state or federal agency involvement. 2) All women have the right to choose what happens to their body and this includes childbirth. I have had both hospital and midwife births and believe we have the right to choose. Midwives are professionals who can develop a system and organization for peer review, protocols for top quality care and this includes advanced or emergency care / intervention when needed, and work with the medical community both independently and collaboratively. Thank you!

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Sent: Tuesday, February 21, 2017 5:43 PM
To: WAM Testimony
Cc: shannonkona@gmail.com
Subject: Submitted testimony for SB1312 on Feb 23, 2017 09:35AM

SB1312

Submitted on: 2/21/2017

Testimony for WAM on Feb 23, 2017 09:35AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Shannon Rudolph	Individual	Oppose	No

Comments: Oppose. Women should be able to make their own decisions about who helps in the birthing process.

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To: WAM Testimony
Cc: mauimagic5711@hotmail.com
Subject: *Submitted testimony for SB1312 on Feb 23, 2017 09:35AM*

SB1312

Submitted on: 2/21/2017

Testimony for WAM on Feb 23, 2017 09:35AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Ann Evans	Individual	Oppose	No

Comments:

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To: WAM Testimony
Cc: tampaltin@gmail.com
Subject: Submitted testimony for SB1312 on Feb 23, 2017 09:35AM

SB1312

Submitted on: 2/21/2017

Testimony for WAM on Feb 23, 2017 09:35AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Tamara Paltin	Individual	Oppose	No

Comments: Despite some changes this measure still does not give enough. We want the right of every woman to give birth with whomever she chooses to be fully protected. I support cultural birth traditions and practices as well as body sovereignty.

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To: WAM Testimony
Cc: angrybraids@aol.com
Subject: *Submitted testimony for SB1312 on Feb 23, 2017 09:35AM*

SB1312

Submitted on: 2/21/2017

Testimony for WAM on Feb 23, 2017 09:35AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Amelia Ensign	Individual	Oppose	No

Comments:

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Sent: Tuesday, February 21, 2017 6:25 PM
To: WAM Testimony
Cc: jaynebopp@gmail.com
Subject: Submitted testimony for SB1312 on Feb 23, 2017 09:35AM

SB1312

Submitted on: 2/21/2017

Testimony for WAM on Feb 23, 2017 09:35AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Patricia Jayne Bopp	Individual	Oppose	No

Comments: We need the right of EVERY WOMAN to give birth with WHOMEVER she wants to be FULLY protected.

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To: WAM Testimony
Cc: naturadoc@gmail.com
Subject: Submitted testimony for SB1312 on Feb 23, 2017 09:35AM

SB1312

Submitted on: 2/21/2017

Testimony for WAM on Feb 23, 2017 09:35AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Bonnie Marsh	Individual	Oppose	No

Comments: This is not a well written bill and does not support midwives as they should be. Please oppose it and go back to the drawing table with it. Mahalo for your consideration.

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From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 21, 2017 6:44 PM
To: WAM Testimony
Cc: embraceyourbirth@gmail.com
Subject: Submitted testimony for SB1312 on Feb 23, 2017 09:35AM

SB1312

Submitted on: 2/21/2017

Testimony for WAM on Feb 23, 2017 09:35AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Cherrie Newman	Individual	Oppose	No

Comments: This bill is in direction violation of women's rights to choose their own birth attendants and will limit the choices of birthing people as well as encouraging medicalized childbirth. I strongly oppose this bill.

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Sent: Tuesday, February 21, 2017 6:47 PM
To: WAM Testimony
Cc: drlorikimata@gmail.com
Subject: Submitted testimony for SB1312 on Feb 23, 2017 09:35AM

SB1312

Submitted on: 2/21/2017

Testimony for WAM on Feb 23, 2017 09:35AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Lori kimata	Individual	Oppose	No

Comments: REGULAR SESSION OF 2017 WAM/CPH Decision Making 2-23-17, 9:35 am Rm 211 RE: SB 1312 S.D.1 Relating to the Licensure of Midwives IN OPPOSITION Aloha honorable chairs and committee members, My name is Dr. Lori Kimata and I have been practicing Naturopathic Medicine and Midwifery for over twenty-eight years. I appreciate your attempt to address some of the concerns regarding the original SB1312. HOWEVER, as I have said before it is a very complex issue and the amendments in SD1 continue to be problematic. First my personal concern about my students being illegal which Senator Baker assured me in the 2/14/17 hearing would not be the case, still did not get amended, so SD1 would still criminalize them. Second, how can the state justify the cost to assemble and run the board SD1 proposes with seven members and a working group of probably 10-20 people! It is an unreasonably cost for the state considering that out of hospital birth practitioners serve only 2% of the population and many of them would not even be the midwives that will be applying for this licensure! It also makes no sense that a midwifery board would be made up primarily of practitioners using the medical rather than the midwifery model. In addition the 2 licensed certified midwives SD1 suggests as board members would be currently impossible in the State of Hawaii since there are none that presently exist here. Therefore the board suggested is unattainable as well as unreasonable. More importantly as I have communicated previously in numerous testimonies regarding midwifery regulation, consumers, families, women, we the people, are asking you as legislators, not to criminalize our choices and respect body sovereignty. If our primary concern is for the welfare of the mothers and babies then let us appreciate the fact that we all (lay, cultural, professional, biblical, traditional etc.) have something to learn from each other and that not one specialty has the best way to birth all the babies in Hawaii. One standard cannot ever fit the diversity of our people! Let us consider what the auditor's report had to say more carefully and return next year with something more comprehensive, inclusive and cost effective for the people of this Aloha state! For these reasons and more, I strongly oppose SB1312 SD1 Sincerely, Dr. Lori Kimata ND, midwife

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Sent: Tuesday, February 21, 2017 6:54 PM
To: WAM Testimony
Cc: Seeturn4round@gmail.com
Subject: Submitted testimony for SB1312 on Feb 23, 2017 09:35AM

SB1312

Submitted on: 2/21/2017

Testimony for WAM on Feb 23, 2017 09:35AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Chalé Turner	Individual	Oppose	No

Comments: All women have the right to choose who will care for them during pregnancy and birth and where that birth will occur. Midwifery care IS NOT the problem with maternity care.

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Sent: Tuesday, February 21, 2017 7:03 PM
To: WAM Testimony
Cc: alohaacujen@gmail.com
Subject: Submitted testimony for SB1312 on Feb 23, 2017 09:35AM

SB1312

Submitted on: 2/21/2017

Testimony for WAM on Feb 23, 2017 09:35AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Jennifer Benner	Individual	Oppose	No

Comments: As a healthcare professional, women's advocate, and mother of 2 children who were born safely at home under the care of a traditional midwife, I strongly oppose sb1312. The problems are not with the midwives, the problems are with neonatal care and this should be addressed. Please do not take away the rights of women to SAFELY birth their babies at home by regulating the midwives. Although, some are not as experienced as others, it us up to the mothers to select one with experience, not the government. If you regulate the practicing midwives, we loose them as channels for passing down the wealth of information they have that cannot be found in schools.

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February 21, 2017

To: Committee on Commerce, Consumer Protection, And Health
To: Senator Rosalyn H. Baker Chair
To: Senator Clarence K. Nishihara, Vice Chair
To: Committee on Ways and Means
To: Senator Jill N. Tokuda, Chair
To: Senator Donovan M. Dela Cruz, Vice Chair

Measure Title: SB1312 SD1 Relating To The Licensure of Midwives

Aloha e Committees and Senators:

My name is Kaylene Kauwila Sheldon and I oppose this bill SB1312 related to establishing mandatory licensing for midwives and temporary advisory committee on midwife licensing. My reasons are because 1. This bill leaves out particular types of practices and traditional knowledge that have been passed down from generation to generation. 2. Women should be allowed rights to choose their own midwife whom they feel comfortable with. 3. Licensure may not protect birthing traditions where only the midwife can understand such as protocol, careful and respectful handling of the afterbirth and piko.

On a personal note, when I gave birth to my daughter, my body was poked and probed. I was also not mentally capable or physically capable of caring for her because I suffered from depression and chemical imbalances. I barely had any sleep and I had a intake worker asking me personal questions because I was Native Hawaiian and set up for failure as a mother. The epidural needle not only bruised my spine but my body was in pain for months. My depression was very bad where I couldn't breast- feed, I was not producing enough milk and I had people invading my space, instead I would get angry at my mother who was only trying to help me but at the time I felt irritable, suffocated, and depressed. If I had a mid-wife during those very vulnerable and sad moments, I think my after-birth experience would had been more joyous and a mid-wife would had guided me properly in breast feeding and in caring for myself. I wish I had given birth at home and not at a hospital where I could see my baby's ewe (placenta) and watch my mother, sister's, nieces and mid-wife chant seven generations of 'oli and pule, they would had carefully wrapped her 'ewe and piko cord in tapa or lauhala and buried it under our 'ulu tree. Instead what I did was a through my daughter's piko when it fell off into the ocean. There was no proper ceremony or burial for her 'ewe and piko. I am not the only mother that has experienced this kind of after birth trauma. If you are going to licensed cultural midwives I suggest that you add a class to Kamakuokalani UH Manoa or any of the community colleges and have OHA fund it. I ask that it not be rigourous and that it be compatible to my Hawaiian culture.

Thank you for your time,

Kaylene Kauwila Sheldon

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Sent: Tuesday, February 21, 2017 7:13 PM
To: WAM Testimony
Cc: albanoble@gmail.com
Subject: Submitted testimony for SB1312 on Feb 23, 2017 09:35AM

SB1312

Submitted on: 2/21/2017

Testimony for WAM on Feb 23, 2017 09:35AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
dawn alba noble	Individual	Oppose	No

Comments: I appreciate your attempt to address some of the concerns regarding the original SB1312. HOWEVER, as said before it is a very complex issue and the amendments in SD1 continue to be problematic. First my concern about students being illegal which Senator Baker assured in the 2/14/17 hearing would not be the case, still did not get amended, so SD1 would still criminalize them. Second, how can the state justify the cost to assemble and run the board SD1 proposes with seven members and a working group of probably 10-20 people! It is an unreasonably cost for the state considering that out of hospital birth practitioners serve only 2% of the population and many of them would not even be the midwives that will be applying for this licensure! It also makes no sense that a midwifery board would be made up primarily of practitioners using the medical rather than the midwifery model. In addition the 2 licensed certified midwives SD1 suggests as board members would be currently impossible in the State of Hawaii since there are none that presently exist here. Therefore the board suggested is unattainable as well as unreasonable.

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Subject: Submitted testimony for SB1312 on Feb 23, 2017 09:35AM

SB1312

Submitted on: 2/21/2017

Testimony for WAM on Feb 23, 2017 09:35AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
gretchen	Individual	Oppose	No

Comments: I oppose this bill. I have had four births and currently pregnant. My third child was an unnessicary scheduled c section because I have 10lb babies. My last child was born hvbac because no hospital on island allows to try and vbac. It was honestly the best decision I could have made. I will do another hvbac with my current pregnancy. I trust the midwives in my community to do a better job than the doctors in the hospital. They are amazing experienced women and we need as many as we can get. A licence does not change the way these women help other women. And many unlicensed midwives are better trained than licensed midwives. Please do not exclude these women from helping mothers naturally birth their child. I am blessed to know and have these women to help me when not even the hospitals here on the big island would. Please do not put guidelines and restrictions on how or who a woman can birth with. It is a natural thing we have been doing since the dawn of time. A woman can birth hat baby alone if she chooses. So she should be able to chose who she wants to help her, licensed or not. Thank you.

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To: WAM Testimony
Cc: RNmba@me.com
Subject: Submitted testimony for SB1312 on Feb 23, 2017 09:35AM

SB1312

Submitted on: 2/21/2017

Testimony for WAM on Feb 23, 2017 09:35AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Lisa Contreras	Individual	Support	No

Comments: I am a registered nurse who worked at a local hospital for ten years. Based on my experience, education, and review of evidenced based practice, I support this bill to ensure the safety, welfare, and wellbeing of expectant women and their children in our community.

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To: WAM Testimony
Cc: alohabrenna@gmail.com
Subject: Submitted testimony for SB1312 on Feb 23, 2017 09:35AM

SB1312

Submitted on: 2/21/2017

Testimony for WAM on Feb 23, 2017 09:35AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Brenna Moore	Individual	Oppose	No

Comments: This legislation makes it illegal for women like me to choose to birth with traditional midwives. This is our right and our choice to birth how an with whom we see fit. I was under the care of, and gave birth with a traditional midwife, and I wouldn't have it any other way. The choice of who to trust as your midwife is a very personal decision. You have no place interfering with that decision.

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Sent: Tuesday, February 21, 2017 7:38 PM
To: WAM Testimony
Cc: adandrea@hawaii.edu
Subject: Submitted testimony for SB1312 on Feb 23, 2017 09:35AM

SB1312

Submitted on: 2/21/2017

Testimony for WAM on Feb 23, 2017 09:35AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Alana Dandrea	Individual	Oppose	No

Comments: Aloha my name is Alana Dandrea, 28 year old female born and raised in Haiku, Maui. I am testifying to strongly oppose SB1312. I feel very strongly every women should have the choice to give birth any way she choses. She should not be restricted or have to go thru a difficult process to be able to give birth to her own child the way she wants and desires. This is a women issue and should not be regulated by anyone other then the women herself. Please oppose SB1312 and allow women to decide what is best for theirselves and their family. Please listen to the women out this issue and do not let this bill pass to regulate us. Mahalo Nui. Alana Dandrea 28 Laupapa place haiku hi 96708 8082699347

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Sent: Tuesday, February 21, 2017 7:51 PM
To: WAM Testimony
Cc: choonjameshawaii@gmail.com
Subject: Submitted testimony for SB1312 on Feb 23, 2017 09:35AM

SB1312

Submitted on: 2/21/2017

Testimony for WAM on Feb 23, 2017 09:35AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Choon James	Individual	Oppose	No

Comments: Aloha! Please allow those involved and those with concerns to be heard through oral testimony. As the state legislators are deliberating the free will and agency of those near the end of life, it should also deliberate the free will and agency of those in the birth of their children. Mahalo, Choon James Reference: Under the proposed SB1312, set to be heard before WAM on Thursday, 2 of those 3 women will either have to leave the island to become certified to practice, or they will have to stop serving the women in our community. Many of us showed up to the initial hearing on this bill, and we were given the impression it would be revised to allow multiple pathways to enter the midwifery profession, that our testimony was read and considered. That is not the case. While there is an exemption for cultural practitioners, there is not enough recognition of the other pathways into midwifery. This bill will drastically reduce access in Hawaii to midwifery for women who want to birth at home.

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Criminalizing midwifery? Is this where we are today? Non sense. I am dumbfounded that I even have to testify against such blatant disregard to the sacredness that is pale keiki (midwifery). At the young age of 21 I knew I was capable of having my baby at home, with the support of my midwives and in the presence of my ancestors. I CHOSE to birth my baby this way, both because this is the way of my ancestors and also because I am a portal of the spiritual and the earthly realm chosen by the Creator. I knew my body, my temple and my baby, my heaven sent gift ~ would work together in beautiful synchronization. I am a woman, a mother, the only force on earth powerful enough to navigate unborn spirits into this world and what an honor and privilege it is.

The first birth I had ever attended, was my sister's birth of my nephew Kaikuolo. All natural- peaceful, intense, beautiful and at home. Fast forward to a year and 3 months later and there I was in my sister's master bathroom breathing through my own contractions- in peace, intensity and beautifully at home.

When I first learned that I was pregnant, Bj (my boyfriend) and I were ecstatic, we had a miscarriage just before, so we were so thankful and excited to be parents.

Throughout my pregnancy Bj and I attended regular visits to the OBGYN, who we really liked. I expressed my desire to give birth naturally- no medical interventions: Pitocin, epidural or cesarean delivery and she seemed to support my birth plan. I also told her that I wanted my midwife (my sister's midwife) in attendance. To which she replied, with stern look on her face "She can be there, but honey, if something goes wrong, we'll need to take appropriate measures to ensure the safety of you and the baby" I totally expected that response and understood where she was coming from. Safety of mommy and baby, got it!

As my due date drew nearer, Bj and I were excited and anxious, we could not wait to meet our beautiful baby boy, who we named Ryder. I would always speak with my sister about my desire to give birth naturally, just as she did. After seeing how passionate I was about my prenatal care and how I was constantly reading books, articles and watching documentaries (The Business of Being Born is my fave!) about the birthing process- both in and out of the hospital. I read up on holistic and homeopathic medicines, therapies and plants I could use during pregnancy, while in labor and postnatal. She inspired me to have a homebirth. She asked if I had considered it, and I told her "Of course! But I don't know if I have the money for it." She then asked how much I thought it would cost. "Idk, A LOT!" I responded. She then revealed how much she paid for her homebirth package- inclusive of prenatal and nutrition planning, laboring and postnatal care. It was then, while I was 8 months pregnant I decided I wanted to have my baby at home. I called Bj and my sister called her midwife, who were both very supportive and we "got the ball rolling"

The prenatal care I received with my midwife was amazing. There was connection, there was genuineness. She asked both Bj and I where we were in our relationship, what our feelings were about the whole prenatal process and what our feelings about being new parents were. She gave me a detailed and personalized healthy eating plan that could be easily implemented into my everyday life. We set up regular "lomi lomi" (massage) appointments. She cared, and I appreciated that.

With my OBGYN, she treated me fine, but I was just another patient, and I did not expect anything more or anything less from her. At one point, I ate very little, not because I was nauseous but because I was more tired than hungry. LOL This bothered Bj, so we asked if it would be better for me to drink a smoothie (made with: a variety of fruits) or to eat a sandwich from Mcdonald's. She said Mcdonald's!!!! (*ah! Red Flag right?!)

On November 8, 2012 (due date was 11/12/12) I decided to drive, along with my aunty to my sister's home, where I was going to labor and deliver at my sister's home- as I felt comfortable there. Bj would meet me there the next morning.

At 3:30 in the morning on November 9, 2012 I started experiencing my first contractions. Though mild, I knew my baby was on his way. I called Bj and told him that I thought I was going into labor; he drove over to my sister's house after we got off the phone. Then I woke my sister, who woke my brother in law and he pumped my pool for my planned water birth. I also called my mom and told her that I thought I was having contractions and she said "What do you mean, you think? You would know if you were having contractions. You wouldn't even be able to talk to me." "I don't know mom, I feel like baby is coming! Just get over here" I replied. She did and I was right! When Bj arrived my sister suggested that he and I walk up and down the street (*which was named Ku'u One Hanau Way- translating to "The Sands of My Birth"), to keep me moving (speed up labor) We walked and I wailed, I placed my arm over his shoulder and he placed his hand at the small of my back- whispering words of encouragement along the way (which continued for 14 hours, throughout my entire labor. *sigh) we had walked for about 20 mins until finally, I gave up and wanted to go inside. The pain was excruciating, but I knew it was all going to be worth it in the end. My ancestors (Kupuna) did this, and now it was my turn. I called out to them, they were with me. My midwives were the best, they encouraged both me and Bj to stay strong and keep striving- that the best was yet to come. They were right! After 14 long hours of beauty, intensity and togetherness. As one of my midwives was checking my dilation, my water broke and I was instructed to walk into my sister's dining room where my sterilized pool of warm, and soothing water awaited. When I entered the water there was a sense of calm that graced my presence. Both my midwives squatted at each side of the pool and had me rest my feet on their shoulders for leverage (they are AMAZINGLY STRONG WOMEN!) My boyfriend got into the pool with me and was told to "Put your hand there Bj. You feel that? That's your baby's head. Now, you and your queen are going to bring him into this world" and he did, and WE did.

In the spring of 2016 I became pregnant with my second child. My plan this time around was a little different than the first. I decided that I would only see a midwife for my prenatal and postnatal care.

I had attended my midwife's prenatal yoga class every other Sunday. After class she would have a prenatal with me. She would ask about my diet, test my urine to be sure I was drinking enough water and monitor baby's heart tones with her Doppler fetal monitor etc. I mentioned to her that I didn't want to see an OBGYN but she advised that I at least get my blood work done and one ultra sound and to take the Group Strep B test, as a precaution. I took her advice and everything went smoothly. I had only seen a medical doctor a handful of times and was not worried about my birth whatsoever because I trusted my body and my midwife. Needless to say I am PROUD HOMEBIRTH MAMA of two healthy and beautiful baby boys.

Why do women choose planned home births?

You might choose a planned home birth for many reasons, including:

- A desire to give birth in a familiar, relaxing environment surrounded by people of your choice
- A desire to wear your own clothes, take a shower or bath, eat, drink and move around freely during labor
- A desire to control your labor position or other aspects of the birthing process
- A desire to give birth without medical intervention, such as pain medication
- Cultural or religious norms or concerns
- A history of fast labor
- Lower cost

New Studies Confirm Safety of Home Birth With Midwives in the U.S.

In today's peer-reviewed *Journal of Midwifery & Women's Health* (JMWH), [a landmark study**](#) confirms that among low-risk women, planned home births result in low rates of interventions without an increase in adverse outcomes for mothers and babies.

This study, which examines nearly 17,000 courses of midwife-led care, is the largest analysis of planned home birth in the U.S. ever published.

The results of this study, and those of its [companion article](#) about the development of the MANA Stats registry, confirm the safety and overwhelmingly positive health benefits for low-risk mothers and babies who choose to birth at home with a midwife. At every step of the way, midwives are providing excellent care. This study enables families, providers and policymakers to have a transparent look at the risks and benefits of planned home birth as well as the health benefits of normal physiologic birth.

Of particular note is a cesarean rate of 5.2%, a remarkably low rate when compared to the U.S. national average of 31% for full-term pregnancies. When we consider the well-known health consequences of a cesarean -- not to mention the exponentially higher costs -- this study brings a fresh reminder of the benefits of midwife-led care outside of our overburdened hospital system.

Home birth mothers had much lower rates of interventions in labor. While some interventions are necessary for the safety and health of the mother or baby, many are overused, are lacking scientific evidence of benefit, and even carry their own risks. Cautious and judicious use of intervention results in healthier outcomes and easier recovery, and this is an area in which midwives excel. Women who planned a home birth had fewer episiotomies, pitocin for labor augmentation, and epidurals.

Most importantly, their babies were born healthy and safe. Ninety-seven percent of babies were carried to full-term, they weighed an average of eight pounds at birth, and nearly 98% were being breastfed at the six-week postpartum visit with their midwife. Only 1% of babies required transfer to the hospital after birth, most for non-urgent conditions. Babies born to low-risk mothers had no higher risk of death in labor or the first few weeks of life than those in comparable studies of similarly low-risk pregnancies.

Importantly, this study also sheds light on factors that may increase risk. These findings are consistent with other research on pregnancy complications, but the numbers of these pregnancies were low in the MANA Stats dataset, making it impossible to make clear recommendations. This [article from Citizens for Midwifery](#) contains important information to share with families who are contemplating their birth options and weighing their individual risks and benefits.

This study is critically important at a time when many deeply-flawed and misleading studies about home birth have been receiving media attention. Previous studies have [relied on birth certificate data](#), which only capture the final place of birth (regardless of where a woman intended to give birth). The MANA Stats dataset is based on the gold standard -- the medical record. As a result, this study provides a much-needed look at the outcomes of women who

intended to give birth at home (regardless of whether they ultimately transferred to hospital care). The MANA Stats data reflects not only the outcomes of mothers and babies who birthed at home, but also includes those who transferred to the hospital during a planned home birth, resolving a common concern about home birth data.

This study adds to the large and growing body of research that has found that planned home birth with a midwife is not only safe for babies and mothers with low-risk pregnancies, but results in health and cost benefits that reach far beyond one pregnancy. We invite you to share this news in your communities, and join the conversation on our [Facebook page](#), [Twitter](#), and [Pinterest](#).

HONOLULU (HawaiiNewsNow) -

The state Department of Health recently released some dramatic statistics about childbirth. The rate of Cesarean sections in Hawaii has jumped exponentially in the last decade. We discovered a variety of reasons for the increase.

Anoilani Aga has two small, healthy children. 10 month old, Nanea, was born traditionally. Her older sister – via Cesarean.

"When I found out I had to have a C-section, I was kind of devastated. I really wanted to have a vaginal first birth," explains the 32 year old Aga.

Doctors said Aga's unborn baby was at risk of infection. "From the very beginning, you always know that, if something doesn't go as planned, you have to be flexible. So, I just had to figure out how to cope with it."

Whether for medical reasons or by choice, Cesarean sections, both here and nationally, have skyrocketed. We dug deeper and found that, from 2000 to 2010, the state DOH says C-sections in Hawaii jumped from 15% to 28%.

"Absolutely. I think that it's very surprising," says Dr. Angela Pratt about the data. She's assistant chairperson of the OBGYN department at Kapiolani Women and Children's Medical Center and delivers about two dozen babies a month.

Dr. Pratt lists three major reasons for the increase: more women are requesting C-sections without a medical reason. For instance, they want to deliver their babies on a certain date. Also, there's liability pressure, and mostly, because either mom or baby is at higher risk medically. "There's more multiple pregnancies. We have more invitro-fertilization. We're having women who wait later to have their babies," says Dr. Pratt. There could also be concern about the baby's health and well-being.

DOH data, county-by-county, shows Honolulu's C-sections increased 14% in a decade, followed by Maui at 13%, Kauai at 11%, and the Big Island at 9%. By race, Filipino women had a 14% jump in C-sections, women of Chinese ethnicity had a 13% hike, and Caucasian, Japanese, and Native Hawaiian mothers saw an 11% increase during that same time period between 2000 and 2010.

Dr. Pratt says each birth really has to be tailored to the patient's needs and medical conditions. "Their own ideas of how many children they want to have in their family, what their particular risks are, what their cultural beliefs are," she adds.

Also, remember, a C-section is major abdominal surgery - so patients can potentially be at higher risk for complications.

Interestingly, in 1965, the national rate for C-sections was just 4%. In 2012, it's jumped to almost 33% - a third of all babies born in the U.S.

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 21, 2017 7:53 PM
To: WAM Testimony
Cc: Debbie.leejackson@gmail.com
Subject: Submitted testimony for SB1312 on Feb 23, 2017 09:35AM

SB1312

Submitted on: 2/21/2017

Testimony for WAM on Feb 23, 2017 09:35AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Debbie Lee-Jackson	Individual	Oppose	No

Comments: I oppose this measure for licensing of midwives and having an advisory committee. Debbie Lee-Jackson debbie.leejackson@gmail.com

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From: Sarah Teehee
Submitted on: Feb. 21st, 2017

Testimony in OPPOSITION of SB1312 SD1, Relating to the Licensure of Midwives

Submitted to: The Senate Committee on Ways and Means (WAM) for the hearing on Feb.23rd at 9:35am

Aloha Chair Tokuda Vice Chair Delacruz, and Committee members,

I am a registered voter, writing because I strongly OPPOSE SB 1312, even with its current amendments. This bill will directly impact me and my choices. I am currently 14 weeks pregnant with my second child and have been seriously considering having a home birth. SB 1312 would limit the knowledgeable and capable midwives I could choose from. I implore you to please TRUST that your female constituents will continue to make the best (informed!) decisions about what is right for us and our bodies within the sanctuary that begins at the thresholds of our front doors. Rest assured, if we want a regulated birthing experience, we will head to the nearest hospital!

When I had my first child I was lucky enough to be covered under my husband's insurance plan and we had the finances to pay for the patient's portion of that hospital bill. However, I know MANY mothers, particularly in Puna (and the more rural areas of the Big Island) who are NOT covered by health insurance and are restricted by finances. Most of these mothers opted for at-home births with non-licensed midwives and couldn't be happier with their decisions. Although it is true that occasionally, there are unforeseen circumstances and risks with births assisted by a midwife, that is true of ALL births.

There are FAR more women who come home from hospitals (who were patients under the care of doctors) who are saddened, traumatized, and distressed by their birthing experiences there than they might have otherwise been at home under the watchful, supportive coaching of their own personal midwife. So many women who are having their second babies are opting for at-home births because they were mistreated and cheated by the **one-size-fits-most** medical approach they experienced during their hospital stays. Being a pregnant women in a hospital means running the **risk** of having our bodies cut up because it is more *convenient* for a doctor's schedule. At-home births are one way mothers are avoiding being in that risky situation. **Don't regulate this away from us!**

I would like to point out that of ALL the midwives that ARE licensed, 100% were NOT licensed at one time. Limiting the PRACTICE of midwifery unless the person is an acknowledged student on their way to licensure is a great disservice to the calling. This legislation, if passed would prematurely FORCE the retirement of many of the midwives in our community, leaving a big gap in services.

Furthermore, as a resident on an "outer" island, the requirement of midwives to be licensed is an unfair burden to those who have already been practicing for many years and have trusted reputations in our community. This is an unfair burden on outer island residents, especially because there are **no branches** of the listed licensing organizations on the Big Island of Hawaii. Licensing would force Big Island midwives to travel away from their homes and patients, while spending money, and being deprived of their incomes – bankrupting them or causing them to burn through any retirement or savings funds they previously earned. That is simply unfair.

I have met many aspiring midwives in many stages of their lives that were in many different stages of training. Many are either stay-at-home mothers or have a full time job and are so passionate about helping other mothers than they make the time to continue their exposure and broaden their birth experiences. Do not risk criminalizing these women with this bill. Please vote **against** SB 1312 and give these wise women the chance to continue helping their community in the deeply personal and irreplaceable way that they do.

Most sincerely,

~Sarah Teehee

75-6163 Haku Mele Street
Kailua-Kona, HI 96740
ms.sarahteehee@gmail.com
phone: (808) 345-1808

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 21, 2017 8:01 PM
To: WAM Testimony
Cc: sierradew.info@gmail.com
Subject: Submitted testimony for SB1312 on Feb 23, 2017 09:35AM

SB1312

Submitted on: 2/21/2017

Testimony for WAM on Feb 23, 2017 09:35AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Sierra Dew	Individual	Oppose	No

Comments: I do not support this bill as it does not protect women in the right to choose whomever they want to birth with. I had a home birth and it was very important to me to be able to choose my birth team. It is the upmost importance that a woman feel safe where and with whom she births. For me this is at home, and I want to continue being able to make the best decision in the future for birthing for myself and our family.

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From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 21, 2017 8:20 PM
To: WAM Testimony
Cc: shardem@hawaii.edu
Subject: *Submitted testimony for SB1312 on Feb 23, 2017 09:35AM*

SB1312

Submitted on: 2/21/2017

Testimony for WAM on Feb 23, 2017 09:35AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Sharde Freitas	Individual	Oppose	No

Comments:

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From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 21, 2017 8:31 PM
To: WAM Testimony
Cc: peppadina@gmail.com
Subject: Submitted testimony for SB1312 on Feb 23, 2017 09:35AM

SB1312

Submitted on: 2/21/2017

Testimony for WAM on Feb 23, 2017 09:35AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Lauren W	Individual	Comments Only	No

Comments: Aloha. As a consumer, I would like a bill that supports licensing by choice as mandatory licensing will not stop traditional births from happening. Women deserve a sense of autonomy over their bodies, and we should respect everyone's right to choose who attends their birth. Birth options in Hawaii are already dismal and potentially criminalizing traditional midwives will not only lessen women's choices, it will continue to backlog the currently-operating doctors and midwives. As a consumer who lives in a medically-underserved community, I need more options for me and my ohana.

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Dears Sirs and Madams,

I oppose SB 1312. This bill disrespects and discriminates against cultural practices and body sovereignty. A woman should have the option of choosing whoever she wants to support her through her birth. Do not take freedoms away. Pregnancy is not a pathology and Hawaiian midwives have been supporting births on this island for longer than the existence of the United States. Recognize midwives as a legal option. I also object to you holding a decision making meeting without hearing from the people.

Sincerely,

Frances J Salvato

Pukalani, HI

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 21, 2017 9:01 PM
To: WAM Testimony
Cc: naniomerod1@gmail.com
Subject: Submitted testimony for SB1312 on Feb 23, 2017 09:35AM

SB1312

Submitted on: 2/21/2017

Testimony for WAM on Feb 23, 2017 09:35AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
MaryAnn Omerod	Individual	Oppose	No

Comments: I believe women should be able to make decisions about child birth. I oppose SB 1312 as it restricts women's options and their rights to choose.

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From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 21, 2017 9:04 PM
To: WAM Testimony
Cc: jhawaii8@gmail.com
Subject: *Submitted testimony for SB1312 on Feb 23, 2017 09:35AM*

SB1312

Submitted on: 2/21/2017

Testimony for WAM on Feb 23, 2017 09:35AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Juliana Koo	Individual	Oppose	No

Comments:

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From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 21, 2017 9:15 PM
To: WAM Testimony
Cc: ichardhorangi@gmail.com
Subject: Submitted testimony for SB1312 on Feb 23, 2017 09:35AM

SB1312

Submitted on: 2/21/2017

Testimony for WAM on Feb 23, 2017 09:35AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Heejoon Sears	Individual	Oppose	No

Comments: I am writing to respectfully oppose SB1312. On behalf of myself, and my four daughters who were homebirthed, please protect the rights and freedom of women's choices regarding their health and childbearing. Midwifery and homebirthing are sacred traditions that need special protection.

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From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 21, 2017 9:29 PM
To: WAM Testimony
Cc: trINETTE.furtado@mauicounty.us
Subject: Submitted testimony for SB1312 on Feb 23, 2017 09:35AM

SB1312

Submitted on: 2/21/2017

Testimony for WAM on Feb 23, 2017 09:35AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Trinette Furtado	Individual	Oppose	No

Comments: Aloha Mai! My name is Trinette Furtado and I live on Mauinuiakama. I am writing you today as there is no opportunity to appear before you in person (due to your choice to hold a meeting prohibiting such) and share my mana'o with you. Thus I and a host of others must write and hope that you will do the pono thing and OPPOSE this bill: SB1312. When I gave birth to my daughter, I was relieved and comforted having my midwife with me. She was knowledgeable and practical and honored my right to birth my keiki MY way. She was a strong advocate and supporter who has become a good family friend. There are few women who can do this work and do it with awareness and sensitivity to the pregnant mother. To require them to have a specific licensure or accreditation by a specified board only ensures that more western practices are used and affirmed during pregnancy and the birthing process, and less confidence in the mother or recognizing her right to birth her child in a natural manner. I have known MANY mothers who have utilized the services of midwives/doulas and have healthy, happy babies without any western intervention. These relationships grew and blossomed into friendships and care-ships well after the baby was born (something rarely seen or practiced in western medicine). If you recognize women's rights in other areas, you MUST recognize our rights in this one. I urge you to OPPOSE SB1312. Don't be the ones who begin the downward spiral of removing basic rights as a matter of business. Let our mothers birth with the support and care THEY choose. Mahalo for your time and consideration.

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From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 21, 2017 10:06 PM
To: WAM Testimony
Cc: pococompehos@yahoo.com
Subject: Submitted testimony for SB1312 on Feb 23, 2017 09:35AM

SB1312

Submitted on: 2/21/2017

Testimony for WAM on Feb 23, 2017 09:35AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
poco compehos	Individual	Oppose	No

Comments: I am a native Hawaiian who is married to a non-native woman. I am also the father of two children who were born at home. This bill undermines communities by reducing the number of qualified individuals available o support women in childbirth. The attempts to exempt Native Hawaiian cultural practitioners are superficial and have not been thought out enough to address the needs of a family like mine. How can I and my Hawaiian children practice our cultural birthing practices if the woman giving birth, my wife, is not protected to do so because she doesn't have Hawaiian blood? This bill is a mess. Pushing it through out of desperation is a mistake. The community is poised to create a very good bill for consideration next session. Please consider the legacy you want to leave.

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From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 21, 2017 10:09 PM
To: WAM Testimony
Cc: megalchau@gmail.com
Subject: Submitted testimony for SB1312 on Feb 23, 2017 09:35AM

SB1312

Submitted on: 2/21/2017

Testimony for WAM on Feb 23, 2017 09:35AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Meghan Leialoha Au	Individual	Oppose	No

Comments: Aloha, I oppose the bill as is for regulating/licensing midwives as it lacks a proper path for traditional midwives, not licensed by agencies and learned by family or cultural practice (outside of native Hawaiian cultural practice) to practice midwifery in Hawaii. Further discussion and community involvement in the creation of the bill and board is necessary in this process.

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From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 21, 2017 10:11 PM
To: WAM Testimony
Cc: Fehren.jones@gmail.com
Subject: Submitted testimony for SB1312 on Feb 23, 2017 09:35AM

SB1312

Submitted on: 2/21/2017

Testimony for WAM on Feb 23, 2017 09:35AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
fehren	Individual	Support	No

Comments: Aloha. My name is Fehren Jones and I reside in the Honolulu area. I would love to fully support this bill SB1312 in regards to midwife licensing. Especially, to have classes and licensing here in Hawai'i. I currently do not have any keiki of my own, but in the near future I would love to birth my keiki at my very own comforts of my own home. I understand that there is hospitals, but I do not fully agree to hospital "procedure". Just to birth at home gives most people are relaxed framed of mind. Also, after the birth, I an able to invite many ohana without any worries of disturbing hospital staff and patients. Along with a handful of friends who did get a chance to birth at home, they loved it and highly recommend other moms to do the same. I have many other reasons, but these are to name a few. Mahalo for your time. I hope you have a nice day. Aloha

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From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 21, 2017 10:13 PM
To: WAM Testimony
Cc: noellemanriquez@gmail.com
Subject: *Submitted testimony for SB1312 on Feb 23, 2017 09:35AM*

SB1312

Submitted on: 2/21/2017

Testimony for WAM on Feb 23, 2017 09:35AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
noelle manriquez	Individual	Support	No

Comments:

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Aloha Senators,

I'm writing in regards to SB1312 SD1

My hope for this bill is that it will bring more choices for women in Hawai'i and that it preserves the basic human right for women and their families to have an informed choice about where, with whom and how they birth their babies.

As a student midwife only being able to obtain a certification to become a Certified Professional Midwife, who is an expert in out-of-hospital births through the PEP program, we need the portfolio process to be included in this bill.

Women are being traumatized and degraded in the hospitals, during the most vulnerable time, when they are at their most raw and open bringing their babies into this world. It is the reason so many women, including myself are choosing to birth at home instead. My oldest two children were born at Kapi`olani hospital and my youngest born in our living room in Mā`ili. My second baby's birth led me on the path to midwifery and home birth after my ordeal in the hospital setting. The U.S. spends too much money with one of the worst statistics for maternal and infant mortality, midwives are what our country needs to bring back the balance of care while lowering costs.

Please do not allow this bill to move forward as it is currently written and instead adopt the language of HB1288 and include the amendments of the people and those of the stakeholders in this bill; OHA, MAH and the public.

Mahalo for your time and efforts.

Summer Yadao

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 21, 2017 10:15 PM
To: WAM Testimony
Cc: dok@riseup.net
Subject: Submitted testimony for SB1312 on Feb 23, 2017 09:35AM

SB1312

Submitted on: 2/21/2017

Testimony for WAM on Feb 23, 2017 09:35AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Pete Doktor	Individual	Oppose	No

Comments: As a parent who has personally experienced a professional midwife, I am very opposed to SB1312. It has worked for our ohana- and apparently for all humankind, of which historically did not require such governmental intervention into private family decisions, for us humans to proliferate these islands & planet. There may be room for some common sense regulation for public safety, but please- no draconian criminalization of these ohana assets/angels!

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From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 21, 2017 10:18 PM
To: WAM Testimony
Cc: dryenguyen@gmail.com
Subject: Submitted testimony for SB1312 on Feb 23, 2017 09:35AM

SB1312

Submitted on: 2/21/2017

Testimony for WAM on Feb 23, 2017 09:35AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Dr. Ye Nguyen	Individual	Oppose	No

Comments: I am a licensed Naturopathic Physician & Midwife. I am a home birth mother of 2. I believe that each woman has the right to choose whomever they decide to deliver their child. Although I do want CPM's to attain regulation & licensure here in the State of Hawaii, I feel the other midwives need to be left alone. Midwifery is a very complicating profession, each person's training is unique. This bill is poorly written for so many reasons. It's important to know that Certified Midwives do not exist here in the state of Hawaii. While I practice midwifery, under my naturopathic physician scope of practice, as the bill stands, my concern would be for my students that practice with me. Traditional midwives would be made illegal under this new bill & I do not support that. I know that I would trust my life and my child with a grandmother midwife versus a newly graduating CPM. At the end of the day, midwifery is not regulated in half of the country. Because Hawaii is very unique, even to the rest of the mainland, as far as accessibility of midwifery education...I do not believe that by making midwifery education standardized would make home births safer. I feel that by making other practitioners illegal, we run a higher risk of medical dangers when they feel that they cannot reach out for help for fear of persecution. Thank you for taking the time to read my comments. Sincerely, Dr. Ye Nguyen

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From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 21, 2017 10:34 PM
To: WAM Testimony
Cc: drmoniqueyuen@gmail.com
Subject: Submitted testimony for SB1312 on Feb 23, 2017 09:35AM

SB1312

Submitted on: 2/21/2017

Testimony for WAM on Feb 23, 2017 09:35AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Monique Yuen	Individual	Oppose	No

Comments: I am a licensed naturopathic physician and I oppose this bill.

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From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 21, 2017 10:41 PM
To: WAM Testimony
Cc: one800scott@gmail.com
Subject: *Submitted testimony for SB1312 on Feb 23, 2017 09:35AM*

SB1312

Submitted on: 2/21/2017

Testimony for WAM on Feb 23, 2017 09:35AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Heidi SCOTT	Individual	Oppose	No

Comments:

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From Alohi Ae'a
aluhi@yahoo.com

Re: SB1312 S.D.1 Relating to the Licensure of Midwives

IN OPPOSITION

Aloha WAM Committee Members,

“Out-of-hospital-birthing” families, which comprise less than 2 percent of the population, would be the primary folks affected by this bill. We are a small percentage, yes, but this is all the more reason that our voices must be heard and honored.

We are families who do our research, ask questions, and make conscious and well-thought-through choices regarding who our practitioners are, where we will birth, and who we will birth with. We gather our birthing supplies, prepare our birthing spaces, make plans and back up plans, and back up plans for our back up plans. We believe that birth is normal, natural, and not a medical occurrence that needs to be treated or regulated.

At the hearing before the CPH committee, we were given the impression that, amongst other neglected issues, the amendments to this bill would take into account issues such as alternative pathways to midwifery, etc., and this version does not. We would be harmed by this bill as it stands. Midwives whom we currently rely on would have no path to licensure, accreditation or recognition under this bill. They would be forced to either leave Hawaii in order to attain licensure or stop practicing. Women in our community who have been inspired to serve in this capacity would face incredible hardship as this bill does not provide a path to midwifery by staying here in the islands. Women who do not want to birth in hospitals might be forced to do so, thus stripping them of body sovereignty and the right to choice.

Please protect my right to choose where, when and with whom I birth.

Mahalo nui,
Alohi Ae'a

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 21, 2017 10:49 PM
To: WAM Testimony
Cc: hotyogahilo@gmail.com
Subject: Submitted testimony for SB1312 on Feb 23, 2017 09:35AM

SB1312

Submitted on: 2/21/2017

Testimony for WAM on Feb 23, 2017 09:35AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Shannon	Hot Yoga Hilo	Oppose	No

Comments: I strongly oppose this bill, as a mother, as a women, as a citizen of Hawaii and America. Please, do not pass this bill.

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From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 21, 2017 10:51 PM
To: WAM Testimony
Cc: mamaselena.midwife@gmail.com
Subject: Submitted testimony for SB1312 on Feb 23, 2017 09:35AM

SB1312

Submitted on: 2/21/2017

Testimony for WAM on Feb 23, 2017 09:35AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Selena M. Green	Individual	Comments Only	No

Comments: I support SB1312_SD1 ONLY with the amendments recommended by the Midwives Alliance of Hawaii.

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REGULAR SESSION OF 2017

For: Honorable Senate WAM Committee Members,
Hearing date 2-23-17, 9:35 a.m., Rm 211

Re: SB1312 SD1 Relating to the Licensure of Midwives - IN STRONG OPPOSITION:

Dear Madams and Sirs,

The CPH committee heard this bill last week and made amendments. However, none of the amendments addressed the concern that women's rights will be restricted by reducing access to traditional midwives, direct entry midwives, lay midwives, community midwives, biblical midwives and all cultural practitioners of birth. In addition, there was no amendment to exempt students of other kinds of midwives not licensed by this bill as was assured by Senator Baker during the hearing. Also, are the costs and resources of administering this bill justified given that only 2 percent of births are out of hospital births? The costs and resources required will be large given that there would be many members on the working group as well as seven members of the board. How much would be covered by the fees charged to midwives? Would these fees be absurdly large? There seems to only be a handful of people who could currently be certified and licensed by this bill. However, there are many people who would lose their practices because they cannot be certified and licensed.

As my 11 year old daughter testified in front of the CPH committee: "We can't standardize birthing because we can't standardize women who give birth." Please stop this bill now.

Below is my original testimony opposing bill SB1312:

This bill will take away women's rights to their reproductive freedom. It is my right as a woman to chose to birth the way I want to and to chose my birth attendants. This bill will force all midwives (aside from CNMs) to become CPMs. This will affect many people such as traditional midwives, direct entry midwives, community midwives, lay midwives, cultural practitioners, family members who attend a birth, and many midwifery students who do not study with CPMs by making it illegal for them to attend births. Most important are the mothers, fathers and babies whose rights will have been restricted by this bill. As a result of this bill, I believe some will chose unassisted births which is much riskier than a birth attended by a skilled attendant.

Please do not take away my women's rights and reproductive freedom. Please don't take them from my children who would not exist if it weren't for access to alternative birthing options. I am a three time high risk pregnancy mother who has successfully had three home births. I was considered high risk because I had a surgery to remove tumors from my uterus. I was even told I couldn't get pregnant. Miraculously, I became pregnant! I was informed by my doctor that I should only have a scheduled c-section. After already experiencing a major abdominal surgery, I could not subject myself and my baby to another major surgery. I had to find a provider who was able to fully support me in a natural birth. After interviewing multiple in-hospital providers and failing to find a supportive provider, I was forced to consider an out of hospital birth. I wasn't even able to find a CPM who was willing to support me. I started considering an unassisted birth.

Luckily, I was introduced to a traditional midwife who believed in me and was willing to support me. I have gone on to have 3 amazing home births with 2 different midwives on 2 different islands in Hawaii. I firmly believe that I would not have these 3 wonderful children if I had a c-section because the physical trauma of the c-section would have prevented me from conceiving my second child as quickly as I did. In addition, due to the high risk nature of each of my pregnancies, the medical system would have dictated c-sections for each of my children's births.

The kind of midwife who is willing to support a high risk pregnant mom would not be able to get licensure according to this bill as it is written. In my case, having skilled and experienced midwives was much preferred to unassisted births. In my second and third pregnancies, there were complications at the births. Without access

to my excellent midwives, I would have been forced to choose unassisted births and the outcomes would have been very different. Luckily, my competent and skilled midwives were able to assess the situation, fix the problem quickly and my babies were born safe and healthy.

I oppose this bill. I believe that CPMs should be licensed and recognized by the state as they desire. However, please do not remove access to other kinds of midwives by forcing all midwives to become CPMs. If it is necessary to move forward on this bill, please add full exemptions for traditional midwives, direct entry midwives, lay midwives, community midwives, cultural practitioners of birth and midwifery students of all midwives. Please allow midwives to receive fair compensation so that they have a means of making a living. It is your responsibility to ensure safe access to birth. It is a woman's right.

Thank you,
Suzanna Kinsey
suzannakinsey@gmail.com

To whom it may concern,

I am Josuna Kinsey, 10 years of age, and I am a homebirth child and so are all of my siblings. I am concerned that if this bill is passed, in my future, I will not be able to make my own decisions in birth. I have the right to make my choices for myself. I oppose this bill. Please preserve my rights.

Mahalo for your time.

Josuna Kinsey

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 21, 2017 10:55 PM
To: WAM Testimony
Cc: paolomorgan@yahoo.com
Subject: Submitted testimony for SB1312 on Feb 23, 2017 09:35AM

SB1312

Submitted on: 2/21/2017

Testimony for WAM on Feb 23, 2017 09:35AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Paolo Morgan	Individual	Oppose	No

Comments: REGULAR SESSION OF 2017 For: Honorable Senate WAM Chair and committee members, RE: SB 1312_sd1 Relating to the Licensure of Midwives IN OPPOSITION Aloha Honorable Chair and Committee Members, I am a registered voter. I am a Father, a Husband and a Son. I am an active participant in the social contract, politically active and in touch with my community. I oppose bill SB1312_sd1 for the following reasons: In my 12 years here I have embraced the rich cultural history of the islands. In Hawaii, there are two distinct ideologies that must be represented when laws are made. While we are one of fifty states in a union of governments, we are also a relatively new system draped delicately over the top of a culture and set of agreements much more ancient, and for many, still sacred. State Government's role in Hawaii must represent both the current understanding of legal frameworks throughout our country, while maintaining a guardianship of the system that came before. New laws must be viewed not just by current perspectives, but also through the lens of cultural preservation and representation. It is with this understanding that I write in opposition to SB1312_sd1. This is a poorly constructed bill that will serve to delegitimize real working women in our state, and harms a long lineage of past women in the process. SB1312_sd1 would serve to criminalize traditional midwifery. Elevating a new path to midwifery over other, more tested methods of training is a disservice to the countless generations of women it took to develop midwifery in the first place. Midwifery is a worldwide heritage relying upon apprenticeship and real birth experience. Several generations back, all of our relatives were born into the loving hands of what we now know as a traditional midwife. Legislation that serves to interrupt this unbroken heritage is both irresponsible and historically blind. This legislation is dividing an important circle of women in our community. There is no safety net for the midwives, mothers, and infants who are directly impacted by SB1312_sd1. Beyond politics, this is personal for me. My wife is a traditional midwife. Through the ancient art of apprenticeship, she learned and has legally practiced traditional midwifery in this state for 15 years. The women who do this have to trust each other. This bill is dividing them. The dialog is shifting from caring for mothers and their infants to billing insurance and licensure. Legitimate experienced women are fearful of losing their traditions, their positions, their practices, and their way of life. This bill is shortsighted and directly targets and

effectively criminalizes a career path that takes a decade to complete, with no safety net in place, and no respect given to the women in the middle of this journey. Finally, SB1312_sd1 destroys family heritage by criminalizing a peaceful, intentional, loving human process. Birth at home is a choice, and ultimately a fundamental human right. It is a normal human process and in no way a medical procedure. My son was born at home, in a birth pool on our lanai, attended by a traditional midwife with 35 years experience. My daughter was born at home in our bedroom, attended by the same traditional midwife. I was born in 1979, at home, attended by a traditional midwife. Six years later I watched as my mom gave birth to my sister, also in our home with yet again, a non certified midwife. Both of my grandmothers, and their grandmothers were also part of this lineage. I expect the Hawaii State Government to represent me. I expect my son and daughter to also have the right to this fundamental choice of who gets invited to the sacred family ceremony of birth. I am in full opposition to SB1312_sd1. Thank you for your time and consideration of this matter. Sincerely, Paolo Morgan
REGULAR SESSION of 2017 For Honorable Senate WAM Chair and Committee Members

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To whom it may concern,

I, of my own free will, oppose the SB-1312 bill. I am Anabel Kinsey and eleven years old. I was born with a traditional home birth. This bill will only allow CPM and CNMs to practice home birth. CPM and CNMs are only allowed to take on specific patients, or soon-to-be mothers. "High-risk" mothers are not one of these types of patients.

My mother was a "high-risk patient." The baby she was carrying was me. She could not have had a hospital birth without having a Cesarean-section. They would not have even let her have tried to have her baby on her own! She did not want to have a major surgery, so she started looking for alternatives.

My mother found a midwife who was willing to have her as a client. My mother had a homebirth with no drug interference or surgery. The birth went perfectly well, with a strong, healthy baby, me. She went on to have two more perfectly healthy children with a home birth, while still being a "high-risk patient." She would have not been able to have this experience if this bill had been passed back then. She would have been forced, obviously unnecessarily, to have a Cesarean-section with all three children.

It is each and every woman's choice to have the right to choose whom they want at their birth, what goes on at their birth, and where their birth is. Motherhood is a very sacred thing and the government does not have a place to discern that sacredness. All women should have the choice of a natural home birth. If they feel the risk is too high, they will choose a hospital birth. I reserve the right to make my own birthing decisions in the future. We all do.

Thank you for your time.

Anabel Kinsey

REGULAR SESSION OF 2017

WAM/CPH Decision Making 2-23- 17, 9:35am, Room 211

RE: SB 1312 S.D.1 Relating to the Licensure of Midwives

IN OPPOSITION

Aloha honorable chairs and committee members,

My name is Mieko Aoki and I am a CPM candidate, aka student homebirth midwife. I appreciate your attempt to address some of the concerns regarding the original SB1312. HOWEVER, as said before it is a very complex issue and the amendments in SD1 continue to be problematic.

First there is a concern about students being illegal which Senator Baker assured in the 02/14/17 hearing would not be the case, still, it did not get amended, so SD1 would still criminalize them. Also, certified professional midwives should be added to the exemption as follows:

§ -8 Exemptions (a)(1) Student midwives in training under the direct supervision of a licensed certified midwives or certified professional midwives;

Second, how can the state justify the cost to assemble and run the board SD1 proposes with seven members and a working group of probably 10-20 people! It is an unreasonable cost for the state considering that out of hospital birth practitioners serve only 2% of the population and many of them would not even be the midwives that will be applying for this licensure! It also makes no sense that a midwifery board would be made up primarily of practitioners using the medical rather than the midwifery model. In addition the 2 licensed certified midwives SD1 suggests as board members would be currently impossible in the State of Hawaii since there are none that presently exist here. Therefore the board suggested is unattainable as well as unreasonable. Also, CNMs shall be excluded from the midwifery board as they already have a board of their own and ACNM further states that the Hawai'i board of nursing licenses and oversees some 2,300 nurses and it cannot reasonably be expected to extend appropriate professional oversight to another category of healthcare professionals, much smaller in number, which does not have nursing academic preparation in common with the rest of its licensees. Therefore the amendment should change to the following:

§ -3 Board of Midwifery; establishment, appointment, membership. (b) The board shall consist of five members as follows:

- (1) Three licensed professional midwives;
- (3) One traditional Native Hawaiian healer;
- (4) One public member who has had a homebirth with a midwife.

And the following should also be changed to read:

§ -5 License; qualifications. (a)(3)(c) All licenses for certified professional midwives issued pursuant to this chapter shall be valid for five years from the date of issuance.

More importantly as many have communicated previously in numerous testimonies regarding midwifery regulation, consumers, families, women, we the people, are asking you as legislators, not to criminalize our choices and respect body sovereignty. If our primary concern is for the welfare of the mothers and babies then let us appreciate the fact that we all (lay, cultural, professional, biblical, traditional etc.) have something to learn from each other and that not one specialty has the best way to birth all the babies in Hawaii. One standard cannot ever fit the diversity of our people! Let us consider what the auditor's report had to say more carefully and return next year with something more comprehensive, inclusive and cost effective for the people of this Aloha state!

For these reasons and more, I strongly oppose SB1312 SD1

Sincerely,
Mieko Aoki
Student Homebirth Midwife
CPM Candidate

I am writing in opposition to Bill SB1312.

My understanding is that this bill if it becomes law would make most midwives in Hawaii illegal, it would put them out of business and only a very small number of midwives would remain, not nearly enough to satisfy the demand.

This means:

- the lucky few midwives who are able to jump thru the licensing hoops and pay the fees would be able to charge enormous fees far beyond the means of low- and middle-income families.
- the majority of experienced and competent midwives would be forced to end their practice against their will, and against the will of low- and mid-income families who urgently need their services.
- traditional and cultural midwives in training would also lose opportunities to gain urgently needed experience.
- many families would be denied the choice to have a homebirth.
- many families would be forced to compromise their religion and/or their culture.

It would be the death knell of traditional and cultural midwifery as we know it. Perhaps those who would profit from this new regime would not shed a tear, but for the rest of us, for those of us who appreciate the fact that families deserve a CHOICE when it comes to homebirth, it would be a tragedy if this bill becomes the law.

Sincerely,

Ben Kinsey

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 21, 2017 11:17 PM
To: WAM Testimony
Cc: nalu.boi88@gmail.com
Subject: Submitted testimony for SB1312 on Feb 23, 2017 09:35AM

SB1312

Submitted on: 2/21/2017

Testimony for WAM on Feb 23, 2017 09:35AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Nalu Compehos	Individual	Oppose	No

Comments: i am opposing this bill not only for the sake of women now but for my sister and many others like her. not to mention my mom who has been working so hard for so long since day one of my life. its not easy to be a kid my age and its also not easy for you to be an adult at what ever age you are but i don't know of those challenges but i do know of mine. some time i get upset because i can't watch tv or play video games when i want to and some times i think to my self that when I'm an adult i can do any thing i want and all the choices will be mine to make and if you pass this bill you will show 11 year old girls that one of the most Important choices they will ever make is not there choice. now i know my mom and dad wold not like it if i told them when to and where to do anything and I'm assuming you feel that way too so show me and many my age that some things are still my choice to make.

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From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 21, 2017 11:20 PM
To: WAM Testimony
Cc: rocio@mile14.com
Subject: Submitted testimony for SB1312 on Feb 23, 2017 09:35AM

SB1312

Submitted on: 2/21/2017

Testimony for WAM on Feb 23, 2017 09:35AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Rocio Bueno	Individual	Oppose	Yes

Comments: Aloha chairs and committee members, SB1312 SD1, as proposed, potentially restricts the type of care that women can choose for themselves and their newborns by regulating how midwives are trained. Please honor women's birthing options and vote no on SB1312 SD1. Mahalo

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To: WAM Testimony
Cc: bill@mile14.com
Subject: Submitted testimony for SB1312 on Feb 23, 2017 09:35AM

SB1312

Submitted on: 2/21/2017

Testimony for WAM on Feb 23, 2017 09:35AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
William Newton	Individual	Oppose	No

Comments: Aloha, Our daughter was born safely at home with the help of two midwives. Both of those midwives are not currently certified by the standards of this bill. Please respect our birthing rights and do not limit our options by allowing this bill to pass. Mahalo, William Newton

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From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 21, 2017 11:35 PM
To: WAM Testimony
Cc: kamali.moon12@gmail.com
Subject: Submitted testimony for SB1312 on Feb 23, 2017 09:35AM

SB1312

Submitted on: 2/21/2017

Testimony for WAM on Feb 23, 2017 09:35AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Kamali Compehos	Individual	Oppose	No

Comments: Aloha, My name is Kamali Moon and I was born at home on March 6th, 2002. Ironically my birthday is coming up and I will be fifteen in a few days, although I haven't lived very long on this earth I have learned quite a lot about birth. My mother has been studying birth since 2005 so I have been exposed to a tremendous amount of knowledge on the subject. Personally I have nothing against hospitals and I know that they are very needed in certain situations, however it is unfair to take away the home birth option for those who want it. Of course you're not trying to eliminate home birth entirely... you're just not allowing women to choose their own care providers. It does not matter how many people choose to have home births, or how many already have. The point is that you cannot eliminate the options just because they are less popular. This isn't the governments birth and it isn't the governments new born baby, therefore it is not the governments choice to make. Women and families have been giving birth since the beginning of time without any controlling laws, so what make you think that now in the twenty first century you have the right to regulate the most natural process to ever exist? As a young Hawaiian woman I am more than likely to have a child one day, and even if you do not agree with my position on the subject, me and other future mothers deserve to have our choices respected. Thank you

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From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 21, 2017 11:42 PM
To: WAM Testimony
Cc: srimatidevaki@gmail.com
Subject: Submitted testimony for SB1312 on Feb 23, 2017 09:35AM

SB1312

Submitted on: 2/21/2017

Testimony for WAM on Feb 23, 2017 09:35AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Srimati Goodman-Robinson	Individual	Oppose	No

Comments: The woman who attended me has safely delivered thousands of babies. I want to have the freedom to birth my babies in an environment of my choosing, including the people in attendance. I know how intimately connected the progression of labor is with a woman's mental/emotional state (i.e. what hormones are being released in the body). Some women feel safest in a hospital, knowing a surgeon is right there if she needs one. Others, at home with a government certified professional. And yet others with a traditional professional such as the uncertified but well-trained professional who attended my birth. Furthermore, the statistics on the outcomes of home births are overall better than the outcomes of hospital births (see the movie *The Business of Being Born* for reference) and maintaining maximum availability of home birth options is thus in the best interest of mothers and their babies. Choosing how to birth their children is a right of women that deserves to be protected. Thank you, Srimati Goodman-Robinson

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From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 21, 2017 11:58 PM
To: WAM Testimony
Cc: roya.m.dennis@gmail.com
Subject: Submitted testimony for SB1312 on Feb 23, 2017 09:35AM

SB1312

Submitted on: 2/21/2017

Testimony for WAM on Feb 23, 2017 09:35AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Roya Dennis	Individual	Comments Only	No

Comments: Having the right to choose who you want to birth your child with and in what you want that experience to happen should be up to the individual. I planned a home birth but did give birth at queen Emma. My midwife worked with my doctor. I could have chosen differently. It was my and should be my right to do so. The way this bill is written there will be very few midwives that can practice in Hawaii. Why does government believe they should control how and with who a woman should labor? Why should the government involve themselves in this at all? I want you ask, what is your intention here? I believe that it is to protect the child and the mother. However, please do your research, mothers are more likely to have birth complications in the hospital setting that in home births. The infant mortality rate is higher in hospitals than in home births. Home births are safe, if not safer, than hospital births. It is my body, my child and my right to choose. If you want a bill that helps to support this right, then you need to ammend so that women who are wonderful, successful midwives can continue to practice. You need to listen to what these women are telling you. Otherwise, this bill is just a way to ensure that the hospitals and the insurance companies thrive. It might not be the intention of this committee to remove midwifery and ensure hospitals deliver all babies, but it will most certainly limit women's access to this fundamental choice and right. Shame. What is happening in this country right now and now in our State. Shame.

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Legislation 2017

Ways and Means Committee

RE: SB1312 - SD1

My name is Jaymie Lewis. I am a Hawaii resident living in Kailua for the past 11 years. I am currently a midwife supporting families with out of hospital deliveries, a doula supporting families with in hospital deliveries, and a lactation specialist. I plan to sit for my NARM exam to obtain a CPM certificate this year, 2017. For eight years I've spanned both worlds of in and out of hospital care, I have learned there is such a broad spectrum of what a family wants during the delivery of their baby. I am submitting my testimony to OPPOSE S.B. No. 1312 – SD1 - relating to the licensure of midwives.

I have already submitted testimony against SB1312 in writing and in verbal testimony. My concerns on this bill have become increasingly more urgent as I see it make it's way through the committees and has turned into SB1312 - SD1. In addition to my original testimony which is still stand with (attached below), I will emphasize a few points that seem to be missed or dismissed.

- 1) Body sovereignty and reproductive rights are paramount in this debate.
- 2) In the hearing of this bill on 2/14/17, Senator Baker admitted to this being a sloppy bill, but needed to get something on the books. Several vague amendments were verbally mentioned, testimony was rushed and shushed, and then the community members were encouraged to stay tuned for updates. It is VERY disturbing that this is how our laws get processed... rushed and without a true understanding of the landscape? I feel this was a poor representation of how our government works.
- 3) At the hearing, community members were told the amendments would include additional pathways to seek licensure other than CPM to try to meet the needs of Hawaii's unique demographic and geographical needs. Adding a CM license to the bill DOES NOT make licensure more accessible. As of 2015, there are were only 6 states (NY, NJ, DE, ME, MO and RI) which recognize a CM license and fewer than 100 CMs licensed in all of the United States. This bill will directly cut accessibility/availability to services that people are thoughtfully seeking out from trusted practitioners who have been serving the community for many years, some for decades. This bill is far too limited to serve Hawaii's unique needs.
- 4) Speaking along the lines of accessibility, there are far fewer CPMs in Hawaii who have current preceptor status in comparison to the number of out of hospital practitioners who do not hold a CPM certificate. With mandatory licensure and a very limited number of CPMs available to accept "students", the majority of our out of hospital practitioners will be unable to get this certificate within the amount of time projected in this bill.
- 5) SB1312-SD1 removed the OBGYN from the board and added 2 CMs to the board. This currently makes the board seats unfillable and heavy handed towards the hospital trained midwife. There are zero CMs practicing in the state of Hawaii in 2017 and being there are so few in the United States, this clearly is not a blossoming route for this profession. Hawaii would be creating 2 positions on the board that current practicing residents of Hawaii would be unqualified to fill. This means they would be created to be filled by non-residents. It does

not seem to be in public interest to force locally integrated practitioners out of work while importing out of state providers to fill these positions. This also leads me to the statement in SB1312 - SD1 pertaining to unfilled board seats which can be appointed by the governor. Is the governor knowledgeable enough in this matter to fill those seats accordingly? Who can the governor choose to fill these seats?

For these and other reasons I firmly oppose Senate Bill 1312 - SD1.

Senator Baker told the community members at the hearing that there would be a discussion with multiple stakeholders, including the variety of midwives that are NOT mentioned in this bill. If legislation is indeed warranted, Hawaii is in a fortunate place to be able to make legislation that suits its residents and not just copy what some other state is doing. This coming together with stakeholders is an important part of the building of this licensure. There are so many issues that need to be addressed before we can finalize anything relating to the licensure of midwives in this state.

Thank you for your kind consideration.

With Aloha

Jaymie L. Lewis

REGULAR SESSION OF 2017

To: Honorable Senate CPH Chair Baker and Committee Members

My name is Jaymie Lewis. I am a Hawaii resident living in Kailua for the past 11 years. I am currently a midwife supporting families with out of hospital deliveries, a doula supporting families with in hospital deliveries, and a lactation specialist supporting families in their home after they have brought their babies into the world. I plan to sit for my NARM exam to obtain a CPM certificate this year, 2017. I am submitting my testimony to OPPOSE S.B. No. 1312 - relating to the licensure of midwives.

I strongly believe in body sovereignty, reproductive rights, and women's rights! These are all BASIC HUMAN RIGHTS which can be applied directly to this piece of legislation. From a personal perspective, as a mother of two and as a person occupying a female body, I strongly oppose this measure. I have birthed both of my children in my Kailua home with the assistance of my husband and my chosen midwife. This was a decision my husband and I made together knowing full well the risk and benefits of choosing an out of hospital delivery. I strongly believe we made the right choice.

Being born is a normal physiological occurrence in ALL of life. Even with the "safety nets" of the hospital paradigm, the unfavorable can happen when it comes to childbearing. It is up to those bearing the child to decide who is appropriate (if anyone) to support them in their care and with that comes the responsibility of the choices they have made along the way. This is true for anything related to an individual's body at any point in their lifetime.

I support CPMs gaining recognition of their certificate by the state of Hawaii so they may practice within their scope of training. I am planning to be a CPM this year! I DO NOT BELIEVE it is necessary to outlaw all other forms of out of hospital birth attendants in order to achieve this goal. Making the CPM certificate the only way to access out of hospital birth services limits access to a majority of those seeking these services, considering less than half of the out of hospital providers in Hawaii are CPMs. There is even less access to *acquiring* a CPM certificate in Hawaii, forcing non-CPM providers to leave in order to attain this certificate or lose their ability to provide a service very few even have the desire to sacrifice one's self for.

Hawaii is one of 15 other states have chosen to either not regulate out of hospital practices (13 states) or make licensure voluntary (2 states). Hawaii is very unique in its demographical and geographical situation. Our islands need the midwives to support the more remote areas of our unique landscape. Hawaii is always at risk of natural disasters such as hurricanes, earthquakes, flooding, etc, making our islands the most susceptible to limited access, loss of power, water, food, medications, and more. Hawaii needs to preserve out of hospital birthing traditions in order to ultimately protect our public in the grander scheme of public safety. We cannot risk losing that knowledge of the traditional birth attendant or access to her. The legislation cannot cut and paste another state's laws and apply them here. It simply does not work the same in Hawaii as it does elsewhere. If legislation is actually deemed necessary, a task force is the best solution to create a fair and reasoned law which takes into consideration Hawaii's unique needs and traditions before a bill can even be proposed. This was the final suggestion of the legislative session of 2014.

The state already has thousands of pages of testimony from this and previous years stating the people of Hawaii want their home birth providers! Senators and House Representatives have received hundreds of phone calls asking the state to keep the laws off their bodies! Hours upon hours of emotional, verbal testimony from the people of Hawaii stating they will not support the medicalization of home birth as a whole. It is the legislation's duty to protect the desires of the people and the people have ALREADY spoken, en masse, several times RECENTLY! Please listen to your constituents and stop pushing legislation that limits services thoughtfully and intentionally sought out by a small percentage of individuals (less than 2% of the population is seeking an out of hospital birth). If you want to recognize the CPM certificate, then please do so, but not at the expense of all other out of hospital birth attendees. The uniqueness of Hawaii needs to be honored and upheld by its lawmakers.

Thank you for your kind consideration.

With Aloha,

Jaymie L. Lewis

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 22, 2017 12:34 AM
To: WAM Testimony
Cc: maureen.darin@gmail.com
Subject: *Submitted testimony for SB1312 on Feb 23, 2017 09:35AM*

SB1312

Submitted on: 2/22/2017

Testimony for WAM on Feb 23, 2017 09:35AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Maureen DaRin	Individual	Oppose	No

Comments:

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To: WAM Testimony
Cc: Merway@hawaii.rr.com
Subject: *Submitted testimony for SB1312 on Feb 23, 2017 09:35AM*

SB1312

Submitted on: 2/22/2017

Testimony for WAM on Feb 23, 2017 09:35AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
marjorie erway	Individual	Support	No

Comments:

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Sent: Wednesday, February 22, 2017 1:10 AM
To: WAM Testimony
Cc: jngibbs@hotmail.com
Subject: Submitted testimony for SB1312 on Feb 23, 2017 09:35AM

SB1312

Submitted on: 2/22/2017

Testimony for WAM on Feb 23, 2017 09:35AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Nancy Gibbs	Individual	Oppose	Yes

Comments: Hawaii birth testimony 2017Feb22 RE: SB 1312 Relating to the Licensure of Midwives IN OPPOSITION submitted by Nancy Gibbs I STRONGLY oppose this bill! I am a Consumer of birth and a home birth mom (home birth after two cesareans). Birth belongs to mothers. Birth is not a medical event. Birth is safe, interference is risky. The sovereignty of the mother is both a right and our own burden to carry. I am faced with all the consequences of my birth so I should make all the decisions about my birth. NO ONE cares more about myself and my baby than I. Statutes, rules, and regulations restrict – by their very definition, that's what they do – they restrict. For example, like there exists no statute that says "chew gum wherever and how ever and with whomever you want". There are only SR&Rs that say "you can't chew gum here or in this way". Licensing doesn't make anything nor anyone safer nor does it give protections; licensing is a permission slip from the government; it will only restrict, it will not loosen (see Arizona midwives). Licensing doesn't protect midwives, it doesn't protect birth, and it doesn't protect babies and birthing persons. Certification and licensing would not "protect" someone like me - a vaginal birth after two cesareans. Certification and licensing do not help someone who is post dates (gestating over 42 weeks); has gestational diabetes; is carrying multiples (twins, triplets, or more); is carrying a perceived big baby; or many other "risk factors". Birthing persons are smart enough to choose whomever they want (including no one) at their birth. Introducing laws which limit a woman's human right to choose her attendant have never been shown to improve the health of women and babies, just the opposite. Licensing does not give mothers more options; it robs them and their babies. Midwives are not more important than mothers. Hawaii is one of the remaining unique places where birth is sacred. Please help keep it this way.

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From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 22, 2017 1:09 AM
To: WAM Testimony
Cc: amberskyfire@yahoo.com
Subject: Submitted testimony for SB1312 on Feb 23, 2017 09:35AM

SB1312

Submitted on: 2/22/2017

Testimony for WAM on Feb 23, 2017 09:35AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Amber Seber	Individual	Oppose	No

Comments: I am in extreme opposition to SB1312. I am a birthing mother, not a midwife or birth practitioner. This bill will put birthing women in Hawaii in extreme danger and it must be stopped immediately. I understand that it appears to those unfamiliar with home birth that the bill is designed to improve safety conditions for birthing women but the opposite is true and this must be stopped before great harm is done. As a home birthing mother, let me explain. Women who choose home birth do so because we do not wish to undergo the medical procedures and interventions forced upon us in a hospital setting. It may be because we are survivors of rape or it may be because we have lost a previous child to malpractice or had a child injured by an obstetrician. There are so many reasons. Most women choose home birth because we refuse to be subjected to these medical procedures. When a midwife is licensed, she is forced by law to perform certain medical procedures on her clients. The client has no choice in the matter. We do not get to make our own medical decisions in midwifery. Women can refuse medical procedures from a doctor, but not a midwife. If they refuse, the midwife must then abandon the client as required by law, and remove them from their care. Otherwise, the midwife loses her license and can no longer practice. It may seem that these pregnant women will then go to a hospital to birth as they have no other choice, but this is false. Most women who cannot gain access to midwifery care for a home birth will then choose to go unassisted and birth entirely alone without help. While I fully support a woman's right to birth unassisted when it is her choice, in this situation, it is not a choice! I have birthed two children unassisted and am all too familiar with this horrific situation. It is happening in other states with forced licensure and it will happen here. This is why CNMs and CPMs are not as popular in the United States as traditional, direct-entry midwives. Most women do not want a licensed midwife. And there are almost no licensed midwives at all in the state of Hawaii. Women have nowhere else to go. We will not be forced into hospitals. Most will choose unassisted and this will have been as a direct result of bad legislature that takes away our natural right to give birth where, how, and with whom we wish. It is misogynistic and insulting at best and deadly at worst to insinuate that women are not intelligent enough to know or care what we are doing. Choosing a home birth is not an act of ignorance. Home birthing mothers spend weeks researching different midwives to find the one that is right

for their family and their birth. We know what we are choosing. This bill is not "saving" women. It insults our intelligence and takes away our right to choose. No one should ever have any say in that but the person giving birth. This bill is dangerous and will result in loss of life. It must be struck down immediately. Please, you must see the dire consequence of this action and take heed from what is already happening in other states. We must not support forced licensure. A better option, if you must create one, would be to require full disclosure by all midwives. This would be acceptable and a safer alternative to home birthing women. It keeps the power in the hands of the mother while granting her legal protection. Please support disclosure laws, not forced licensure. You will destroy the very foundation of home birth in Hawaii and will be responsible for any tragedy that occurs because of it. If you are really concerned with the safety of women and babies, you will stand against forced licensure of midwives. Sincerely, Amber d. Seber

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Tara Compehos
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REGULAR SESSION OF 2017

WAM/CPH Decision Making 2-23-17, 9:35 am RM 211

RE: **SB 1312 S.D. 1 Relating to the Licensure of Midwives**

IN OPPOSITION

Aloha honorable chairs and committee members,

I am a home birth mother of two children. I was also born at home. Home birth is an important part of my cultural legacy and who I am. I do not take it lightly for our government to infringe upon my practices in this arena. For this reason as well as those listed below I strongly OPPOSE SB 1312 S. D. 1.

1. SB 1312 S.D. 1 is not inclusive. The Sunrise Audit recommended regulation of all home birth midwives but this bill still only regulates two groups.
2. SB 1312 SD. 1 is not accessible. There are no midwifery programs located in the state of Hawaii which are regulated by either ACME or MEAC. At this time there are no Certified Midwives registered or practicing in the state of Hawaii. There are only two CM programs in the country and both are located on the east coast. Only one offers an online program. Likewise MEAC accredited programs are far away from Hawaii and expensive. This bill would criminalize the majority of midwives in the state, removing access to qualified care for the communities they serve without providing any practical means to achieve the licensure requirements. This is reckless and irresponsible.
3. SB 1312 S.D. 1 is not cost effective. The cost of administering the proposals in this bill are not justified when you take into account the fact that there are zero CM's in the state and only four CPM's who would qualify for licensure under this bill. The registration fees of only 4 midwives would come out to only \$1,000. Two years is not enough time to complete either of the required programs especially because any candidate who attempted to do so would have to leave the state.

4. SB 1312 S.D. 1 is not popular. The public sentiment is against this bill. The people do not want it. The public voice has been overwhelmingly opposed. It infringes upon human rights, reproductive rights and women's rights.
5. SB 1312 S.D. 1 is not clear. This bill is rushed and sloppy. Any laws having to do with childbirth in any way will effect the reproductive rights of our daughters generations into the future and therefore should be carefully constructed. Forming two groups, a "board of midwifery", and a "working group of interested stakeholders", who report to the legislature at completely disjointed times creates murkiness around the complex issues involved.

SB 1312 S. D. 1 has done one thing very well. It has made it abundantly clear that the "interested stakeholders" will have to get serious about a pathway to licensure for midwives in Hawaii. The committees would be wise to task a working group with meeting regularly throughout this year and presenting the legislature with a bill that has been thoughtfully prepared for the next legislative session. I have great hopes that our state can bring forth a bill which will be an example to other states and even other nations. One that treats mothers and midwives with more aloha, provides opportunities for exceptional quality of care and ensures safety for all parties. Let's not settle for SB 1312 S. D. 1 when we are capable of so much more.

Sincerely yours,

Tara Compehos

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 22, 2017 2:15 AM
To: WAM Testimony
Cc: Struempf22@gmail.com
Subject: Submitted testimony for SB1312 on Feb 23, 2017 09:35AM

SB1312

Submitted on: 2/22/2017

Testimony for WAM on Feb 23, 2017 09:35AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Nicole Struempf	Individual	Oppose	No

Comments: Aloha, My name is Nicole Struempf. I am the 18 year old daughter of a traditional midwife. As a young woman with my childbearing years ahead of me, I am greatly concerned that the state of Hawai'i feels it has the right to involve itself in my reproductive rights. I want to be able to have a birth attendant of MY choice when it is my time to birth my children. I have watched my mom catch babies my whole life. Birth is a normal thing women do. Women don't need regulations about where and with whom we may birth our babies. It is a personal choice and this is why I oppose SB1312_sd1. I strongly oppose SB1312_sd1 for the following reasons, and I feel that there are too many problematic areas to allow amendments to the bill to suffice: 1. I feel SB1312_sd1 infringes on a woman's reproductive rights. Birthrights are the most basic of human rights! Women in Hawai'i currently have the right to choose where they want to give birth and who they want attending them at their birth. This choice to birth at home with an attendant of their choice is made for a variety of reasons. It may be their private philosophy, a cultural practice, a religious belief or for many other countless reasons. Hawai'i is a melting pot of cultures and beliefs that are all valid and are deserving of equal respect. All citizens of our state have a right to sovereignty over their own bodies. SB1312_sd1 takes away a woman's fundamental choice of what she may do with her own body; it is her body and her choice alone with whom she births her child. Although not everyone may understand or agree with a mother's choice, it is of the utmost importance to remember that these are individual choices and freedoms that we must not take away. Please be mindful how deeply you allow the government to infringe upon a woman's right to choose... 2. SB1312_sd1 would place the Commerce and Consumer affairs in charge of regulating the practice of the homebirth midwife when it is clearly an issue for The department of Health. Although many women accept the obstetric way of birth as normal, some mothers absolutely reject this line of thinking. Mothers who choose homebirth do so because they want an alternative to what is already offered to them in a hospital setting where nurse midwives predominately work. Many women view childbirth as a spiritual journey or as a normal physiological event and would prefer to have a non-medicalized birth experience. This choice is not a crime nor should it be viewed as a crime. Likewise, the wise women attending these mothers are also not committing a crime. The medicalization of homebirth eliminates many

alternative birth choices which is again a violation of our most basic human rights and specifically a woman's right of choice. To quote the Midwives' Alliance of North America's position on the practice of midwifery; "Approved May 1994 The Midwives' Alliance of North America holds the position that the practice of midwifery is not a criminal offense and that midwifery practice is not the practice of medicine. In keeping with this position, MANA * supports the passage of legislation which ensures that the rights of women and midwives are preserved * supports the right of midwives from diverse educational backgrounds to practice in the setting of their choice * supports the right of all women to choose their caregivers and where they will receive care Any effort to separate the midwife who wishes to serve from the woman who seeks her care is detrimental to the community. The Midwives' Alliance of North America calls for the immediate decriminalization of all midwifery practice." 3. If the state of Hawai'i legislates specific requirements for licensure then it is beholden to provide its citizens with the reasonable means to attain those requirements. By requiring all currently practicing midwives to complete an educational program or pathway accredited by the Midwifery Education Accreditation Council (MEAC) or the Accreditation Commission for Midwifery Education (ACME) it makes many of the currently practicing midwives in our state illegal. These are wise women who have served the mothers of this state since the beginning of childbirth, whereas the CPM pathway to midwifery has only been available since the 1990's. The Hawaii Regulatory Reform Act clearly states "Regulation must not unreasonably restrict entry into professions and vocations by ALL qualified persons..." But that is exactly what this bill will do. Furthermore, as the Sunrise Audit on regulation of certified professional midwives stated "...It is our conclusion that the proposed licensure of only practitioners who have obtained a designation from a private trade organization, i.e., CPM's, may create an unfair and unnecessary competitive advantage for that segment of the midwifery profession." Clearly when you have a population of midwives who have achieved their education through a wide variety of training modalities, a license based on only two of those pathways which excludes all others will ultimately put some of our state's midwives at an unfair advantage over their non-CPM counterparts. These traditional midwives attained the same skills and education as those who completed the approved educational programs proposed under SB1312 but they will still be forced to go back to school and start their educational process over. This requirement would force these experienced midwives to leave the state to pursue said training as there are no midwifery schools or programs currently available to them in the state of Hawai'i. If the state of Hawai'i wants to regulate all midwives fairly it should consider writing and administering its own test and set forth its own culturally inclusive requirements instead of basing its way since you're on the requirements of an outside body that will put many of its practitioners in a position of an unfair advantage from others. 4. SB1312_sd1 does not support the long-term vitality of our economy or nurture the healthy futures of this constituency. It undermines the healthy and vibrant midwifery profession that currently exists within our state and subjugates our states traditional midwives to others who have taken advantage of opportunities in other states and allows them to be used to break down the existing birth culture here in Hawai'i. I see this as one more layer in the continued colonization of the people of Hawai'i, colonization of our very birthrights themselves! There are no MEAC or ACME accredited schools in Hawai'i. It is apparent that the Midwives Alliance of Hawai'i (MAH), a private

trade organization mostly made up of CPM's, has been one of the strongest lobbies for licensure. SB1312_sd1 would reward this organization and their members with a seamless and immediate licensure while sending many of our states currently practicing elder midwives back to square one. Most members of MAH are recent mainland transplants who acquired their CPM certification in other states and then moved to Hawai'i. As with many newer residents to our state, they seek to make Hawai'i more like the mainland without recognizing our long-standing unique and diverse cultural ways. I am confident that that our representatives would preferred to create a licensing process which would support all of their constituents. If SB1312_sd1 moves forward, the only honorable way to proceed would be to grandmother in all currently practicing traditional midwives and cultural practitioners and if deemed necessary, to provide them with the funding and access necessary to achieve all of the newly imposed requirements for licensure so that ALL of the midwives who have faithfully served the women of Hawai'i may continue offering women the choice to give birth with the practitioner of their choice. This includes but is not limited to scholarships to attend approved schools, payment of the fees to take the tests and file the necessary paperwork, Setting up an approved MEAC or ACME school within the state of Hawai'i, airfare to travel to the locations where the tests are administered and more... For these reasons and so many more I respectfully oppose SB1312_sd1 Mahalo for your consideration in this matter!
Nicole Struempf

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Sent: Wednesday, February 22, 2017 3:45 AM
To: WAM Testimony
Cc: lana.olson@gmail.com
Subject: Submitted testimony for SB1312 on Feb 23, 2017 09:35AM

SB1312

Submitted on: 2/22/2017

Testimony for WAM on Feb 23, 2017 09:35AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Lana Olson	Individual	Oppose	No

Comments: RE: SB 1312 S.D.1 Relating to the Licensure of Midwives IN OPPOSITION
Aloha honorable chairs and committee members, I appreciate your attempt to address some of the concerns regarding the original SB1312. HOWEVER, as said before it is a very complex issue and the amendments in SD1 continue to be problematic. First there is a concern about students being illegal which Senator Baker assured in the 02/14/17 hearing would not be the case, still, it did not get amended, so SD1 would still criminalize them. Also, certified professional midwives should be added to the exemption as follows: § -8 Exemptions (a)(1) Student midwives in training under the direct supervision of a licensed certified midwives or certified professional midwives; Second, how can the state justify the cost to assemble and run the board SD1 proposes with seven members and a working group of probably 10-20 people! It is an unreasonable cost for the state considering that out of hospital birth practitioners serve only 2% of the population and many of them would not even be the midwives that will be applying for this licensure! It also makes no sense that a midwifery board would be made up primarily of practitioners using the medical rather than the midwifery model. In addition the 2 licensed certified midwives SD1 suggests as board members would be currently impossible in the State of Hawaii since there are none that presently exist here. Therefore the board suggested is unattainable as well as unreasonable. Also, CNMs shall be excluded from the midwifery board as they already have a board of their own and ACNM further states that the Hawai'i board of nursing licenses and oversees some 2,300 nurses and it cannot reasonably be expected to extend appropriate professional oversight to another category of healthcare professionals, much smaller in number, which does not have nursing academic preparation in common with the rest of its licensees. Therefore the amendment should change to the following: § -3 Board of Midwifery; establishment, appointment, membership. (b) The board shall consist of five members as follows: (1) Three licensed professional midwives; (3) One traditional Native Hawaiian healer; (4) One public member who has had a homebirth with a midwife. And the following should also be changed to read: § -5 License; qualifications. (a)(3)(c) All licenses for certified professional midwives issued pursuant to this chapter shall be valid for five years from the date of issuance. More importantly as many have

communicated previously in numerous testimonies regarding midwifery regulation, consumers, families, women, we the people, are asking you as legislators, not to criminalize our choices and respect body sovereignty. If our primary concern is for the welfare of the mothers and babies then let us appreciate the fact that we all (lay, cultural, professional, biblical, traditional etc.) have something to learn from each other and that not one specialty has the best way to birth all the babies in Hawaii. One standard cannot ever fit the diversity of our people! Let us consider what the auditor's report had to say more carefully and return next year with something more comprehensive, inclusive and cost effective for the people of this Aloha state! For these reasons and more, I strongly oppose SB1312 SD

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Sent: Wednesday, February 22, 2017 3:50 AM
To: WAM Testimony
Cc: kaloko4@aol.com
Subject: Submitted testimony for SB1312 on Feb 23, 2017 09:35AM

SB1312

Submitted on: 2/22/2017

Testimony for WAM on Feb 23, 2017 09:35AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Rachel L. Curnel Struempf DEM	Individual	Oppose	No

Comments: Aloha, My name is Rachel Struempf. I am a traditional midwife. I have spent 22 years attending women during their childbearing cycle. I am unique as I obtained my education and training in Hawai'i through the only pathway available to me, apprenticeship. I am greatly concerned that the state of Hawai'i feels it has the right to involve itself in my reproductive rights. I want to be able to have a birth attendant of MY choice when I birth my children. Birth is a normal thing women do. I have had 4 children at home, attended by a traditional midwife. Women don't need regulations about where and with whom we may birth our babies. I strongly oppose SB1312_sd1 and I feel that there are too many problematic areas to allow amendments to the bill to suffice: I feel SB1312_sd1 infringes on a woman's reproductive rights. Birthrights are the most basic of human rights! Women in Hawai'i currently have the right to choose where they want to give birth and who they want attending them at their birth. This choice to birth at home with an attendant of their choice is made for a variety of reasons. It may be their private philosophy, a cultural practice, a religious belief or for many other countless reasons. Hawai'i is a melting pot of cultures and beliefs that are all valid and are deserving of equal respect. All citizens of our state have a right to sovereignty over their own bodies. SB1312_sd1 takes away a woman's fundamental choice of what she may do with her own body; it is her body and her choice alone with whom she births her child. Although not everyone may understand or agree with a mother's choice, it is of the utmost importance to remember that these are individual choices and freedoms that we must not take away. Please be mindful how deeply you allow the government to infringe upon a woman's right to choose... Mothers who choose homebirth do so because they want an alternative to what is already offered to them in a hospital setting where nurse midwives predominately work. Many women view childbirth as a spiritual journey or as a normal physiological event and would prefer to have a non-medicalized birth experience. This choice is not a crime nor should it be viewed as a crime. Likewise, the wise women attending these mothers are also not committing a crime. The medicalization of homebirth eliminates many alternative birth choices which is again a violation of our most basic human rights and specifically a woman's right of choice. To quote the Midwives' Alliance of North America's position on the practice of

midwifery; "Approved May 1994 The Midwives' Alliance of North America holds the position that the practice of midwifery is not a criminal offense and that midwifery practice is not the practice of medicine. In keeping with this position, MANA * supports the passage of legislation which ensures that the rights of women and midwives are preserved * supports the right of midwives from diverse educational backgrounds to practice in the setting of their choice * supports the right of all women to choose their caregivers and where they will receive care Any effort to separate the midwife who wishes to serve from the woman who seeks her care is detrimental to the community. The Midwives' Alliance of North America calls for the immediate decriminalization of all midwifery practice." If the state of Hawai'i legislates specific requirements for licensure then it is beholden to provide its citizens with the reasonable means to attain those requirements. By requiring all currently practicing midwives to complete an educational program or pathway accredited by the Midwifery Education Accreditation Council (MEAC) or the Accreditation Commission for Midwifery Education (ACME) it makes many of the currently practicing midwives in our state illegal. These are wise women who have served the mothers of this state since the beginning of childbirth, whereas the CPM pathway to midwifery has only been available since the 1990's. The Hawaii Regulatory Reform Act clearly states "Regulation must not unreasonably restrict entry into professions and vocations by ALL qualified persons..." But that is exactly what this bill will do. Furthermore, as the Sunrise Audit on regulation of certified professional midwives stated "...It is our conclusion that the proposed licensure of only practitioners who have obtained a designation from a private trade organization, i.e., CPM's, may create an unfair and unnecessary competitive advantage for that segment of the midwifery profession." Clearly when you have a population of midwives who have achieved their education through a wide variety of training modalities, a license based on only two of those pathways which excludes all others will ultimately put some of our state's midwives at an unfair advantage over their non-CPM counterparts. These traditional midwives attained the same skills and education as those who completed the approved educational programs proposed under SB1312 but they will still be forced to go back to school and start their educational process over. This requirement would force these experienced midwives to leave the state to pursue said training as there are no midwifery schools or programs currently available to them in the state of Hawai'i. If the state of Hawai'i wants to regulate all midwives fairly it should consider writing and administering its own test and set forth its own culturally inclusive requirements instead of basing its way since you're on the requirements of an outside body that will put many of its practitioners in a position of an unfair advantage from others. SB1312_sd1 does not support the long-term vitality of our economy or nurture the healthy futures of this constituency. It undermines the healthy and vibrant midwifery profession that currently exists within our state and subjugates our states traditional midwives to others who have taken advantage of opportunities in other states and allows them to be used to break down the existing birth culture here in Hawai'i. I see this as one more layer in the continued colonization of the people of Hawai'i, colonization of our very birthrights themselves! There are no MEAC or ACME accredited schools in Hawai'i. It is apparent that the Midwives Alliance of Hawai'i (MAH), a private trade organization mostly made up of CPM's, has been one of the strongest lobbies for licensure. SB1312_sd- would reward this organization and their members with a seamless and immediate licensure

while sending many of our states currently practicing elder midwives back to square one. Most members of MAH are recent mainland transplants who acquired their CPM certification in other states and then moved to Hawai'i. As with many newer residents to our state, they seek to make Hawai'i more like the mainland without recognizing our long-standing unique and diverse cultural ways. I am confident that that our representatives would preferred to create a licensing process which would support all of their constituents. If SB1312_sd1 moves forward, the only honorable way to proceed would be to grandmother in all currently practicing traditional midwives and cultural practitioners and if deemed necessary, to provide them with the funding and access necessary to achieve all of the newly imposed requirements for licensure so that ALL of the midwives who have faithfully served the women of Hawai'i may continue offering women the choice to give birth with the practitioner of their choice. This includes but is not limited to scholarships to attend approved schools, payment of the fees to take the tests and file the necessary paperwork, Setting up an approved MEAC or ACME school within the state of Hawai'i, airfare to travel to the locations where the tests are administered and more... For these reasons and so many more I respectfully oppose SB1312_sd1. Mahalo for your consideration in this matter! Rachel Struempf, Traditional Midwife

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From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 22, 2017 6:43 AM
To: WAM Testimony
Cc: candee675@gmail.com
Subject: Submitted testimony for SB1312 on Feb 23, 2017 09:35AM

SB1312

Submitted on: 2/22/2017

Testimony for WAM on Feb 23, 2017 09:35AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Candace Mendoza	Individual	Oppose	No

Comments: I am a mother of 4 children. Sorry I am unable to provide a attach document testimony, being busy as I'm a stay at home mom. I feel it is important I take time to Oppose SB1312. It vital that I have a freedom of choice to where and whom helps me deliver my child. My first child, hospital delivery and my last 3 births at home with midwives. im truly great for for Hawaii midwives. Midwifery provides a safe birth environment, provide essential and basic care for my me and my babies. My experience has taught how important it's for my choice. Hopstipal birth I feel, was not safe, and did not provide not even basic care for my birth. Midwife exceed my expectations and I felt safe. This bill makes it difficult for mothers, father, families and only leaves unnecessary stress. Please protect Our children. Protect our midwife. Protect my freedom of choice. Protect Hawaii people.

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From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 22, 2017 7:13 AM
To: WAM Testimony
Cc: kaleimaile@ahapunanaleo.org
Subject: Submitted testimony for SB1312 on Feb 23, 2017 09:35AM

SB1312

Submitted on: 2/22/2017

Testimony for WAM on Feb 23, 2017 09:35AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Kaleimaile A. Robia	Individual	Oppose	No

Comments: I strongly oppose this bill. We live in a free country. We shall be giving the right to choose freely how we'd like to birth a child. This bill is taking away my right to choose. Mahalo!

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From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 22, 2017 7:26 AM
To: WAM Testimony
Cc: harmoniakao@yahoo.com
Subject: Submitted testimony for SB1312 on Feb 23, 2017 09:35AM

SB1312

Submitted on: 2/22/2017

Testimony for WAM on Feb 23, 2017 09:35AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Harmoni Akao	Individual	Oppose	No

Comments: In response to SB1312 I OPPOSE this bill. It is my choice as a woman how, where and with whom I birth my babies. With my first baby, there were complication and I elected to go to the hospital after consulting my team of medical professionals. That was the right decision for us for that situation. For my second baby, I elected to do a home birth because I had a very healthy pregnancy and wanted to birth my baby in a comfortable and peaceful environment. Once I went into labor, my midwives confirmed that both baby and myself were in no harm and went ahead with the home delivery. Both baby and myself were in perfect health throughout the delivery and afterwards. Due to not having any forced interventions, my recovery was amazing, baby was in perfect health and most importantly we had the birthing experience that we desired in the comfort of our own home. The fact that we had the option to choose the right path for our family in our particular situation is something that all women should have the right to do. Therefore I oppose Bill SB1312 which would deny women the right to choose how, where and with whom to birth their babies, which is one of the biggest life experiences in a woman's life.

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From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 22, 2017 7:29 AM
To: WAM Testimony
Cc: ramona.hussey@gmail.com
Subject: Submitted testimony for SB1312 on Feb 23, 2017 09:35AM

SB1312

Submitted on: 2/22/2017

Testimony for WAM on Feb 23, 2017 09:35AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Ramona Hussey	Individual	Oppose	No

Comments: I continue to oppose SB1312 SD1 as it will prevent a birthing mother's choice to use a lay midwife or traditional for her births. Birth is a natural process, and those of us who choose to do a homebirth must have available lay midwives who can assist. We who choose homebirths are educated, knowledgeable consumers who have the right to birth our children with traditional midwives. I have a doctorate, gave birth to my children in my 30s, and CHOSE to have 3 homebirths with a lay midwife in Hawaii. I knew the risks, but felt safest with a law midwife. Please do NOT take away that choice from birthing mothers.

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From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 22, 2017 7:42 AM
To: WAM Testimony
Cc: kimapali@yahoo.com
Subject: Submitted testimony for SB1312 on Feb 23, 2017 09:35AM

SB1312

Submitted on: 2/22/2017

Testimony for WAM on Feb 23, 2017 09:35AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Kimberly Mizuta	Individual	Oppose	Yes

Comments: In opposition to SB1312: This proposed bill places undue stresses & sanctions on expectant mothers who happen to deliver in their homes. It violates their rights to choice and the specificity of the bill punishes those who aid a woman during this process.

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From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 22, 2017 7:43 AM
To: WAM Testimony
Cc: avaj@hawaiiantel.net
Subject: Submitted testimony for SB1312 on Feb 23, 2017 09:35AM

SB1312

Submitted on: 2/22/2017

Testimony for WAM on Feb 23, 2017 09:35AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Avril Jenkins	Individual	Oppose	No

Comments: Aloha, I am an APRN and I believe this bill needs to be amended to allow for education and experience in the field to come into account. This bill puts cultural practices of Native Hawaiians at risk and can be seen a discriminatory to Native peoples and their practices. It can be seen as essentially outlawing native practices. Mahalo, Avril

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From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 22, 2017 7:44 AM
To: WAM Testimony
Cc: melindanascimbeni@mac.com
Subject: *Submitted testimony for SB1312 on Feb 23, 2017 09:35AM*

SB1312

Submitted on: 2/22/2017

Testimony for WAM on Feb 23, 2017 09:35AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
melinda	Individual	Support	No

Comments:

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From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 22, 2017 7:52 AM
To: WAM Testimony
Cc: ktw808@hawaiiantel.net
Subject: Submitted testimony for SB1312 on Feb 23, 2017 09:35AM

SB1312

Submitted on: 2/22/2017

Testimony for WAM on Feb 23, 2017 09:35AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Kristl Woo	Individual	Oppose	No

Comments: I am against the passing of this bill even with the SD1 amendments. I have already e-mailed my concerns to the WAM committee. Thank you for your time. Please do not pass this bill. It will hurt & impact our State negatively and bring disunity among people. Mahalo.

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From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 22, 2017 7:53 AM
To: WAM Testimony
Cc: stra9523@pacificu.edu
Subject: *Submitted testimony for SB1312 on Feb 23, 2017 09:35AM*

SB1312

Submitted on: 2/22/2017

Testimony for WAM on Feb 23, 2017 09:35AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Jami Strapple Jingao	Individual	Oppose	No

Comments:

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From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 22, 2017 8:24 AM
To: WAM Testimony
Cc: kelseyinhawaii@hotmail.com
Subject: Submitted testimony for SB1312 on Feb 23, 2017 09:35AM

SB1312

Submitted on: 2/22/2017

Testimony for WAM on Feb 23, 2017 09:35AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Kelsey Poaha	Individual	Oppose	No

Comments: Women have a right to make their own choices with their labor and birth options with whom they would like present and with whom they seek assistance! They should not be restricted in their option or dictated by insurance companies or those who seek financial gain in regards to how they choose to birth. I strongly oppose this bill to go through! Think of your daughters, your granddaughters, your nieces, your friends and how you will be affecting their choices!! Allow their birth experiences to leave a positive impression with whom they wish present and where they choose to birth.

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From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 22, 2017 8:33 AM
To: WAM Testimony
Cc: brutusluv@gmail.com
Subject: *Submitted testimony for SB1312 on Feb 23, 2017 09:35AM*

SB1312

Submitted on: 2/22/2017

Testimony for WAM on Feb 23, 2017 09:35AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Blake J LaBenz	Individual	Oppose	No

Comments:

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Sent: Wednesday, February 22, 2017 8:43 AM
To: WAM Testimony
Cc: cdobbsiii@gmail.com
Subject: Submitted testimony for SB1312 on Feb 23, 2017 09:35AM

SB1312

Submitted on: 2/22/2017

Testimony for WAM on Feb 23, 2017 09:35AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Charles D Dobbs	Individual	Oppose	No

Comments: I wholeheartedly oppose this bill. While I appreciate the amendments made, the overall content still reveals a lack of true comprehension of the practice it seeks to regulate. If midwifery licensure is to move forward in this state, the crafting of the bill deserves care and nuance commensurate with our unique state culture and circumstances. The state cannot effectively regulate a practice it does not comprehend, or further, as evidenced in the first paragraph of SB1312, holds an implicit bias toward. Thank you for your time.

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From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 22, 2017 8:46 AM
To: WAM Testimony
Cc: stewart.brady@ymail.com
Subject: Submitted testimony for SB1312 on Feb 23, 2017 09:35AM

SB1312

Submitted on: 2/22/2017

Testimony for WAM on Feb 23, 2017 09:35AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
brady stewart	Individual	Oppose	No

Comments: The bill does not promote nor support women's freedom of choice in reproductive health, nor the ability for the care provider to give the care she was chosen for. It is always the mothers' decision with whom, where and when she chooses to give birth. It is not for the government to ever make decisions for her. Listen to the women who take care of each other, the homebirth midwives versed well in this type of care. See the testimonies of Dr.Lori Kimata and Mieko Aoki for suggestions to the changes needed in the SD1. I stand with them.

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From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 22, 2017 8:53 AM
To: WAM Testimony
Cc: wahine96779@yahoo.com
Subject: Submitted testimony for SB1312 on Feb 23, 2017 09:35AM

SB1312

Submitted on: 2/22/2017

Testimony for WAM on Feb 23, 2017 09:35AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Amy Halas	Individual	Oppose	No

Comments: As someone who benefited tremendously from the professional expertise and knowledge of traditional home birth midwives, I OPPOSE Senate Bill 1312 and the subsequent draft. I fear that such legislation will penalize as well as criminalize those who practice traditional midwifery and attend home births. It is a woman's CHOICE to decide with whom and how she wishes to deliver. Furthermore, this legislation endangers Native Hawaiian midwifery customs and traditions that have been practiced for generations. Please vote "No" on this legislation. Mahalo

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From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 22, 2017 9:00 AM
To: WAM Testimony
Cc: morningglorymidwifery@gmail.com
Subject: Submitted testimony for SB1312 on Feb 23, 2017 09:35AM

SB1312

Submitted on: 2/22/2017

Testimony for WAM on Feb 23, 2017 09:35AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Leah Hatcher	Individual	Support	No

Comments: SB1312_SD1 I only support this bill WITH the FOLLOWING AMENDMENTS: Replace the entire SB1312 bill with the language of HB1288 Include licensure of certified midwives per USMERA regulation recommendations Keep the exemption language inserted into SB1312_SD1 by the Office of Hawaiian Affairs.

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From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 22, 2017 9:04 AM
To: WAM Testimony
Cc: tatianamareva@me.com
Subject: *Submitted testimony for SB1312 on Feb 23, 2017 09:35AM*

SB1312

Submitted on: 2/22/2017

Testimony for WAM on Feb 23, 2017 09:35AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Tatiana	Individual	Oppose	No

Comments:

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Senator Jill Tokuda, Chair

Committee on Ways and Means

Aloha Senator Tokuda,

As a constituent of your district, I strongly urge you to **oppose SB1312 SD1**, as this draft does not adequately address the serious flaws in this bill. Giving birth is an intensely personal journey that each woman chooses to complete in the way that she best sees fit. This bill is the latest in a recent string of attempts to impose unnecessary legislation that would restrict women's healthcare choices that really should be left between herself and her doctors.

SECTION 1 of SB1312 SD1 states:

"The legislature finds that the nature of the maternity and prenatal services provided by midwives could potentially endanger the health and safety of women and newborns under a midwife's care if the profession is not adequately regulated. Public health and safety concerns substantially outweigh any negative effects arising from regulation"

I will not deny the *potential* for such danger to occur, but as no such problem currently exists in the US, passing legislation at this time would be needless, expensive, and unnecessarily prohibitive. Please read the following results from a study from The American Journal of Obstetrics and Gynecology which shows that there are actually far fewer complications for home births than hospital births in the United States (Wax *et al.* 2010):

Results:

“Planned home births were associated with fewer maternal interventions including epidural analgesia, electronic fetal heart rate monitoring, episiotomy, and operative delivery. These women were less likely to experience lacerations, hemorrhage, and infections. Neonatal outcomes of planned home births revealed less frequent prematurity, low birthweight, and assisted newborn ventilation. Although planned home and hospital births exhibited similar perinatal mortality rates, planned home births were associated with significantly elevated neonatal mortality rates.”

Here it is important to note that perinatal means “Pertaining to the period immediately before and after birth”, and neonatal means “of, relating to, or taking care of babies in the first month after their birth.” Therefore, the 3x higher **neonatal** death rate has nothing to do with the midwives attending the birth, this problem occurs due to the mother's failure to provide adequate medical care to the child in the month AFTER giving birth. The bottom line is that attempting to regulate lay midwives at this time is completely unnecessary, and would be a waste of time and money for the State of Hawaii.

The biggest concern I have about SB1312 SD1 is that it provides an exemption for Native Hawaiian practitioners, but it does not recognize that there are different kinds of Native cultural practitioners who would be adversely affected by this bill. There are Native American lay midwives, Native Alaskans, and all kinds of experienced lay midwives from the Philippines, India, New Zealand, and all of Asia (just to name a few), and their cultural practices should also be recognized in this bill. As it is written now, all other cultural practitioners besides Native Hawaiians are subject to the same rules and fees as those practicing midwifery for a living.

I simply do not see how anyone can expect to regulate such ancient and deeply rooted cultural birthing practices, especially when the reason to do so is because of “potential” risk of endangering health and safety-- there are no current significant safety issues associated with midwife care in Hawaii at this time.

As a consumer, I fully support OPTIONAL licensure, but see no reason why a woman shouldn't be able to choose to have a Native American cultural lay midwife attending her birth in her own home, with the ability to legally pay her midwife as she sees fit.

The next problem I have with SB1312 SD1 are in SECTIONS 5 and 6:

“§ -5 License; qualifications. (a) No person shall engage in the practice of midwifery in this State unless the person holds a current license issued by the board pursuant to this chapter.

(b) All licenses issued under this chapter shall be valid for two years from the date of issuance.

§ -6 Fees; penalties. (a) Each applicant shall pay a licensing fee of \$250 upon application for a new or renewal license.”

This cost is prohibitively expensive, and unreasonable. Some midwives practice for 20-40 years, and to expect them to renew their license every TWO years at a cost of \$250 is outrageous. Most of the lay midwives I know make little to no profit from their services. They often do it pro-bono, or request a modest donation to reimburse costs of gas and supplies.

Most importantly, I see this law as one of the many recent attempts to restrict and impede a woman's most fundamental right to choose. Women's healthcare choices should be left between herself and her doctors, and until we see a significant need for regulations on the midwife industry I suggest we let women make their own choices about who they want to help them on their incredibly personal childbirth journey.

Thank you very much for your time. I strongly urge you to vote NAY on SB1312 SD1.

Sincerely,

Natalia Hussey-Burdick

PO Box 51

Honolulu, HI 96810

(808) 688-3481

Literature Cited:

Wax, Joseph R., F. Lee Lucas, Maryanne Lamont, Michael G. Pinette, Angelina Cartin, and Jacquelyn Blackstone. "Maternal and newborn outcomes in planned home birth vs planned hospital births: a metaanalysis." *American Journal of Obstetrics and Gynecology* 203.3 (2010): 243.e1–243.e8. Web. <<http://www.ajog.org/article/S0002-9378%2810%2900671-X/fulltext?refissn=0002-9378&refuid=S0002-9378%2812%2901074-5>>

Opposition to SB1312 SD1
RELATING TO THE LICENSURE OF MIDWIVES
COMMITTEE ON WAYS AND MEANS
Thursday, February 23, 2017
9:35 a.m.
Conference Room 211

Senator Jill N. Tokuda, Chair
Senator Donovan M. Dela Cruz, Vice Chair

Aloha Senators,

I am a Native Hawaiian mother of three young children born at home under the care of highly trained and skilled midwives. I have also attended several births in hospitals and homes in multiple capacities—as a doula, friend, sister, and as a student midwife.

While I am a strong supporter of midwifery care and licensure of Certified Professional Midwives, **I oppose this bill (SB1312 SD1).**

This bill limits the birthing choices available to women/families by making it illegal for some of Hawai'i's midwives to practice. Families need to be free to choose their caregivers and where they will receive that care.

As a student midwife, I am very concerned about the limited options to licensure this bill would allow.

The bill criminalizes student midwives, supervised by non-CPM professionals working within their scope of practice (NDs, for example) as well as those working under traditional midwives. There are student midwives currently pursuing their education (some seeking a CPM credential!) who work under non-CPMs. The only student midwives exempted under this bill are those practicing under “the direct supervision of licensed certified midwives.” This needs to change. [In the 2/14/17 hearing, Senator Baker stated that she would be amending the bill to include students of professionals practicing within their scope of practice, but SB1212 SD1 does not include this change.]

The educational pathways provided for in the bill are very narrow, granting licensure only to CPMs who have graduated from a MEAC accredited school, or CMs who have been through ACME programs. As I read the bill, even some long practicing CPMs would not qualify for licensure under the current language!

Midwives who have spent many years pursuing other educational pathways should be allowed to practice and serve their community.

I support licensure for CPMs who want it, but not via this current bill, not at the expense of so many traditional midwives, cultural practitioners, student midwives, and most importantly, the families who choose to birth them.

Mahalo for your consideration,

Kaliko Amona

Hale'iwa, Hawai'i

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 22, 2017 9:39 AM
To: WAM Testimony
Cc: jennymaliahudson@yahoo.com
Subject: *Submitted testimony for SB1312 on Feb 23, 2017 09:35AM*

SB1312

Submitted on: 2/22/2017

Testimony for WAM on Feb 23, 2017 09:35AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
jenny hudson	Individual	Oppose	No

Comments:

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From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 22, 2017 9:39 AM
To: WAM Testimony
Cc: nancy_holbrook@hotmail.com
Subject: Submitted testimony for SB1312 on Feb 23, 2017 09:35AM

SB1312

Submitted on: 2/22/2017

Testimony for WAM on Feb 23, 2017 09:35AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Nancy Holbrook	Individual	Oppose	Yes

Comments: Senator Baker did not address many of our concerns voiced in the previous committee. And on the island of Oahu there are only 2 qualified CPM from which students can receive training for the CPM pathway making almost extremely difficult to get obtain licensure that way and a very lengthy process if you can get them to agree to take you on as a student. Midwife students would need 4 years at least before the licensure is required to get enough experience to even sit for the test. The other midwives that serve the community will be criminalized because they did not take that particular pathway which until 5 years ago wasn't even a possibility because there were no cpm on the island. My fear is that a the midwives who have been serving our community for many years will be prosecuted and CPMs from the mainland will come in taking their place with no regard for the culture and community. Licensure by law is not suppose to give only one group a major benefit over the others in the field. There needs to be some kind of grandfather clause for midwives who have been practicing here for over 10 years to allow them to continue to practice and serve the community.

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From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 22, 2017 9:57 AM
To: WAM Testimony
Cc: carolemmademing@gmail.com
Subject: Submitted testimony for SB1312 on Feb 23, 2017 09:35AM

SB1312

Submitted on: 2/22/2017

Testimony for WAM on Feb 23, 2017 09:35AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Carol Scott Deming	Individual	Oppose	No

Comments: We should be helping them to be certified. They are the only wise people in the business .

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From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 22, 2017 11:33 AM
To: WAM Testimony
Cc: spectekula@gmail.com
Subject: Submitted testimony for SB1312 on Feb 23, 2017 09:35AM

SB1312

Submitted on: 2/22/2017

Testimony for WAM on Feb 23, 2017 09:35AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Sara Tekula	Individual	Oppose	No

Comments: We must protect cultural practices surrounding childbirth and a woman's right to choose how to birth her baby.

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From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 22, 2017 2:04 PM
To: WAM Testimony
Cc: sunnyrkim@gmail.com
Subject: Submitted testimony for SB1312 on Feb 23, 2017 09:35AM

SB1312

Submitted on: 2/22/2017

Testimony for WAM on Feb 23, 2017 09:35AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Sunny	Individual	Oppose	No

Comments: I strongly oppose this bill. This bill places limits on the women's choice and right to choose where and how they want to give birth. Research and statistic has already proven that births attended by midwives are not only successful but also safe. It also shows that births attended by midwives have better outcome and less complications than hospital births. Limiting midwifery practice will be detrimental to those who wish to have birth options other than hospital births. I have had my first child in the hospital and my other two at home with my midwife. And I can testify that my two home birth experiences were far better than my hospital experience.

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On November 1, 2014, in the comfort of my home, the arms of my ancestors, the aloha of my 'ohana, I gave birth to a healthy baby girl. My midwife and her assistant, some of the most wise, compassionate and ethical people who were involved in my pregnancy, stood by my side the entire time, prepared and competent should anything go wrong. My daughter was born at 11:07pm, no complications, no invasion of medication, nothing but a strong cultural presence of the power and ability of the human body. The guidance I received prior to the birth, the support I received while in labor and the quality of care delivered afterwards, far outweigh that which would have been delivered in a hospital setting. Freedom of culture means freedom to choose the environment of which to embark on the spiritual journey of birth.

If you consider drug interactions, medical mistakes and hospital-acquired infections, medical care alone is the third leading cause of death in our country (Weisberg, 2013). There is no greater risk posed by birthing under the care of a midwife than that of doing so in a medical facility. Birth is not a medical concern of which to be intervened. I deserve access to the safe and quality care of my choice. Regulation on midwives would essentially decrease access to choice, cultural practices and religion. This type of regulation blatantly goes against the US constitution and jeopardizes citizen freedom.

Weisberg, R. (Producer & Director). (Sept. 24, 2012). Money and medicine (Motion Picture). US: PBS News Hour.

Standing in solidarity with midwives everywhere,
Krystal Noelani Del Rosario
808-280-0459

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 22, 2017 9:24 PM
To: WAM Testimony
Cc: katjabajema@gmail.com
Subject: Submitted testimony for SB1312 on Feb 23, 2017 09:35AM

SB1312

Submitted on: 2/22/2017

Testimony for WAM on Feb 23, 2017 09:35AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Katja Bajema	Individual	Support	No

Comments: I am in support of bill SB 1312-SD1 with amendments recommended by Midwives Alliance of Hawaii. I am a mother, childbirth educator and doula in Honolulu.

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From: mailinglist@capitol.hawaii.gov
Sent: Thursday, February 23, 2017 12:08 AM
To: WAM Testimony
Cc: kaleihomai@aol.com
Subject: Submitted testimony for SB1312 on Feb 23, 2017 09:35AM

SB1312

Submitted on: 2/23/2017

Testimony for WAM on Feb 23, 2017 09:35AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Donna Bareng	Individual	Oppose	No

Comments: Aloha, My name is Donna Marie Kaleihomaimakealoha Bareng, and I am a homegrown native to this 'aina who strongly opposes SB1312, SB1312 SD1 and any version of these bills connected to obstructing a mother's complete right to choose WHERE, WITH WHOM, and HOW she gives birth. This bill extremely limits a woman's right to choose where, with whom, and how she gives birth. This bill does not honor midwives who have been trained and practice traditional and cultural forms of midwifery. This bill does not honor nor consider the rights of women who live on neighbor islands where their home is over an hour away from the nearest hospital. This bill does NOT address the needs of our Native Hawaiian women who may choose to be cared for and give birth in the same way that our kupuna have done for hundreds of years. Western practice, western medicine, and western mindset will never replace the wisdom, knowledge, strength, and ability of our native ancestors. We must honor our women, honor our culture, honor our island, honor our heritage. Women DESERVE the right to make their own educated decisions based on their spiritual, cultural beliefs and based on what is best for their 'ohana. There is no "once size fits all" when comes to midwifery and birth. Honor thy Womb. My daughter deserves the same freedom I had when I chose to give birth to her in the privacy of my own home with whom I chose to aid me in this process! MY BODY, MY CHOICE!! Me ka ha'aha'a, Donna Marie Kaleihomaimakealoha Bareng

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Dear honorable chairs and committee members,

My name is Laine Hamamura and I have had the experiences of a hospital birth and two planned home births. I oppose this Senate Draft of Bill SB1312 because the wording treats out-of-hospital birthing as dangerous and controls birthing mothers' choices and the practice of midwifery by the medical establishment. It doesn't fully understand the midwifery model and doesn't address the needs of the out-of-hospital birthing community. As I mentioned, I personally have had two out-of-hospital births and both were beautiful, healthy, safe, and peaceful. I am in favor of women being able to choose when and with whom they want to birth with and where. Please stop this bill from passing as it will limit women's legal options and criminalize some presently practicing midwives. The amendments promised to be made to this bill were not fulfilled and there are still many problematic areas within it. Thank you for hearing my testimony on my opposition of SB1312 SD1.

Laine Hamamura
Kaneohe resident

Sent from my iPhone

Aloha

Please do not pass this bill for several reasons:

Sen Baker was untruthful as to what she was bringing forth.

There are no more than a dozen midwives that will become a CPM....who will pay for this board and running it? Will cost a lot of money.

Discrimination is against spiritual midwives

Will cause more harm than good for birthing women.

It was unethical what Roz Baker did.

With respect, Clare Loprinzi Cultural Practitioner, Traditional Midwife

--

Clare Loprinzi Traditional Midwife, CPM, MCH

Birth Sovereignty Board Member

www.mammaprimitiva.com

clareloprinzi@gmail.com

Birth Sovereignty supports basic public health measures and projects that create sovereignty in birth choices, health care access and environmental health as a vital component of broader cultural, social, economic and environmental sovereignty and justice issues.

REGULAR SESSION OF 2017

WAM/CPH Decision Making 2-23-17, 9:35 am Rm 211

RE: SB 1312 S.D.1 Relating to the Licensure of Midwives
IN OPPOSITION

Aloha honorable chairs and committee members,

My name is Bonnie Parker, mother of 3 healthy, natural born children, 2 of which were home births, all born with the assistance of a Naturopathic Doctor and Midwife.

I appreciate your attempt to address some of the concerns regarding the original SB1312. HOWEVER, the amendments in SD1 continue to be problematic.

The amendments would subject our midwives to criminalization in an unjust manner. The proposed board is misrepresented and monetarily inefficient.

I am asking you as legislators, not to criminalize my choices and respect body sovereignty. If our primary concern is for the welfare of the mothers and babies then let us appreciate the fact that we all (lay, cultural, professional, biblical, traditional etc.) have something to learn from each other and that not one specialty has the best way to birth all the babies in Hawaii. One standard cannot ever fit the diversity of our people! Let us consider what the auditor's report had to say more carefully and return next year with something more comprehensive, inclusive and cost effective for the people of this Aloha state!

For these reasons and more, I strongly oppose SB1312 SD1.

Sincerely,

Bonnie Parker, Mother and Community Member

I am writing to OPPOSE Bill SB1312. As a woman, mother, and citizen, I believe this bill is not for the government to decide how woman should birth their babies.

Thank you,
Haunani Ramil

Feb 22, 2017

Hawaii Senate Committee On Ways And Means HI

Dear Ways And Means,

Thank you for the opportunity to submit testimony on Senate Bill 403.

Losing the critical protections established by the Affordable Care Act would be devastating for the women, men, and families in Hawaii who depend on them.

In Hawaii alone, after the Affordable Care Act was passed, 54,000 people gained insurance coverage, 560,000 people with pre-existing coverage could no longer be denied coverage, and over 630,000 people benefited from being able to access a broad range of preventive services.

Please do your part to ensure that people in Hawaii continue to benefit from these critical and life-saving protections by passing Senate Bill 403, which would put in place many of the ACA's most important protections at the state level, no matter what happens at the federal level.

Keep Hawaii healthy by supporting Senate Bill 403. Pass SB 403 to ensure that nobody loses access to the care and protections they rely on.

Sincerely,

Miss Maile Heyer
3641 Diamond Head Rd
Honolulu, HI 96816-4430
(808) 783-7207
mheyer17@punahou.edu

Feb 22, 2017

Hawaii Senate Committee On Ways And Means HI

Dear Ways And Means,

Thank you for the opportunity to submit testimony on Senate Bill 403.

Losing the critical protections established by the Affordable Care Act would be devastating for the women, men, and families in Hawaii who depend on them.

In Hawaii alone, after the Affordable Care Act was passed, 54,000 people gained insurance coverage, 560,000 people with pre-existing coverage could no longer be denied coverage, and over 630,000 people benefited from being able to access a broad range of preventive services.

Please do your part to ensure that people in Hawaii continue to benefit from these critical and life-saving protections by passing Senate Bill 403, which would put in place many of the ACA's most important protections at the state level, no matter what happens at the federal level.

Keep Hawaii healthy by supporting Senate Bill 403. Pass SB 403 to ensure that nobody loses access to the care and protections they rely on.

Sincerely,

Ms. Greta Reis
330 Dune Cir
Kailua, HI 96734-2139
(808) 285-5476
greis17@punahou.edu

To: Senate Committee on Ways and Means
Senator Jill N. Tokuda, Chair
Senator Donovan M. Dela Cruz, Vice Chair
Conference Room 211
Hawaii State Capitol
415 South Beretania Street
Honolulu, HI 96813

From: **Vanessa Jansen CPM**

Time: Twenty-Ninth Legislature Regular Session of 2017
Thursday, February 23, 2017 at 9:35am

TESTIMONY IN SUPPORT WITH AMENDMENTS OF SB1312_SD1, RELATING TO THE LICENSURE OF MIDWIVES

Dear Senator Tokuda, Senator Dela Cruz, and committee members:

Thank you for the opportunity to testify in support, with amendments, of SB1312_SD1. The regulation of the midwifery profession is important to ensure that all persons who receive maternity and women's health services are provided safe and competent care.

We support the State Auditor's Report No.17-01 findings that the midwifery profession should be regulated; therefore we support the intent of SB1312_SD1 to provide an opportunity to regulate midwives. We believe non-nurse midwives should be licensed and regulated under a program in the DCCA, rather than having their own board due to the financial burden; that eligible midwife educational pathways should include the portfolio process as agreed upon by the US Midwifery Education, Regulation & Association; and remove the working group from the bill. If this bill were to go into effect as is, the findings by the working group would not amend the regulation of midwifery under this bill and therefore the working group is moot. Therefore we request that:

- SB1312_SD1 be completely replaced with the language of HB1288 which was developed with input from certified professional midwives, whom are the experts of their own profession;
- Insert language to regulate certified midwives pursuant to USMERA Principles for Model U.S. Midwifery Legislation and Regulation; and
- Keep the exemption language inserted into SB1312_SD1 from OHA.

These amendments to the bill will provide us with a more solid foundation to move forward in the pursuit to regulate the midwifery profession. This will ensure our community has access to safe, standard midwifery care practices while respectfully supporting the profession.

I ask for your support, with amendments, of SB1312_SD1. Thank you for the opportunity to testify and your consideration in this important health care matter.

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 21, 2017 12:36 PM
To: WAM Testimony
Cc: Buildinglove1116@gmail.com
Subject: *Submitted testimony for SB1312 on Feb 23, 2017 09:35AM*

SB1312

Submitted on: 2/21/2017

Testimony for WAM on Feb 23, 2017 09:35AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Klarissa schneider	Individual	Oppose	No

Comments:

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Name: Piper Colemanscurry

Measure: SB1312 SD1

Position: OPPOSE

Esteemed Members of the Ways and Means Committee:

I offer my testimony, IN OPPOSITION TO measure SB1312 SD1, relating to the licensure of midwives. The amendments made to SB1312 were a significant improvement, but unfortunately not yet sufficient to create an enduring, workable policy for this state's practice of midwifery.

I believe this is due in large part to the fact that this bill is premised upon information that does not sufficiently take into account the varied living conditions throughout our islands; a regulation derived from observations of Oahu's population does a disservice to citizens living in more remote areas on outer islands.

The threat to vital and irreplaceable services aside, this bill is unfortunately also entirely impractical in execution. In significant part because it advances a CM certification, which is obscure at best, enjoying recognition in only five other states, and boasting less than 100 practitioners throughout the nation. Not only would these numbers be prohibitive in finding the 2 CMs the bill requires to sit on the state board (would we be seeking CMs from out of state, unfamiliar with Hawaiian mores?), they also evidence a challenge in obtaining this certification in the first place. The CM is offered through only 2 programs in the country, both located on the mainland's Northeast coast. Only one of these programs has an online component. Would all aspiring Hawaii midwives without the means to relocate be forced to compete for the same spots in one program?

This bill also refers to midwives operating under a CPM, which potentially offers more pathways to certification, and would be preferable, but why then suggest the CM as its corollary? The majority of other states certifying non nurse midwives opt for a licensure process more malleable to a state's particular needs, resulting in an LM (licensed midwife) designation. Hawaii's citizens deserve the same specificity, the same care in crafting policy to suit their needs and to uphold the rights of parturient families to make choices, within the law, that suit their birthing preferences.

This bill needs more time, and greater insight from the community.