

DAVID Y. IGE
GOVERNOR

DOUGLAS S. CHIN
LIEUTENANT GOVERNOR

**STATE OF HAWAII
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DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS**

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CATHERINE P. AWAKUNI COLÓN
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DEPUTY DIRECTOR

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

TO THE HOUSE COMMITTEE ON
CONSUMER PROTECTION AND COMMERCE

TWENTY-NINTH LEGISLATURE
Regular Session of 2018

Wednesday, February 14, 2018
2:00 p.m.

**TESTIMONY ON HOUSE BILL NO. 2184, H.D. 1, RELATING TO THE LICENSURE
OF MIDWIVES.**

TO THE HONORABLE ROY M. TAKUMI, CHAIR, AND MEMBERS OF THE
COMMITTEE:

The Department of Commerce and Consumer Affairs (“Department” or “DCCA”) appreciates the opportunity to testify on H.B. 2184, H.D. 1. My name is Celia Suzuki, and I am the Licensing Administrator of the Department’s Professional and Vocational Licensing Division (“PVL”). PVL offers comments and concerns on this measure.

H.B. 2184, H.D. 1 establishes criteria for licensure of midwives by the DCCA.

While the Department appreciates the intent of this bill, we question the necessity of regulating a reported twenty or fewer certified professional midwives and no known certified midwives in Hawaii. Requiring DCCA to regulate such a small group of midwives would concern the Department, as resources are not readily available.

As such, there will be start-up costs to implement the Licensed Midwife Program. These additional costs will be passed onto licensees in addition to their regular fees for the new triennium. An estimated total of twenty certified professional midwives and zero certified midwives will require regulation. Should this bill move forward, the

Department will be requesting four full-time positions (one executive officer, one secretary, one office assistant V, and one office assistant IV). In addition, the Department will be requesting an appropriation for furniture and equipment. Based on the Department's cost analysis, the total start-up costs for the first year of the new regulatory scheme will be \$277,000, and the total recurring costs per year thereafter will be \$255,000.

The DCCA would like to also suggest the following standard place holder provisions be included that is reflected in other licensing laws in PVL. The added language would bring this new chapter in line with those laws.

Page 11, after line 18, the following language should be included:

§ -6 Fees. (a) Each applicant shall pay a licensing fee 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.

(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.

Upon the issuance of a new license and at each license renewal period, each midwife shall pay a special assessment fee of \$ _____ that shall be deposited into the compliance resolution fund established pursuant to section 26-9(o). Fees assessed pursuant to this chapter shall be used to defray costs incurred by the department in implementing this chapter.

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

§26H-4 Repeal dates for newly enacted professional and vocational regulatory programs. (a) Any professional or vocational regulatory program enacted after January 1, 1994, and listed in this section shall be repealed as specified in this

section. The auditor shall perform an evaluation of the program, pursuant to section 26H-5, prior to its repeal date.

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

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

(d) Chapter 466L (appraisal management companies) shall be repealed on June 30, 2023.

(e) Chapter _____ (midwives) shall be repealed on June 30, 2025.

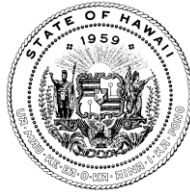
SECTION _____. The department of commerce and consumer affairs may employ necessary personnel without regard to chapter 76, Hawaii Revised Statutes, to assist with the implementation and continuing functions of this chapter.

SECTION _____. There is appropriated out of the compliance resolution fund established pursuant to section 26-9(o), Hawaii Revised Statutes, the sum of \$_____ or so much thereof as may be necessary for fiscal year 2019-2020 to implement the regulation of certified professional midwives and certified midwives.

The sum appropriated shall be expended by the department of commerce and consumer affairs for the purposes of this Act.

Finally, should this bill pass, the Department requests that the effective date be July 1, 2019, to allow PVL sufficient time to ensure an efficient and smooth transition for the licensure of certified professional midwives and certified midwives.

Thank you for the opportunity to testify on H.B. 2184, H.D. 1.



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

TO THE HOUSE COMMITTEE
ON CONSUMER PROTECTION AND COMMERCE

TWENTY-NINTH LEGISLATURE
Regular Session of 2018

Wednesday, February 14, 2018
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TESTIMONY ON HOUSE BILL NO. 2184
RELATING TO THE LICENSURE OF MIDWIVES

TO THE HONORABLE ROY M. TAKUMI, CHAIR, AND MEMBERS OF THE
COMMITTEE:

The Department of Commerce and Consumer Affairs (“Department”) appreciates the opportunity to testify on H.B. 2184 H.D.1, Relating to the 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 takes no position on this bill but offers enforcement-related comments.

H.B. 2184 H.D.1 establishes a new chapter for the licensing of midwives within the Department.

RICO concurs with the testimony of the Department’s Professional and Vocational Licensing Division and respectfully offers the following enforcement-related amendments to the bill:

RICO requests new sections to provide for fines and injunctive relief against an unlicensed person who performs actions requiring a license, consistent with language

found at Hawaii Revised Statutes (“HRS”) section 457-14 and section 457-15 (relating to the practice of nursing).

RICO notes subchapter 3 of this bill sets forth the scope of practice for licensed midwives and includes specific responsibilities and requirements related to the practice of midwifery, including initiating and maintaining accurate records, providing informed consent, referring clients who require care beyond the scope of practice of the licensed midwife, and specific provisions requiring transfer of care in certain circumstances and notification of emergency services in specific circumstances. RICO believes any specific responsibilities included in subchapter 3 would be clearer if enumerated as specific requirements, rather than generally included in the scope of practice.

RICO also notes subchapter 4 of this bill sets forth provisions related to prescriptive authority. Hawaii Administrative Rules (“HAR”) section 16-89-125 (relating to advanced practice registered nurse prescriptive authority) enumerates specific requirements and prohibitions related to prescribing. RICO requests a new section consistent with HAR section 16-89-125.

RICO is happy to work with the Committee on amendments to sections 3 and 4 of the bill, as well as RICO’s requested additions from HRS chapter 457.

Thank you for the opportunity to testify on H.B. 2184 H.D.1. I am happy to answer any questions the Committee may have.



ACOG
The American College of
Obstetricians and Gynecologists

*American College of
Obstetricians and Gynecologists
District VIII, Hawai'i (Guam & American
Samoa) Section*

TO: House Committee on Consumer Protection & Commerce
Representative Roy M. Takumi, Chair
Representative Linda Ichiyama, Vice Chair

DATE: Wednesday, February 14, 2018, 2:00 PM
PLACE: Conference Room 329

FROM: Hawai'i Section, ACOG
Dr. Greigh Hirata, MD, FACOG, Chair
Dr. Chrystie Fujimoto, MD, FACOG, Vice-Chair
Dr. Reni Soon, MD, MPH, FACOG, Legislative Chair
Lauren Zirbel, Community and Government Relations

Re: HB 2184 – Relating to Licensure of Midwives
Position: SUPPORT

As a section of the Nation's leading group of physicians dedicated to improving health care for women, the Hawai'i Section of the American College of Obstetricians and Gynecologists (HI ACOG) represents more than 200 obstetrician/gynecologist physicians in our state. HI ACOG **supports HB2184** and other legislative proposals that **increase access to safe, high-quality maternity care** for Hawai'i's women and infants.

It is incumbent upon all of us to empower Hawai'i's women to make the best choices for the health and well-being of themselves, their babies, and their families.

- HI ACOG agrees with the January 2017 Sunrise Analysis that called for the mandatory licensure of the practice of midwifery in order to protect the health, safety, and welfare of women, infants, and their families.¹
- Since 2010, the International Confederation of Midwives (ICM) has called for minimum education and training standards for all midwives in all countries, including the United States.² ACOG endorses these standards, and HB2184 ensures that these standards would be met by midwives who would meet the criteria for licensure in Hawai'i.
- ACOG advocates for implementation of the ICM standards to ensure all women have access to safe, qualified, highly skilled providers in all settings.
- Women in Hawai'i – no less than women in other, even less-developed countries – should be guaranteed care that meets minimum standards for safe, high quality maternity care.

HB2184 supports, rather than infringes, upon reproductive autonomy/rights

- While HI ACOG believes that hospitals or accredited birth centers are the safest settings for birth, HI ACOG also strongly believes that each woman has the right to make medically informed decisions about her maternity care and delivery.

¹ Sunrise Analysis: Regulation of Certified Professional Midwives. A Report to the Governor and the Legislature of the State of Hawai'i. January 2017

² Global Standards for Midwifery Education (2010). International Confederation of Midwives.

https://internationalmidwives.org/assets/uploads/documents/CoreDocuments/ICM%20Standards%20Guidelines_ammended2013.pdf. Accessed on February 1, 2018.

- Every woman has the right to know the training, experience, and credentials of the person caring for her during her pregnancy and attending her delivery so she can make an informed choice.
- HB2184 is not about restricting rights or options from consumers, but about licensure of a profession.

Women benefit the most when there is collaboration of maternity care among licensed, independent providers

- ACOG believes that women deserve the highest quality of care, which is enhanced by collaborative relationships characterized by mutual respect and trust, as well as professional responsibility and accountability.
- HB2184 encourages such collaboration, responsibility, and accountability.
- We agree that the membership of the licensing advisory committee should include an obstetrician-gynecologist. While obstetrician-gynecologists are not experts on midwifery, we are the primary recipients of transfers in the event that complications arise, and have expertise on the recognition and management of high-risk maternity conditions. As detailed in the 2017 Sunrise Analysis, Arizona, California, Delaware, Maine, Oregon, and Washington have advisory committees or licensing boards that consist of either a licensed physician or obstetrician.

HI ACOG is dedicated to the highest quality care for the women and families of Hawai'i. **When given the information they need, women can make the best choices for themselves and their families – we need to give them that information to empower them to make those choices.** Let women know who has received the training, expertise, and credentials to be licensed as a midwife in Hawai'i so they can choose for themselves who will care for them in this important time of their lives. For these reasons, HI ACOG supports HB2184.

Thank you for the opportunity to testify.

ichiyama2 - Naomi

From: Rosana H Weldon <rhweldon@gmail.com>
Sent: Tuesday, February 13, 2018 1:03 PM
To: CPCtestimony
Subject: HB2184/SB2294 Relating to Licensure of Midwives

To Whom It May Concern,

I am writing in support of HB2184/SB2294 relating to licensure of midwives. I am the Study Coordinator for the Mothers' Information on Lactation and Collection (MILC) Study conducted by the University of California, Berkeley and have been living in Honolulu, Hawaii for almost a year. Through my research, I have had the opportunity to speak with many mothers, lactation consultants, OB/GYNs and midwives and all have been extremely supportive of midwifery practice. Many mothers have shared that they greatly appreciated the personal touch and closeness of their midwives. They often selected the care of midwives because they preferred a more natural approach to their births, but also wanted the care and guidance of a trained professional. I understand that HB2184/SB2294 will expand on current midwifery practice to include Certified Nurse Midwives as well as other midwives with graduate level training and appropriate experience, who are not nurses. I believe this legislation will positively affect Hawaii's population by providing essential services to all women and infants, but particularly to those with geographic challenges.

Sincerely,
Rosana Weldon, Ph.D.
MILC Study Coordinator
University of California, Berkeley

Residential information:
162 Wailupe Cir.
Honolulu, HI 96821
808-373-7780

HB-2184-HD-1

Submitted on: 2/13/2018 12:38:31 PM

Testimony for CPC on 2/14/2018 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Katja Bajema	BEST Birth Hawaii, Pregnancy Center & Doula Agency	Oppose	No

Comments:

Aloha Honorable Chair and Committee Members,

My name is Katja Bajema and I represent BEST Birth Hawaii, a Honolulu based pregnancy center and doula agency. We oppose this bill as it is written, yet we are in support of licensure in the state of Hawaii. Below are our reasons:

Women and families have the right to choose where and with whom they birth their babies. This bill is too restrictive and will effectively take that choice away for many families. We can do better than this bill. BEST Birth Hawaii stands for informed decision making, respect and support. That means that we believe that women should be given all the information available so they can make an informed decision, which we will respect and support. It does not mean telling them what to do or not do.

With regards to homebirth licensure we would like to see an established scope of practice for homebirth midwives who choose to pursue licensure. We would like to see that resulting in better relationships with hospital based care providers and smoother transfers. We would also like to see this result in insurance coverage, thus making it more affordable for families to birth at home. This bill leaves too many of the financial aspects of licensure in a grey area, making costs very unpredictable for midwives who want to be licensed. In addition, we believe that having an established scope of practice will more clearly inform consumers. We do not support the notion that if a woman does not meet the criteria to be tended to by a licensed midwife should not be allowed to birth at home, that would be HER choice, and her choice alone.

However, we would like to see a requirement for all practicing midwives in the islands to provide full disclosure of their training, certification and licensing status. This way the pregnant woman will know the types of midwives available to her and she can make an informed choice on who to hire without taking any options away. Midwives who choose not to become licensed should be allowed to attend births, but only with full disclosure to their clients. Ultimately the responsibility lies with the birthing woman and her family as it is THEIR choice.

It is our opinion that the state legislature's responsibility is to ensure women are given all the information so they can choose for themselves, it is not the state's responsibility to make that choice.

Mahalo for your time. Sincerely,

Katja Bajema CD(DONA), ICCE, CLC

founder and owner BEST Birth Hawaii

February 12, 2018

RE: HB 2184HD1 Relating to the Licensure of Midwives

IN OPPOSITION
REGULAR SESSION OF 2018

Aloha honorable chair and committee members,

My name is Mari Stewart and I am writing in opposition to HB2184 HD1.

I am a mother and grandmother who is extremely concerned about the future of women's birth choices being limited in our state because of this bill requiring the licensure of midwives. I have two granddaughters who will, hopefully, one day have children of their own. The belief that increased regulation and legislation imposed by this bill will give them a safer birth experience is far from the real truth that has not been presented here. Let me share the facts.

In the 1970's when I gave birth to my children the average Cesarean Birth Rate in the United States was 5.5% according to the following published abstract.

**Trends in cesarean section rates for the United States,1970–78.
P J Placek and S M Taffel**

The Abstract States: (and I quote:)

With National Hospital Discharge Survey data collected by the National Center for Health Statistics as a basis, rates of cesarean section deliveries were computed for the United States and its regions for 1970 through 1978. For each year and within each region, trends were examined according to variations in the mother's color, age, and marital status and in the hospital size (number of beds), the form of hospital ownership, and the length of the mother's hospital stay. Within each region and for each variable considered, cesarean section deliveries rose fairly uniformly. Nationally, C-sections comprised 5.5 percent of all deliveries in 1970, but rose steadily to comprise 15.2 percent of all deliveries in 1978.

**PLoS One. 2016 Feb 5;11(2):e0148343. doi: 10.1371/journal.pone.0148343.
eCollection 2016.**

The following information published by the CDC in in 2015 shows the **ALARMING** rate of increase in Cesarean Sections from 5.5% in 1970 to 32% and rising in 2015.

CDC NCHS Home FastStats

Births - Method of Delivery 2015

- Number of vaginal deliveries: 2,703,504
- Number of Cesarean deliveries: 1,272,503
- **Percent of all deliveries by Cesarean: 32.0%**

Stating the World Health Organization Executive Summary of 2015:

Since 1985, the international healthcare community has considered the ideal rate for caesarean sections to be between 10% and 15%. Since then, caesarean sections have become increasingly common in both developed and developing countries. When medically justified, a caesarean section can effectively prevent maternal and perinatal mortality and morbidity. However, there is no evidence showing the benefits of caesarean delivery for women or infants who do not require the procedure. As with any surgery, caesarean sections are associated with short and long term risk which can extend many years beyond the current delivery and affect the health of the woman, her child, and future pregnancies. These risks are higher in women with limited access to comprehensive obstetric care. In recent years, governments and clinicians have expressed concern about the rise in the numbers of caesarean section births and the potential negative consequences for maternal and infant health. In addition, the international community has increasingly referenced the need to revisit the 1985 recommended rate.

Now, with over double the ideal rate recognized by the World Health Organization, how is it justified that a hospital birth is a safer birth than a Homebirth? In fact, Cesarean Sections are just one of the many potentially invasive medical procedures inflicted upon a pregnant, laboring woman that invariably leads to a cascade of interventions that result in less than ideal outcomes.

Starting with chemically forced inductions, mandatory IV, mandatory antibiotics, mandatory fetal monitoring before admittance, regular vaginal checks, artificial rupture of membranes, catheterization, requirements forcing a laboring mother to remain on her back in the labor bed, continuous fetal monitoring, internal fetal monitoring (which requires the breaking of the water bag, greater chance for infection, and a sharp probe screwed into the baby's scalp), withholding of food or drink during labor, MRSA risks, mandatory requirements of being on your back in bed while pushing, and unrealistic time limits for progression of labor are producing medicalized, mechanized births that have resulted in the fact that the United States leads all industrialized nations in maternal death rates. With all of the technology we have at our disposal, none of it is producing better outcomes for moms or babies. Rather, it's becoming worse!

This article headline from Nina Martin of ProPublica who teamed up with National Public Radio for a six month long investigation on maternal mortality in the United States reads:

“U.S. Has The Worst Rate Of Maternal Deaths In The Developed World: Maternal Mortality Is Rising in the U.S. As It Declines Elsewhere”

The study is summarized with the following 5 points: (referring to hospital births)

1. More American women are dying of pregnancy-related complications than any other developed country. Only in the U.S. has the rate of women who die been rising.
2. There's a hodgepodge of hospital protocols for dealing with potentially fatal complications, allowing for treatable complications to become lethal.

3. Hospitals — including those with intensive care units for newborns — can be woefully unprepared for a maternal emergency.
4. Federal and state funding show only 6 percent of block grants for "maternal and child health" actually go to the health of mothers.
5. In the U.S, some doctors entering the growing specialty of maternal-fetal medicine were able to complete that training without ever spending time in a labor-delivery unit.

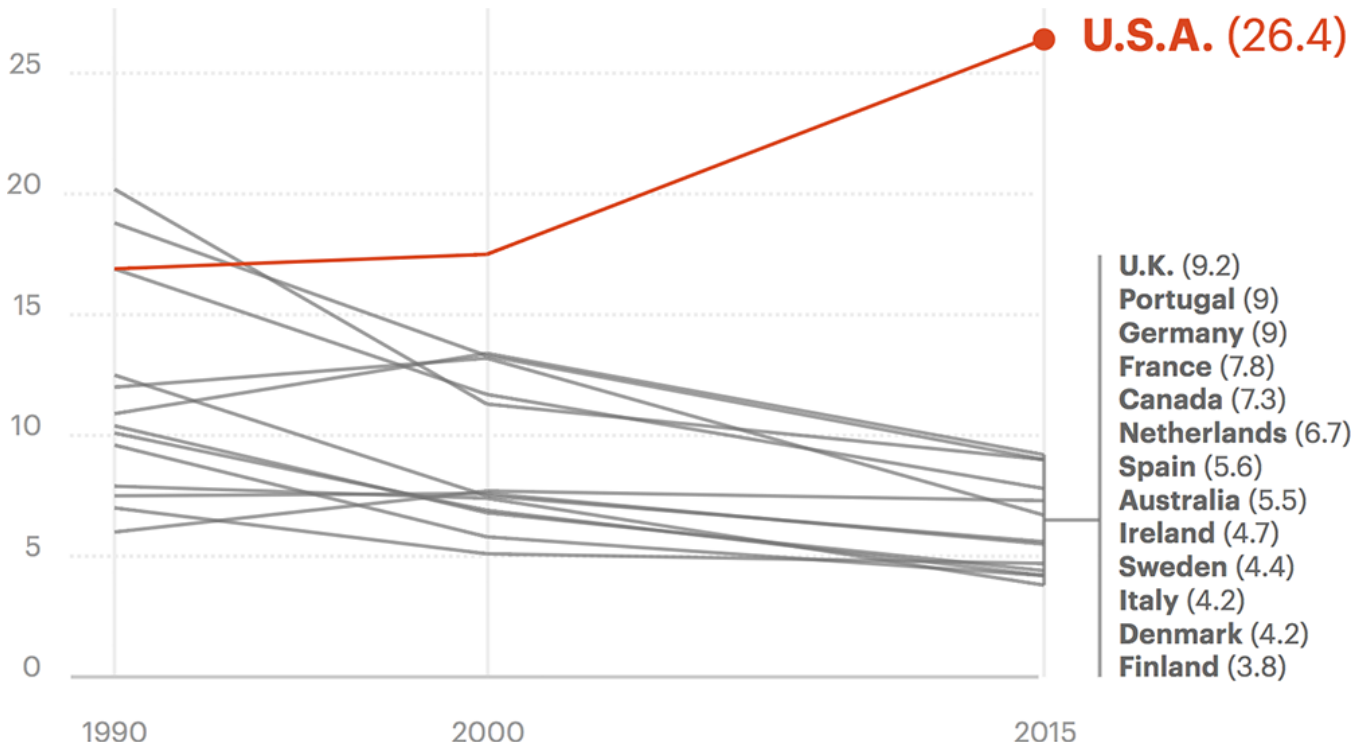
Facts from All Over the World

The 10 Safest Countries for Birth

FOR BABIES	FOR WOMEN
Monaco	Estonia
Japan	Singapore
Bermuda	Greece
Singapore	Italy
Sweden	Austria
Hong Kong	Sweden
Macau	Finland
Iceland	Iceland
Italy	Poland
Spain	Czech Republic
USA: 50th	USA: 47th

*CIA Factbook 2010

The graph below shows the startling and outrageous statistic of the United States having a maternal death rate of 26.4 per 100,000 live births. What is even more disturbing is that the next closest industrialized country is the U.K. at only 9.2% death rate with the graph sliding all the way down to only a 3.8% death rate in the country of Finland.



What is wrong with this picture is exactly what is wrong with this bill.

More technology and

More legislation and

More medication and

More licensure does **NOT** produce better outcomes.

Licensure will never produce the safe, caring, and nurturing environment that a birthing mother and birthing father need.

However, Generational, Lay, Traditional, Direct Entry, Biblical, Cultural, Spiritual, and Granny Midwives overseen by a Homebirth Counsel made up of Midwives who total hundreds of years of experience does. Our Hawaii Homebirth Midwife community has a “good record of self regulating” according to one of your own esteemed colleagues.

An abstract published in the Journal of Midwifery and Women’s Health in Volume 59, Issue 1 of January/February 2014 is titled:

Outcomes of Care for 16,924 Planned Home Births in the United States: The Midwives Alliance of North America Statistics Project, 2004 to 2009

“Between 2004 and 2010, the number of home births in the United States rose by 41%, increasing the need for accurate assessment of the safety of planned home birth. This study examines outcomes of planned home births in the United States between 2004 and 2009.

Among 16,924 women who planned home births at the onset of labor, 89.1% gave birth at home. The majority of intrapartum transfers were for failure to progress, and only 4.5% of the total sample required oxytocin augmentation and/or epidural analgesia. The rates of spontaneous vaginal birth, assisted vaginal birth, and cesarean were 93.6%, 1.2%, and 5.2%, respectively. Of the 1054 women who attempted a vaginal birth after cesarean, 87% were successful. Low Apgar scores (< 7) occurred in 1.5% of newborns. Postpartum maternal (1.5%) and neonatal (0.9%) transfers were infrequent. The majority (86%) of newborns were exclusively breastfeeding at 6 weeks of age. Excluding lethal anomalies, the intrapartum, early neonatal, and late neonatal mortality rates were 1.30, 0.41, and 0.35 per 1000, respectively.”

This statement made by the World Health Organization in 2005 from the NCBI Abstract states,

“The birth of a child is a pivotal time in the life of a mother and her family. The health and well-being of a mother and child at birth largely determines the future health and wellness of the entire family.” (World Health Organization [WHO], 2005). The outcome of childbirth, however, is not the only factor of importance in a mother’s well-being. Some research suggests that the way in which a woman experiences pregnancy and childbirth is also vitally important for a mother’s relationship with her child and her future childbearing experiences (Fox & Worts, 1999;).

“A study by Klaus and Kennel that appeared in JAMA (Kennel J, Klaus M, McGrath S, et al. Continuous Emotional Support during Labor in a US Hospital: A Randomized Controlled Trial. JAMA 1991; 265:2197-201), prove that the single factor that increases the chances for a healthy outcome for both mother and baby is uninterrupted 1:1 care during labor by a skilled caregiver. That situation is guaranteed in a home birth. These days, it’s virtually impossible to achieve that level of care in hospitals.”

Birth around the world is recognized and celebrated as a natural right of passage where birthing mothers are often surrounded by no one other than their spouse, their mother, their extended family, and a birth worker who knows how to care for her and her baby as it has been done in their community, town, or village for hundreds of years. Birthing women don’t need to be “fixed”...they need to be heard. Dare I make a statement that is validated in the most read book in the World? It is a historical fact that when Jesus was born, Mary and Joseph were the first ever recorded Unassisted Birth noted in History.

As stated by Dr. Christiane Northrup in her article, **“Recapture the Magic of Labor and Birth”** she states:

“Modern obstetrics, however, has changed from a natural process of “standing by” and allowing the woman’s body to respond naturally, into a domineering and often invasive practice. Women’s cultural conditioning causes us to turn ourselves over to pregnancy experts, so most of us have lost touch with our innate pregnancy and birthing knowledge and power, as have most of these experts, who rely on tests and machines to tell them how to help. This is one area where so-called modern medicine is actually antiquated—and dangerous.

Risky labor inductions for “convenience” and all the complications associated with them, such as increased risk of prematurity, C-section, and maternal death, are now on the rise all over the country. In fact, according to legendary midwife Ina May Gaskin, the maternal death rate in the United States has actually doubled in the last 25 years.”

I am asking you to oppose this bill. The facts presented, require you to oppose this bill.

I am asking that you do the responsible thing and look at the research of the birthing statistics in our great State.

I am asking that before even one shred of legislation moves forward, that we gather the accurate numbers of how many mothers and babies die in our Hawaii hospitals annually and match the statistics against the phenomenal statistics of life that we have accrued in Hawaii in the Homebirth community.

At this time, how can we even consider requiring our community of midwives and birth workers to receive permission to continue our proven successful calling from a system that is recognized as having statistics of failure as noted by national government agencies.

Don't force our families to relinquish their rights by forcing them into a medicalized/hospital birth. Don't limit the choices of our Hawai'i birth families. They are not asking for licensure. Your constituents are not asking for this bill.

The medical community is asking for this bill to pass. However, until the medical community can produce the safe outcomes that our Hawaii Homebirth community has produced, it would be criminal to mandate licensure.

Thank you for taking the time to read my testimony of opposition to to HB2184 HD1.

Sincerely,

Pastor Mari Stewart
Birth Believers Ministry



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

TO: Representative Roy M. Takumi, Chair
Representative Linda Ichiyama, Vice Chair
Members of the Committee on Consumer Protection and Commerce

FROM: Patricia L. Bilyk, APRN, MSN, MPH, IBCLC
Maternal Infant Clinical Nurse Specialist (retired)
Breastfeeding Hawaii-Board Member

RE: HB 2184 HD 1 Licensure of Midwives

DATE: February 14, 2018 2PM Rm 329

Good Afternoon Rep. Takumi, Rep. Ichiyama and Members of the Committee on Consumer Protection and Commerce. I am Patricia Bilyk, an Advanced Practice Nurse and a Breastfeeding Hawaii Board Member. Today I am speaking for Breastfeeding Hawaii in STRONG SUPPORT of HB 2184 HD1 and the Licensure of Midwives.

Breastfeeding Hawaii is a non profit organization who supports, protects and promotes breastfeeding in the State of Hawaii. We further work to educate health professionals in our State on management of general breastfeeding, and identification and treatment of problems. We also focus our efforts on the importance of early and continuous contact between mothers and infants immediately after birth to support the best start for breastfeeding and further initiation of the infants microbiome.

As an Organization, we feel it is very important in our community to have licensed maternal infant health professionals, and here specifically referring to midwives, who are educated from an accredited educational institution and nationally credentialed providing health care to the women and infants-prenatally, intrapartum and postpartum.

We also feel the consumer, in this case the pregnant woman, needs to be assured that her health provider has the education, credentials and licensure necessary to assist her with the birth outcome she desires. This can only happen with a State oversight process-the licensure of a qualified midwife. This licensure can further assist the woman and her newborn infant to utilize their health insurance to pay for the health care provided.



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

Last we feel that licensed maternal infant health providers, knowing that midwives are licensed, will have stronger desires to collaborate in times when maternal-infant health issues arise in the prenatal, intrapartum or postpartum periods resulting in a transfer to another medical facility.

For the protection of the women and infants of our community, we encourage you to support HB2184 HD1 Licensure of Midwives.

Thank you for your efforts on this issue!

HB-2184-HD-1

Submitted on: 2/13/2018 11:10:17 AM

Testimony for CPC on 2/14/2018 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Alejandra Alexander	Four Women Radicals	Oppose	Yes

Comments:

In the past year we have seen the state of Hawaii take a leading role in resisting the Trump administration's assault on some of the most vulnerable people in our community by rejecting the administration's travel ban and taking steps to become a sanctuary city with the Ho'okipa resolution. These remain proud moments for Hawaii, so I am at a loss as to why we have stopped short in our efforts to protect and defend what is right and pono when it comes to women's rights to bodily autonomy and freedom to make their own reproductive choices.

This bill criminalizes those in our community who have been there for the most marginalized and vulnerable populations, woman of color and specifically black women, when it comes to how we chose to give birth, where, with whom we seek assistance from. This bill makes a bold assumption; that the safest place for a birthing woman is in the hands of a "licensed professional." For too many women of color, this is simply not the case. I use the example of the recent story of tennis star Serena Williams nearly dying at the hands of said licensed professionals shortly after giving birth.

Serena could have easily died that day because she was in the precarious and all too familiar situation of being a black woman in the care of "licensed professionals." Her fame did not help her when she pleaded with doctors to listen to her about her own body and what she needed. Many women of color have experienced this kind of treatment from medical professionals and for this reason among others chose not to submit themselves to the very real and very dangerous process of giving birth with doctors.

This is not hyperbole, statistics validate these sentiments. Black women have the highest rate of maternal death in the U.S. and that number is actually the worst for black women here in Hawaii in regards to infant mortality. Women of color are educating themselves about their choices and they are choosing midwives, licensed and unlicensed, to place their trust and safety in. In turn, these birthworkers are and have been succeeding in providing safe holistic care that is, skilled, accessible, affordable, and culturally relevant.

Accessibility and affordability is yet another area this bill fails to deliver on. There are no licensure facilities in Hawai'i. THERE ARE NO LICENSURE FACILITIES IN HAWAII!!

That means that those who wish not to be criminalized AND practice in this state must find the resources, time, and funds to go elsewhere for licensure. This is an absurd and oppressive burden! It is also completely unwanted by the community nor is it necessary.

HB-2184-HD-1

Submitted on: 2/13/2018 1:26:13 PM

Testimony for CPC on 2/14/2018 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Selena M. Green, CPM, RP	Hale Kealaula LLC	Oppose	Yes

Comments:



TO: Representative Roy M. Takumi, Chair, House Committee on Consumer Protection and Commerce
Representative Linda Ichiyama, Vice Chair, House Committee on Consumer Protection and Commerce

DATE: February 13, 2018

PLACE: Hawaii State Capitol, Conference Room 329, 415 South Beretania Street, Honolulu, HI 96813

FROM: Executive Board of the Hawaii Affiliate of the American College of Nurse-Midwives (HAA)
Carmen Linhares, PhD, CNM, APRN-Rx, Vice President

RE: HB 2184, HD1

Dear Representatives Takumi and Ichiyama,

The Hawai'i Affiliate of the American College Nurse-Midwives (HAA), **supports** HB2184, HD1 legislation that it is necessary to establish a regulatory process for certified midwives (CMs) and certified professional midwives (CPMs). Both CMs and CPMs are nationally certified independent and skilled practitioners who are currently recognized in several other states where they provide comprehensive maternity care for low risk women.

The HAA supports enactment of a bill that would allow CMs and CPMs to be licensed in Hawaii. The purpose of this legislation is to regulate the practice of CM and CPM midwifery care by establishing licensure requirements, continuing education requirements, and minimum training standards by the state of Hawaii, allowing them to practice to their fullest scope. Licensure of these midwives in Hawaii will provide consumers with access to skilled professional midwives who are not certified nurse midwives. Licensure will help improve relationships between other women's health providers as their specialty will be recognized, and they can more easily work to build collaborative relationships within the healthcare community.

Many organizations through the *United States* Midwifery Education and Regulation Association (e.g., the ACNM, the Accreditation Commission for Midwifery Education, 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) have been working together to envision and work toward a more cohesive U.S. midwifery presence domestically and globally, inspired and informed by global midwifery standards and competencies adopted by the International Confederation of Midwives in 2011. HB2184, HD1 is in line with this vision.

Respectfully,

Carmen Linhares
Representing the Executive Board of HAA

ichiyama2 - Naomi

From: Lori Kimata <drlorikimata@gmail.com>
Sent: Tuesday, February 13, 2018 11:32 AM
To: CPCtestimony
Subject: Testimony for HB2184HD1 hearing 2-14-18

Aloha CPC Chair, Vice Chair & Committee members,

RE: HB 2184 HD1

Feb 14, 2 pm Rm 329

In strong OPPOSITION

I have been a practicing homebirth midwife for over 30 years. As part of the Hawaii Homebirth Elders Council, with Elders on each island functioning as representative of the Homebirth community, it is clear we are ALL sincerely interested in the safety and welfare of the mothers and the babies!

The main point of disagreement is what actually is safer? And more importantly is the same thing safer for everyone? Statistics show that the U.S. has the worst rate of maternal mortality in developed countries! A six month long investigation on maternal morbidity published May 12, 2017 concurs that the U.S. with all its technology is not having better outcomes than all the other industrialized countries. Many of these countries have honored the wisdom of midwives and embraced their mana'o to make birth the best it can be.

This bill is oppressive and favors one method of birthing (the hospital medical model) which I wonder whether legislators know much about? I wonder where you are getting your information from? The Auditors report mentioned nothing about maternal mortality or morbidity, nor did it compare home and hospital statistics, yet it suggested

regulating home deliveries using the hospital medical model which according to statistics has not made birth in our country safer.

There are many things to be aware of as a legislator and I ask you to please review your facts before making decisions which will greatly affect the health of our Hawai'i community and our country. Please look at hawai'i hospital statistics on mortality and morbidity of mothers and infants before you decide it is a safer

model?

Please do not allow Hawai'i with all its cultural diversity and longstanding midwifery traditions to fall into the same demise as those states insisting on medicalizing birth. You are here to protect the consumers, and they have serious concerns about safety in hospitals, access to the care they need in birth and their first amendment rights. It is a time in our country when women are speaking up for their rights louder than ever, please listen to what THEY are saying.

Please Oppose HB 2184!

Allow the Hawaii Homebirth Elders Council to serve as a self determined, self regulating organization which will act as a bridge between hospital medical births and the homebirth community. Together we can continue working towards better births for all. Please leave birth sovereignty in the hands of the people!

Mahalo,

Dr. Lori Klmata, ND midwife Elder HHEC



HAWAII MATERNAL & INFANT HEALTH COLLABORATIVE

COMMITTEE: Consumer Protection and Commerce
BILL: HB2184, HD1 Relating to Licensure of Midwives
DATE: February 14, 2018
TIME: 2:00 PM
PLACE: Conference room 329

Honorable Rep. Roy M. Takumi, Chair and Rep. Linda Ichiyama, Vice Chair

The Hawaii Maternal and Infant Health Collaborative is in support of HB2184, HD1. HB2184 HD1 would establish the criteria for licensure of midwives by the Department of Commerce and Consumer Affairs. It will provide for interim rules for continuing education requirements, standards of professional conduct, prescriptive authority, and penalties for violations. If passed this legislation will enhance access to perinatal services throughout the state, specifically in rural communities where access is most challenged. Additionally, it will enhance consumer choice and safety for mother and infant.

Hawaii Maternal and Infant Health Collaborative, founded in 2013, is a public private partnership committed to Improving Birth Outcomes and Reducing Infant Mortality. The Collaborative was developed in partnership with the Executive Office of Early Learning's Action Strategy with help from the Department of Health and National Governor's Association. The Collaborative helps advance goals within the Action Strategy by focusing on ensuring that children have the best start in life by being welcomed and healthy. The Collaborative has completed a strategic plan and accompanying Logic Model, *The First 1,000 Days*, aimed at achieving the outcomes of 8% reduction in preterm births and 4% reduction in infant mortality. To date over 150 people across Hawaii have been involved in the Collaborative. These members include physicians and clinicians, public health planners and providers, insurance providers and health care administrators. The work is divided into three primary areas, preconception, pregnancy and delivery, and the first year of life and coordinated by a cross sector leadership team. Work is specific, outcome driven, informed by data and primarily accomplished in small work groups.

As noted in the 2017 Auditor's Sunrise Analysis, <http://files.hawaii.gov/auditor/Reports/2017/17-01.pdf>, midwives provide a service that impacts public health and safety and should be regulated. Establishing education and practice standards for the profession of midwives should help improve safety of births in the community. By recognizing midwives as a profession, licensure will create opportunities to improve relationships between midwives, medical providers, and hospitals. Improving these relationships

should help identify births that need advanced medical care sooner and improve transfers of high risk pregnancies to medical providers and hospitals.

In order to enhance consumer protection and provider choice the Hawaii Maternal and Infant Health Collaborative supports requiring midwives to have documented education, national certification and meet the definition of "midwife"(per the International Confederation of Midwives).

We also believe that midwives should participate in data collection and peer review to ensure a process for quality improvement is in place. And that midwives should practice within their scope based on and consistent with their education and national certification, and abide by all state and federal laws that relate to their practice (birth records, HIPAA, record keeping/documentation, etc.).

HAWAI'I MIDWIFERY COUNCIL

'A'OHE HANA NUI KE ALU 'IA.

EST. 2015

Hearing by CPC Wednesday, February 14, 2018. 2:00pm

In OPPOSITION of HB2184

Aloha Honorable Chair Roy Takumi, Vice Chair Linda Ichiyama and Chair Members,

The Hawai'i Midwifery Council represents midwives and homebirthing parents all across our great state. We are submitting our testimony in STRONG OPPOSITION of HB2184.

Women have been giving birth since the beginning of mankind and they have done so assisted by other women. The word "Midwife" means, with woman. The skills and knowledge of each generation is passed down to the next. These wise women grew in their wisdom and knowledge as each generation passed. This passing of knowledge is how the skills of a midwife have been passed down since the time of the ancients.

In the last 100 years, we have seen an attempt to medicalize what is a innate right of passage for women. Childbirth has become a sterilized and interfered with version of what nature would dictate for us. The act of giving birth is a normal biological function that cannot and should not be regulated by any state or federal agency.

The ohanas that seek out midwifery care do so with great thought and consideration as to what is best for their individual ohana. The women that seek out midwives for their care during their child bearing year deserve the freedom to choose ANY midwife to be with them as they birth their babes.

The midwife has been regulated by her community and the midwives who serve with her since the beginning. Within our community there exists a community of elder midwives. These elders and their knowledge are respected by the younger less experienced.

Please listen to the CONSUMERS of homebirth and the states midwives! Hear them as they loudly declare, we don't want you to limit our choices of which midwife we can choose!

Hawai'i is not the only state to not require licensure of midwifery. Currently there are 17 states in the United States that do not require licensure or the regulation of midwives.

Hawai'i is and has always been a unique place where we honor so many cultures and their traditions. We owe it to every birthing parent to honor their culture and their ohanas birthing traditions. We owe it to our daughters to fight for their birth rights! Birth rights ARE women's rights! Let's keep moving forward in preserving these rights for all birthing parents!

Mahalo,

Rachel Curnel Struempf, DEM

Hawai'i Midwifery Council President

HB-2184-HD-1

Submitted on: 2/13/2018 1:20:58 PM

Testimony for CPC on 2/14/2018 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Alexandra Kisitu	Henry's Tonics	Oppose	Yes

Comments:

REGULAR SESSION OF 2018

RE: HB 2184 Relating to the Licensure of Midwives

IN OPPOSITION

Aloha honorable chair and committee members,

My name is Ms. Alexandra Kisitu, and I am a PhD Student at UH Manoa, a social scientist, researcher, mother to two young children, doula, wife, and advocator for women's birth rights.

While you may take this testimony as purely anecdotal, I would like to assure you that my research as a social scientist centers on women who choose to birth outside of the hospital and their care providers (i.e. midwives). I am also a mom myself – to two wonderful young children who were born outside of the hospital with wonderful midwives.

I am very concerned about this bill and the claim that regulating midwives will somehow enhance women's health care accessibility and consumer choice. I am also, more deeply, concerned with the ramifications this bill has for mothers who choose to birth with indigenous birth workers and practice elements of traditional birthing practices. While the legislature may be tempted to add in a qualifier or pass for Kanaka Maoli birthing practices, midwives and mothers like me may be criminalized as we fall outside this category. I am married to an indigenous man from Uganda who brings in his own

cultural practices to our pregnancy, birth, and postpartum journeys. Where would this bill leave me in terms of choice and cultural protections were it to pass? Fortunately, birth is incredibly nuanced and idiosyncratic and is an experience that transcends what is typically framed as a pathologized event in a women's life – instead, it is an opportunity to invite spiritual, cultural, loving, empowering, feminine, and perhaps even religious experiences to a family and community.

Regulation of such events would be threatening our very American notion of free and open consumer choice, diversity in terms of cultural practices, and religious freedoms in terms of certain religious birthing practices that many women, families, and birth workers (midwives, doulas, etc.) hold. This bill, for that matter, may teeter on being unconstitutional.

I would also add that the beginning of section one is framed as a health care access issue. I would like to disagree with the logic presented in the first several lines of the first paragraph in that, while access to midwifery is an important feature of women's health and choices, framing access to midwifery as an antidote to issues of rural health care accessibility in order to regulate midwifery is not an effective argument for proposing regulation of midwifery care. If anything, the state should build or support all-access rural health care clinics to remedy this issue of health care accessibility (midwives only care for a selected group of the population).

The following sentence also seems contradictory: "The legislature further finds that midwifery services are used extensively across the country with no compromise in quality of care when the services are within the scope of practice of a midwife provider." Exactly, so why regulate then if quality and standards of care are actually self-regulating within the midwifery community across the ENTIRE nation? There is no additional benefit to mothers or midwives, then, through regulation.

Moreover, there are handfuls of research studies confirming that women experiencing healthy pregnancies fair better with homebirth and access to midwives of their choice. There is no public safety issue that needs regulation in terms of midwifery care. On the other hand, the legislature may want to, if so concerned with public safety, begin stricter regulations on obstetricians and workers within the hospital setting as occurrences of obstetric violence are wide spread and leave incredibly damaging results on moms, babies, and families – ranging from fetal and maternal death (especially for black women) to PTSD after being cut without consent.

NEXT PART: “The legislature additionally finds that licensing the midwife profession will empower consumer choice, reduce access disparities, enhance provider availability, and improve quality of maternal child health care.” I entirely disagree, not only anecdotally as a midwifery consumer/client and homebirther myself, but as a social scientist whose research centers on out of hospital birth. Moreover, the auditor’s report that is cited as support of this unsubstantiated claim is, unfortunately, a limited and skewed report that must not be taken as the entire story of birth nor as the entire story regarding the safety and choices surrounding homebirth attended by midwives, whether or not they are regulated.

NOT regulating midwifery would actually support consumer choice, reduce access disparities, enhance provider availability and may improve quality of care. This is because as licensing, insurance, educational, and regulatory fees are placed upon midwives, the costs trickle down to families, especially at a financially unstable time as having a baby. Moreover, the cost to complete the Western midwifery model of education for licensure runs in the thousands. Current practicing midwives, who may have been trained under an apprenticeship model, who may have been called to this vocation by their family or a spiritual/religious experiences, and certainly several Kanaka Maoli birth workers who feel it is their kuleana to do birth work may not fall into the western education concept of midwifery and in fact need to resist it at times due to its cultural and spiritual limitations.

This bill will therefore neither enhance provider availability nor consumer choice, as fewer midwives would actually be legally eligible to practice should this bill be passed and the cost to hire a midwife would rise substantially.

The main question to be asked is does midwifery regulation protect mothers and babies? We know there is no scientific data or research to support that regulation of midwives does indeed better protect mothers and babies versus non-regulation.

While you may have heard from midwives on either side of this debate, the main issue is about *what birth consumers want* in terms of exercising their rights to consumer choice, religious and cultural practices, and women’s reproductive rights.

As a mother who hired midwives for both of my births and pregnancies, and as a woman who does qualitative research interviewing mothers who have chosen the same route in terms of their birth experiences, it turns out that both the scientific and anecdotal evidence reveals that homebirth and midwifery consumers by and large OPPOSE this bill in its entirety. It limits choice, it restricts religious and cultural freedoms, and it violates women's rights.

I oppose HB 2184 for these reasons and feel strongly that there are too many problematic areas to move forward with it. I am happy to speak further in person or via phone if you wish to hear more.

Sincerely,

Alexandra Kisitu, CD, MA, PhD Candidate

(808) 312-2334

Kisitu@hawaii.edu

Nothing in this chapter shall prohibit healing 13 practices by traditional Hawaiian healers engaged in traditional 14 healing practices of prenatal, maternal, and child care as 15 recognized and certified by any kupuna council convened by Papa 16 Ola Lokahi - BUT WHAT ABOUT HAOLE'S WHO SUPPORT NATIVE HAWAIIANS, WHAT ABOUT PEOPLE LIKE ME WHO PRACTICE INDIGENOUS BELIEFS AND CHILDBIRTH FROM MY HUSBANDS CULTURE?

THIS IS LIMITING THE SCOPE OF OUR CONSUMER CHOICES AND WOMEN'S AND INDIGENOUS PEOPLE'S RIGHTS!

I'd also like to supply you with SCIENTIFIC DATA about out of hospital birth:

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2742137/> - Home birth outcomes are better

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Cahill, Heather A. 2007. "Male Appropriation and Medicalization of Childbirth: An Historical Analysis." *Philosophical and Ethical Issues. Journal of Advanced Nursing*, 33(3):334-342.
http://is.muni.cz/el/1423/jaro2012/GEN183/um/7789645/male_appropriation_of_childbirth.pdf

Craven, Christa. 2010. *Pushing for Midwives: Homebirth Mothers and the Reproductive Rights Movement*. Philadelphia, PA: Temple University Press.

Ehrenreich, Barbara and Deirdre English. 2010. *Witches, Midwives, and Nurses: A History of Women Healers*. New York, NY: The Feminist Press.

Oparah, Julia and Alicia Bonaparte. Eds. 2015. *Birthing Justice: Black Women, Pregnancy, and Childbirth*. 1st Ed. New York, NY: Routledge.

<https://midwiferytoday.com/web-article/the-homebirth-choice/>

<http://www.tandfonline.com/doi/abs/10.1080/07399332.2013.815751?src=recsys&journalCode=uhcw20>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4701391/>

<http://theconversation.com/why-we-need-to-support-aboriginal-womens-choice-to-give-birth-on-country-53804>

HB-2184-HD-1

Submitted on: 2/12/2018 6:39:28 PM

Testimony for CPC on 2/14/2018 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Dani Dougherty BS, CPM	Island Mamas Midwifery	Support	Yes

Comments:

HB2184 Relating to the Licensure of Midwives

Dani Dougherty CPM

68-3604 Pakanu Pl. Waikoloa, HI 96738

I am testifying in support of HB2184. I am a Certified Professional Midwife, and have practiced midwifery in Hawaii since 2010. I also hold a Bachelor's Degree in Health Sciences from the University of Hawaii. However, my greatest accomplishment is found in being a mother to 3 beautiful children.

Having received midwifery care throughout my own pregnancies and births, I have personally experienced the individualized care and expertise that a skilled midwife can provide a birthing mother. As both a midwifery consumer and a midwife, I place great value on the importance of safety for the consumer and core competencies for midwives. I believe that midwifery licensure would aid in both of these areas. Licensure would also provide access to women who seek home birth midwifery care from a certified and licensed midwife, as well as accountability and a standard of care for midwives who practice in Hawaii.

I became a Certified Professional Midwife through the apprenticeship route and find this an important detail in my testimony. Not only does the apprenticeship model open doors to women in Hawaii who desire to become a CPM, it also allows mothers such as myself to be able to study at a distance, at a do-able pace while raising a family, without having to leave the state to attend a brick and mortar school. The apprenticeship route also helps preserve the art of traditional midwifery in modern day. I am a hands-on learner, and feel strongly that the 300 births I attended as a midwifery student (under the supervision of an experienced midwife) contributed greatly to my current knowledge and practice. As a result, I am committed to passing down that knowledge, and am currently a Qualified Preceptor through the North American Registry of Midwives, which gives me the ability to take on apprentices and sign off as a supervising midwife for student midwives who are studying to become CPMs.

Thank you for considering my testimony. I look forward to testifying in person at the hearing.

Testimony of
Joy Barua
Government Relations

Before:
House Committee on Consumer Protection & Commerce
The Honorable Roy M. Takumi, Chair
The Honorable Linda Ichiyama, Vice Chair

February 14, 2018
2:00 p.m.
Conference Room 329

Re: HB2184 HD1, Relating to the Licensure of Midwives

Chair Takumi, Vice-Chair Ichiyama, and committee members, thank you for this opportunity to provide testimony on HB2184 HD1, which establishes the criteria for licensure of midwives by the Department of Commerce and Consumer Affairs, provides for interim rules for continuing education requirements, standards of professional conduct, prescriptive authority, and penalties for violations.

Kaiser Permanente Hawaii appreciates the intent of this bill and offers the following comments.

While Kaiser Permanente Hawaii supports the intent of this bill to establish the criteria for licensure of midwives by the Department of Commerce and Consumer Affairs, we have the following concerns regarding the composition of the advisory commission listed on page 11, lines 3-11:

1. We recommend that the advisory committee include an obstetrician-gynecologist. While obstetrician-gynecologists are not experts on midwifery, they serve as primary recipients of transfers in the event of complications, and have expertise on the recognition and management of high-risk maternity conditions; and
2. We recommend that the midwife practicing in a hospital setting be amended to clarify that it be a midwife practicing full-scope midwifery in a hospital setting.

We request the committee to consider these comments. Thank you for the opportunity to testify.

711 Kapiolani Blvd.
Honolulu, Hawaii 96813
Office: 808-432-5437
Facsimile: 808-432-5906
Email: Joy.X.Barua@kp.org

Kaiser Permanente Hawaii

HB-2184-HD-1

Submitted on: 2/12/2018 7:04:43 PM

Testimony for CPC on 2/14/2018 2:00:00 PM

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

Comments:

As a certified professional midwife (CPM) serving homebirth families in Hawaii I vote in support of this measure. I desire to expand the availability of midwifery care more to women across the islands and insure safe practices.



Midwives Alliance of Hawaii

2/14/18

To: House Committee on Consumer Protection & Commerce
Representative Roy Takumi, Chair
Representative Linda Ichiyama, Vice Chair
Conference Room 329
415 South Beretania Street, Honolulu, HI 96813

From: Midwives Alliance of Hawaii

Time: Twenty-Ninth Legislature Regular Session of 2018
Wednesday, February 16, 2018 at 2:00pm

TESTIMONY IN STRONG SUPPORT OF HB2184_HD1, RELATING TO LICENSURE OF MIDWIVES

Dear Representative Takumi, Representative Ichiyama and committee members:

Thank you for the opportunity to testify in **strong support, with amendments, of HB2184_HD1**. We support State Auditor Reports No. 99-14 and No.17-01 findings that the midwifery profession should be regulated through mandatory licensure. We believe that licensing midwives will increase access to midwifery care across Hawai'i, especially in rural communities and neighbor islands. **Fourteen of the seventeen certified professional midwives in Hawai'i currently live and practice on neighbor islands**. Further, licensed midwives will be able to work within a collaborative health care system and can contribute their services towards reducing maternal and neonatal morbidity and mortality disparities seen across our State. The regulation of the midwifery profession is important to ensure that all persons who receive maternity and women's health services are provided the opportunity to choose safe and competent care.

Hawai'i's history of regulating the profession of midwifery began when the Territorial Board of Health registered midwives in 1931, and then licensed midwives in 1937, which included paying a fee and being a graduate of an approved midwifery school. Further, the names of midwives on Kaua'i, O'ahu, Maui, and Hawai'i were published annually in the newspaper to inform the public who was approved by the Territorial Board of Health. The majority of midwives in the 1920's-1940's in Hawai'i were Japanese and were trained in both nursing and midwifery. In the 1940's a midwife manual was adopted by the Board of Health to standardize procedures and Act 87 was passed by the Hawaii Territorial Legislature that mandated midwives to hold a license to practice midwifery; over time the Department of Health required persons to be nurse-midwives to be licensed.

The Sunset Evaluation No. 89-21 on the regulation of midwives recommended regulation to continue "because the practice of midwifery has the potential to harm the public". In 1998 Act 279 required the Board of Nursing to recognize nurse-midwives as advanced practice registered nurses, and the Department of Health's midwifery regulatory program was repealed. Repealing Chapter 321 meant that the definition of a "midwife" or the "practice of midwifery" was no longer in Hawai'i statute and that the practice of midwifery was no longer prohibited; the Board of Nursing Chapter 457 says one cannot practice nursing without a license.

According to Hawaii State Department of Health and CDC National Vital Statistics birth record data from 2003 through 2016:

- The annual birth rate has remained relatively constant in the 18,000 range.
- The percentage of community births increased from 1.3% in 2003 to approximately 1.9% in 2012.

Community partners input provided rough data for 2016:

- Approximately 1.9% of births in Hawai'i were in the community.
- Approximately 22% did not receive the newborn metabolic screen nor submit a declination form.
- Approximately 42% did not receive a hearing screening or submit a declination form.

Hawai'i Revised Statute §321-291 relates to tests for newborn metabolic diseases and states "the person assisting the birth of a child not attended by a physician, shall ensure that every infant in the person's care be tested for" newborn metabolic disease unless the parents or guardians of the infant have a written objection that is part of the infant's medical record.

- The percentage of infants unscreened and without a declination form is cause for concern regarding a lack of informed choice by the parents and a lack of adherence to state law.

We respect and appreciate the care providers who have shared their experiences with transfers of community based birth where preventable poor outcomes resulted. We acknowledge the pain they work through when receiving these families, and we appreciate the care that they provide in difficult circumstances. We believe that licensure of midwives will reduce the delay in transferring clients to acute care facilities when a problem is identified as there will be increased opportunities for collaboration and recognition of the midwife as a part of the healthcare team. Minimum education and training, and required continuing education, will ensure that all midwives are well informed of up to date evidence and techniques relating to midwifery care thereby increasing safety for consumers.

On February 14, 2017, Dr. Charles Neal, Chief of Neonatology Department at Kapi'olani Medical Center for Women and Children submitted written testimony to the Senate Committee on Commerce, Consumer Protection, & Health that is of great concern. "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." The demonstrated disproportion of infants of planned home birth in the NICU with HIE compared to the percent of home births in the state is absolutely alarming.

We believe this statistic will be improved through HB2184_HD1, which utilizes the definition of a midwife and minimum educational training and competencies as set forth by the International Confederation of Midwives and the United States Midwifery Education, Regulation & Association. Licensure will implement standards of education, a system of accountability, and required transparency to accurately identify oneself as a provider of birth services, meaning if one is licensed in another profession and/or they are not licensed as a midwife they should not identify themselves to clients and other professionals as midwives. When reviewing this data consider:

- The disproportion between the overall percent of infants born in the community and percent of HIE infants in the NICU from planned home births, and

- That HIE is more prevalent in preterm infants, and infants of planned home birth are generally term, healthy, and low risk.

We have heard the concerns of the community that if mandatory licensure is enacted it will become more dangerous for families as they will go “underground” to achieve their birth plans. Based on community partner input:

- We have determined that in 2016 licensed providers, such as certified nurse-midwives and naturopathic doctors, and unlicensed certified professional midwives who would become licensed according to HB2184_HD1, attended 70% of the community births. The number attended by licensed or licensable providers may be higher.
- The majority of families who choose community based birth could continue care with their licensed provider, or seek care from a midwife who is nationally certified and now licensed.

We also recognize that families have been choosing unlicensed providers to attend their community births for several decades, and we respect that they can and will continue to choose unlicensed birth attendants. This bill does not take away a woman’s right to choose her birth provider. This bill ensures that midwifery providers meet minimum training requirements as set forth by the profession so that women are able to make informed choices regarding their care.

HB2184_HD1 utilizes the International Confederation of Midwives definition of a midwife. This definition is not only accepted throughout the world but also by all U.S. national midwifery certifying bodies and professional organizations. Further, the educational requirements for licensure under the midwifery program meet the requirements as set forth by the International Confederation of Midwives and the United States Midwifery Education, Regulation & Association.

In accordance with the findings of the Sunset Evaluation Report on the Regulation of Midwives, the two Sunrise Analyses on the Regulation of Midwives, the history of regulation of midwifery in Hawai’i, and the need to ensure consumers have protections in place, we urge you to support HB2184_HD1 to establish a regulatory program for the practice of midwifery.

In order to improve the effectiveness of HB2184_HD1 we are offering the following **recommended amendments**:

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

“Midwife assistant” means a person, who may be unlicensed, who performs basic administrative, clerical, and midwife technical supportive services in accordance with this chapter for a licensed midwife or certified nurse-midwife, holds current certification in department approved neonatal resuscitation and cardiopulmonary resuscitation, and who is under the direct supervision of a midwife who is currently licensed in this State.

“Midwife technical supportive services” means simple routine medical tasks and procedures that may be safely performed by a midwife assistant who has limited training and who functions under the supervision of a midwife currently licensed in this State.

“Telehealth” means the [practice] use of telecommunication services pursuant to [defined in section-453-1.3] Hawaii Revised Statute 431:10A-116.3(g).

“Traditional Birth Attendant” or “TBA”, also known as a traditional midwife, means a person who assists the mother during childbirth and who initially acquired their skills by delivering babies themselves, through an apprenticeship to other traditional birth attendants or through cultural lineage. They practice independently, have never held formal certification or state licensure, and do not use legend drugs and devices.

We believe it is important to define midwife assistants so that licensed midwives are able to utilize them as part of their birth team, especially if they are working in a community based setting, while not putting licensed midwives in jeopardy of aiding an unlicensed person to practice midwifery. We are providing an alternate definition of telehealth, as Section 453-1.3 is explicit to physicians and would thereby prohibit licensed midwives from engaging in telehealth services. We are providing a definition of a traditional birth attendant as we are providing a recommended exemption for these providers.

2. **§ -4. Exemptions.** (a) This chapter shall not apply to any of the following:

(6) A traditional birth attendant who does not receive compensation for birth services; does not use legend drugs and devices, which require a license in Hawai'i; does not advertise as a midwife; is registered with the department of commerce and consumer affairs midwife licensure program; and who provides a program approved disclosure statement to every client, which must be provided to the director upon request.

We feel that obtaining education and demonstrating competencies do not require a person to give up their traditional practices. We believe that a provider can incorporate both formal education and traditional practice to best serve our women and families in Hawai'i. We encourage birth providers to obtain the minimum education standards defined for midwives in the world, and we respect that providers can choose for themselves if they wish to participate in formal education.

We respect a woman and family's right to choose to seek care from a provider that is unlicensed and who has not demonstrated formal education and minimum competencies. We believe that they have a right to informed choice and that without a regulatory midwife program they are at a disadvantage to judge the complex competencies of midwives and midwifery practice, thereby leaving consumers without a truly informed choice.

We disagree that recognizing the Hawai'i Home Birth Elders Council is sufficient. As stated in numerous testimony, this council was created in 2018 “in response to pressures from outside the home birth community to formally regulate”, meaning that those providing birth practices who do not support licensure did not feel a need to provide consumer protection. We have concerns that “this Council shall be self-defined and self-regulated” as there is no requirement for the members of the council to fully disclose to the public their current status of licensure in this state or if there has ever been disciplinary action resulting in loss of a midwife license in another state. At this time we are unaware of any council members that support licensure leading to concern that peer review, an important part of accountability, will be accomplished without birth attendants present that have met and uphold minimum education and training standards. Further, a process for consumer complaints to be addressed has not been provided by the council. We believe the well established process through RICO is appropriate for the profession of midwifery.

3. **§ -5. Powers and duties of the director.**

(8) Appoint an advisory committee of five state residents to assist with the implementation of

this chapter and the rules adopted thereto. The advisory committee shall consist of ~~six~~ five persons that shall be composed of:

(A) Three midwives, with a minimum of one practicing in a hospital setting and one practicing in a community based setting; and

~~[(B) One obstetrician-gynecologist; and]~~

~~[(C)]~~ (B) Two public members who have either received midwifery services or have an interest in the rights of consumers of midwifery services and who have never been a primary attendant or assistant at a birth.

We believe it is important that the persons appointed to the advisory committee are residents of the State of Hawai'i in order to best understand our unique community and demonstrate a commitment to the duties of the committee.

We acknowledge that the House Committee on Health and Human Services amended HB2184 to include an OBGYN on the advisory committee. We respectfully disagree that the advisory committee designate a position for an OBGYN. The purpose of an advisory committee is to advise the director on matters related to midwifery and as ACOG notes, they are not experts in midwifery. The advisory committee is not the venue for physician input on how they feel about midwifery practices when they are not experts on midwifery nor the interpretation of its practice. Their position on community based practices are well documented in ACOG Committee Opinions, inclusive of positions that directly contradict midwife philosophy and practice. We feel an OBGYN's expertise on high-risk conditions would be welcomed and sought in a transport review committee.

Midwives operate in a multidisciplinary health care system and as independent providers we are not under the supervision of OBGYNs, nor other health professionals. We trust other licensed professionals to advise their boards and programs and we trust that midwives appointed to the midwife regulatory advisory committee will competently advise the director. There are no licensing boards or programs in Hawai'i that designate a seat for a professional who is not regulated by that board or program. For example, the Hawai'i respiratory therapists program advisory committee does not have a designated seat for a physician despite respiratory therapists being under direct physician order and direction. Further, there is no language that prohibits the advisory committee from consulting with other health professional boards and programs, inclusive of the Medical and Osteopathy Board representing OBGYNs.

We recognize ACOG gives examples of other states where a physician is appointed to the midwifery board. These examples include states where midwives are under the Board of Medicine or the Department of Health with restrictive licensing laws rather than permissive licensing laws. The State of Hawai'i sets a true example to the rest of the United States in crafting permissive laws that enable professionals to practice to the extent of their education and training. We encourage you to set the example that Hawai'i trusts and respects midwifery professionals, as they do all other professionals, to appropriately advise the director of their licensing program.

We ask for your **support, with amendments, of HB2184_HD1**. Thank you for the opportunity to testify and your consideration in this important health care matter.

Mahalo,

Le'a Minton, MSN, APRN, CNM
Board President, Midwives Alliance of Hawaii

Aloha CPC Chair, Vice Chair & Committee members,

RE: HB 2184 HD1

Feb 14, 2 pm Rm 329

In strong OPPOSITION

I have been a practicing homebirth midwife for over 30 years. As part of the Hawaii Homebirth Elders Council, with Elders on each island functioning as representative of the Homebirth community, it is clear we are ALL sincerely interested in the safety and welfare of the mothers and the babies!

The main point of disagreement is what actually is safer? And more importantly is the same thing safer for everyone? Statistics show that the U.S. has the worst rate of maternal mortality in developed countries! A six month long investigation on maternal morbidity published May 12, 2017 concurs that the U.S. with all its technology is not having better outcomes than all the other industrialized countries. Many of these countries have honored the wisdom of midwives and embraced their mana'o to make birth the best it can be.

This bill is oppressive and favors one method of birthing (the hospital medical model) which I wonder whether legislators know much about? I wonder where you are getting your information from? The Auditors report mentioned nothing about maternal mortality or morbidity, nor did it compare home and hospital statistics, yet it suggested regulating home deliveries using the hospital medical model which according to statistics has not made birth in our country safer.

There are many things to be aware of as a legislator and I ask you to please review your facts before making decisions which will greatly affect the health of our Hawai'i community and our country. Please look at Hawai'i hospital statistics on mortality and morbidity of mothers and infants before you decide it is a safer model?

Please do not allow Hawai'i with all its cultural diversity and longstanding midwifery traditions to fall into the same demise as those states insisting on medicalizing birth. You are here to protect

the consumers, and they have serious concerns about safety in hospitals, access to the care they need in birth and their first amendment rights. It is a time in our country when women are speaking up for their rights louder than ever, please listen to what THEY are saying.

Please Oppose HB 2184!

Allow the Hawaii Homebirth Elders Council to serve as a self determined, self regulating organization which will act as a bridge between hospital medical births and the homebirth community. Together we can continue working towards better births for all. Please leave birth sovereignty in the hands of the people!

Mahalo for your time and consideration in this matter.

Dr. Lori Klmata, ND midwife Elder HHEC

ichiyama2 - Naomi

From: Ida Darragh <ida@narm.org>
Sent: Monday, February 12, 2018 4:17 PM
To: CPCtestimony
Subject: support FOR HB 2184 for midwives

To the members of the Hawaii House Consumer Protection and Commerce Committee,

I write to you in support of HB 2184, which will provide licensure for Certified Professional Midwives (CPMs) in Hawaii. I represent the certifying agency, the North American Registry of Midwives (NARM), which issues the credential to Certified Professional Midwives. CPMs are already licensed in 31 states to provide pregnancy and birth care to women who want to give birth in a natural setting. Licensure for CPMs insures that standards have been met for education and clinical internship for births in those settings, and increases the collaboration among health care professionals so that the needs of pregnant women can be met seamlessly throughout their pregnancy, birth, and postpartum periods.

Women are choosing home or birth center birth in all states, and the states that offer licensing benefit from utilizing the national standards associated with the Certified Professional Midwife credential, which is accredited through the National Commission for Certifying Agencies. All states that license midwives specifically to attend birth in out-of-hospital settings base their licensure requirements on the Certified Professional Midwife credential. All CPMs must complete an educational pathway approved by NARM, complete at least two years of clinical work under the supervision of a qualified preceptor, and pass the national CPM exam. CPMs must recertify every three years, providing evidence of continuing education, peer review, and additional training in Cardio-Pulmonary Resuscitation and Neonatal Resuscitation. More information on the CPM credential can be found at www.narm.org.

We urge your support of this bill to increase the options for safe, individualized birth care for Hawaiian families.

Sincerely,

Ida Darragh, Executive Director
North American Registry of Midwives
1-501-296-9769

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HB-2184-HD-1

Submitted on: 2/13/2018 9:56:07 AM

Testimony for CPC on 2/14/2018 2:00:00 PM

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

Comments:

Aloha Health Committee,

As a Naturopathic Doctor and a former Certified Nurse Midwife,

I speak up in the defense of well trained midwives and the mother and children they serve.

If you over regulate midwives which can decrease the numbers of qualified midwives in the islands, woman will be forced to have unattended births. which can cause harm to themselves and their babies.

Home birth is a basic right for all families to decide. Please keep government out of this important decision.

Mahalo for taking this to heart for the benefit of the citizens of Hawaii,

Dr. Bonnie Marsh

ichiyama2 - Naomi

From: Leah Naylor <joinmysuccess@gmail.com>
Sent: Monday, February 12, 2018 8:07 PM
To: CPCtestimony
Subject: Fwd: I SUPPORT HB2184

Aloha,

I have chosen to birth my babies at home with Midwives and I support bill HB2184 to help the profession of Midwifery to become more sustainable and accessible. Please consider supporting this bill for the women of Hawaii who want to have their babies at home in the safe hands of a licensed midwife.

Mahalo, Leah

--

Leah Naylor
[808-889-5715](tel:808-889-5715)
joinmysuccess@gmail.com

ichiyama2 - Naomi

From: Ki'inaniokalani Kaho'ohanohano <hokulani23@hotmail.com>
Sent: Monday, February 12, 2018 9:21 PM
To: CPCtestimony
Subject: Oppose hb 2184 PLEASE

Aloha,

I am writing In opposition to hb 2184 for a multitude of reasons. First and fore most, the Four utmost goals set forth in this bill, will NOT be attained with this bill. In fact, quite the contrary. I am a mother of Four, all born at home in Maui in Very rural areas. As a native Hawaiian, My cultural practices/traditions in Birth are Very important to me, as well as my ohana in general. We have relief on these traditions for hunderds of years. Even my father in law, was born at home in Lahaina. Only one generation inbetween hospital born. Although most have conformed to more modern Medical birthing practices, we should have the option to chose. The practitioners of Birth are not having access to the training required by this bill without expensive training and travel to the continent.

I have been attending births, doing prenatal and postpartum care for 18 years home and hospital in Maui. I would not be able to afford or travel to gain proper certification, So do all of my years of first hand training, even working with other cpms, and traditional midwives amount to nothing???? I serve our rural and Town communities. I am not interested in billing insurance or ordering labs, and if i need to refer, I have great relationships, and connections to obtain what is needed to support my ohanas. We have protocol and procedures and are not working like a Free for all. We have the highest level of integrity and regard for the folks we serve. A typical prenatal is about 2-3 hours with me! Who gets that with their ob? This is a lifes work, my kuleana, not a job... or profession. I would not qualify for sure under OHA, and the exemption is not solid. We cannot simply pass legislation, we need good legislation. As a student working towards my CPM, I am not covered by this bill. I have a preceptor moving to Maui as there are almost none in our state, another issue making required training Just not tangible! She us coming to help me attain training, but will that be in vain as well? I do not want to stop practicing, PLEASE dont make me say no to those I have helped multiple times, or folks that have finally come to their time to hānau, that have always dreamt it would be with me, a certain way. I cannot be criminalized for being me. A cultural practitioner/ traditional/ direct entry midwife. I cannot put my own ohana on the line to support others and live in fear. This will drive home Birth underground, and create more gaps than bridges. This doesnt support saftey, or access to care. The majority of midwives in our state have been supporting homebirth for years and years as traditional/culture based midwives, PLEASE dont throw us under the bus after all of our years of Service and dedication to the art of midwifery ♥mahalo for considering my perspective .

Me ka ha'aha'a,
Ki'inaniokalani Kaho'ohanohano

Pale keiki- Direct entry Midwife
CPM in training
Hale Ho'olana

(Maui chapter rep) Hawai'i Midwives Council Wahine Ho'opa'a HHEC Commission on Status of Women, Maui County
Partner in Ka'ehu Bay Project- cultural revitalization/ learning center Kumu lomilomi/ la'au
lapa'au/ho'oponopono/Birthing traditions

Sent from my iPhone

From: Dr. Ye Nguyen <dryenguyen@gmail.com>
Sent: Tuesday, February 13, 2018 12:25 AM
To: CPCtestimony
Subject: HB 2184 HD1: RELATING TO THE LICENSURE OF MIDWIVES; hearing on Wed. Feb 14th 2pm

REGULAR SESSION OF 2018

CONSUMER PROTECTION COMMITTEE

Hearing date 2-14-18, 2 PM Rm 329

RE: HB 2184 HD 1Relating to the Licensure of Midwives

IN OPPOSITION

Aloha honorable chair and committee members,

I would like to introduce myself as **Dr. Ye Nguyen, naturopathic physician, midwife, doula & most importantly, home birth mother & advocate.** I am a supporter of all my midwife sisters.

I am **opposed** to HB 2184 for the following reasons:

1. This bill limits women's freedom of choice in whom they may have their baby's with, wherever they want, and however they want. This bill does the opposite of enhancing provider availability and actually limits women's choices in their provider. **This is a violation of our women's rights.** What if you, as our lawmakers trusted our decisions made about our own bodies rather than made laws based on fear? **Who are you to say what is what is right for me, where, how and with whom I birth with, is the right choice...the safe choice?**
2. Although this bill does acknowledge traditional Hawaiian healers being exempt, Papa Ola Lokahi does not have a committee to address midwives. **This bill fails to acknowledge that there are many other cultures who live here and also have practicing traditional midwives who serve their community.** This bill disrespects the many traditional and indigenous midwives who have been practicing for many, many years and holds a certain training or education higher than their wisdom in years of experience.
3. **It is our community, our mothers, our parents and the midwives that self regulates this profession and/or calling.** We come together in peer review, supporting one another as sisters when their is a "bad" outcome. The Hawaii Home Birth Elders Council has recently been formed in order to provide guidance and regulate the midwifery community. This council has well over 200 years of combined home birth experience, with midwives who have practiced at least 10 years and 5 of them being in Hawaii.
4. I feel that by this bill divides the midwifery community from the medical community. This bill segregates the many different types of midwives and tries to make everyone the same. The midwifery community is already a small one here. The home birthing community will suffer a great loss by making certain midwives illegal, if they are no longer able to practice. What we need is to do is come together honoring and accepting all different types of midwives by making licensure optional.

As consumer, I do not expect the state of Hawaii's job to protect me when it comes to my birth at home. That is not your job. I take full responsibility on how I deliver my baby with whom I trust, to help support me. I do not depend on the state of Hawaii to make these decisions for me. My husband, caught my son in our home in Kaimuki. And I caught my daughter, in the birthing tub. I had the support of my Ob/Gyn throughout both pregnancies and my midwife sisters, whom I trusted. **We need to focus on building bridges rather than tearing them apart.**

Thank you for your time.

Respectfully,

Dr. Ye Nguyen

HB-2184-HD-1

Submitted on: 2/12/2018 11:56:00 AM

Testimony for CPC on 2/14/2018 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
jan ferguson	Individual	Support	Yes

Comments:

Three decades ago I gave birth to my three children in Hawaii under the care of a competent midwife. At that time there were very few midwives attending births in Hawaii and I am grateful to have had that option. It was the very beginning of a resurgence in midwifery care in the United States. Over the years, education and accreditation for midwives has evolved to include many schools and pathways to be trained and certified. Thirty three states have licensure for Certified Professional Midwives (CPM). This has resulted in expanded choice of care for women and babies, often covered by insurance.

At this time Hawaii faces an acute doctor shortage. The midwifery model of care is a way to fill in the gaps in healthcare for healthy low risk pregnancies, particularly in rural areas of the state.

Currently on Maui midwives are not considered a valid resource by the medical community and pregnant women are being denied care by obstetricians if they plan to deliver with a midwife. This creates confusion and stress for birthing families and disturbs the continuity of care that is needed to insure good outcomes. My hope is that licensure for midwives will, as it has in other states, foster long overdue communication and collaboration.

As there has always been, there will continue to be women in Hawaii who seek midwives for prenatal care and to deliver their babies. I believe women have a right to give birth where and with whom they choose, INCLUDING to hire a licensed midwife who has proven mastery of midwifery education national standards and core competencies

I support HB2184.

HB-2184-HD-1

Submitted on: 2/12/2018 12:59:18 PM

Testimony for CPC on 2/14/2018 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Lark Ryan	Individual	Support	No

Comments:

HB-2184-HD-1

Submitted on: 2/12/2018 1:00:35 PM

Testimony for CPC on 2/14/2018 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Haley Callahan	Individual	Oppose	No

Comments:

Dear Representatives,

I am writing to STRONGLY OPPOSE HB 2184 on behalf of myself and my two young children--both born at home with the help of midwives (one licensed and one not).

I chose to birth at home because I am a healthy woman of color, which means that **my chances of a healthy birth are statistically GREATER if I birth at home than in the hospital.**

I chose the practioners I did because they supported my vision of healthy, peaceful births and had the knowledge I believe to be important (including but not limited to: basic medical knowledge, years of practice, cultural sensitivity, personal experience, and excellent interpersonal skills). Thus, being able to choose a cultural or community supported midwife is important to me because many of the women I'd choose from don't value a Westernized-Anglo education and licensure. I believe that birth is a normal physiological function that we as women are born with.

I also believe that my body is *my* business, and that **as a woman I have every right to choose where I birth and with whom I birth**, should I choose to have anyone around at all. This is not something I am willing to compromise on, and if I were not allowed to have the practitioners I chose at my births, I would have done it at home with just my partner and mother.

Although this bill looks as though there would be a cultural exemption, there is no current kupuna council for oversight. It doesn't protect any other cultural/indigenous practitioners or traditional midwives, nor is there a bridge of any kind to include them. **To require cultural practitioners of midwifery to get licensure in Hawaii is in conflict with the United Nation Declaration on the Rights of Indigenous People Article 24, Section 1:** "Indigenous peoples have the right to their traditional medicines and to maintain their health practices."

Furthermore, **there is no current pathway in our state to receive the recommended training/certification in this bill**, making it unattainable and unrealistic, especially for local women. This would discourage local women and women of color from pursuing

this important path; at best it would encourage our most dedicated island practitioners to leave their communities and for many people from other places to emigrate here.

What our state, our cultures, and our communities need is more culturally-appropriate care, especially when it comes to birth, where women of color have such high rates of intervention and negative outcomes. We need practitioners who have been taught technical and medical skills, yes, but also who possess the cultural capacity to hold space for a mother during the sacred rite-of-passage that is birth.

I do not believe that this bill will offer that to our state.

If there is to be licensure, it should be OPTIONAL so that midwives who wish to be licensed can do so. In other states where this is the case, families and birthkeepers are able to succeed. This would allow individuals to carry on their indigenous practices, give women the power of autonomy in choosing where and with whom they birth, and still give Western-trained midwives access to the things they desire through this bill.

Thank you for your time and consideration. I trust that you are think of the well-being of *everyone* when sorting through this bill.

Haley Callahan, MSW

HB-2184-HD-1

Submitted on: 2/12/2018 1:03:51 PM

Testimony for CPC on 2/14/2018 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Alamanda	Individual	Oppose	Yes

Comments:

My name is Hoku Bayly and I am testifying today as a mother of two healthy and thriving boys ages 6 & 3 that I gave birth to at home, on the island of Maui. I am also a home birth baby. Born in Hāna, Maui in 1988. My mother was assisted by her dear friend and trusted midwife who flew from the mainland. Had there been more midwives practicing traditional midwifery on Maui at that time, she would have been very open to being assisted by someone living on and/or from Maui.

My mother witnessed the differences in the care she received versus the care I received, and believes that my care was much more versatile, wholesome, thorough and sacred specifically BECAUSE OF THE TRADITIONAL AND CULTURAL ASPECTS INCLUDED.

My mothers friend and midwife was from the mainland and although her birth to me was extraordinary, there was an apparent lack of connection to the sacred nature of birth that one acquires through deep connection to culture. This is about Hawaiian culture. My midwives names are Ki'inani Kaho'ohanohano, Linda Harrison, and Kristina Statler. I was able to give birth to my first son in Keanae and my second in Lahaina. In Keanae with my first, I labored during sunset as I walked the peninsula with my partner and two midwives, I felt so strong, so protected.

Greeted by kānaka from this area, who knew both Ki'inani and Linda through their own home birth experiences with them and which were a part of their Hawaiian culture. Talking sorry with them, I felt like 'ohana through that connection alone. They celebrated and shared in the excitement of the new life to come and offered to bring poi to the house later to nourish my body after birth.

Leading up to my births, these women advised and cared for me. A point I like to make is that being hāpai, I was pregnant, not sick, I never felt like I needed to see a doctor. Our regular visits included discussing proper nutrition to support both baby and myself, my weight was monitored, they requested I get the necessary blood work done. I also gained immense support in talking through fears about the birthing process and built courage in my abilities to give birth naturally. For ailments I received remedies that didn't involve western medicine. La'au lapa'au, plant medicine. I learned I could drink nettle tea harvested from iao valley to enrich my blood. I ate hibiscus buds as a way to lubricate internally in preparation for birth. Ki'inani provided traditional Hawaiian lomi lomi massage to alleviate pressure and to help move my body as it grew to create a human life!

My midwives counseled my partner on how to act as a father and how to best support me as both a first time mother and then again as a soon to be mother of two. They

offered resources so we could educate ourselves AS MUCH AS POSSIBLE. They encouraged us to explore our options, to read, to ask questions! To study history! Not only that, they asked me real questions, because I am a real person. I have FEELINGS. We all do! Birth in America is scary, especially because it has become a FOR PROFIT BUSINESS. We are not robots who need textbook taught doctors to tell us how to give birth. Is that not an obvious disconnect? We need to continue to educate and encourage access to EXPERIENCED midwives. These are the women who are able to share their art of perpetuating ancient practices handed down through generations, of bringing life into this world as the most incredible miracle that it is. I drank water that had bark from the hao tree soaking in it, creating an odor and tasteless slippery drink that lubricated the birth canal. I drank fresh coconut water which we all know was used as replacement IV fluid in the Vietnam war. My perineum didn't tear at all because my midwives explained how perineal massage, the gentle daily stretching of the vaginal skin that is commonly cut. Other times this skin tears consequently, sometimes all the way to the woman's buttock because of how "way too big" their baby's head is. She is then stitched back up and now has to figure out how to SIT COMFORTABLY to hold and feed her newborn child. Can you imagine trying to sit after that? I didn't tear AT ALL and I know the only reason why is because my midwives educated me on how to prepare my body for birth.

These are just a few examples of the health impacts that made my births incredibly beautiful and SAFE. These women, these traditional midwives will be considered criminals should this bill be passed. These women are like mothers, sisters and medical professionals all rolled into one.

Traditional birthing is an experience that is ALLOWED to be practiced and made available as a choice for proper care before, during and after pregnancy.

I oppose HB 2184 because:

- The births I had would be considered illegal
- There are no midwife training schools in Hawaii or accessible ways for experienced midwives to get licensed.
- Studies show home births to have fewer rates of complication and interventions
- MANY cultural impacts are not addressed in the Health, Consumer, and Finance committees.

As women, we get to choose how to hā• nau, how to give birth. It is our birthright to utilize the skills of these midwives regardless of whether or not they are "licensed" to do the very things they have been providing their communities with for decades. These midwives are more than qualified, so much so, I was willing and excited to put the lives of my children into THEIR hands before I even touched my babies with my own.

Alamanda Hoku Bayly
3626 Lower Honoapiilani Road Apt. B116
Lahaina, HI 96761
808-268-4450
a.hoku.b@gmail.com

HB-2184-HD-1

Submitted on: 2/12/2018 1:59:20 PM

Testimony for CPC on 2/14/2018 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Courtney Caranguian	Individual	Oppose	No

Comments:

I feel like this bill doesn't encompass all the midwives in the birth community. I do not feel we should regulate midwifery at all.

HB-2184-HD-1

Submitted on: 2/12/2018 2:09:10 PM

Testimony for CPC on 2/14/2018 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
mary jewell	Individual	Support	No

Comments:

HB-2184-HD-1

Submitted on: 2/12/2018 2:18:43 PM

Testimony for CPC on 2/14/2018 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
sanna kauhane	Individual	Oppose	No

Comments:

I oppose this bill! I am a homebirth mother of one and a hospital birth mother of one. A woman should be allowed to choose where she is most comfortable and the most supported, this is according to her standards! After a very difficult and uncomfortable Hospital birth with an unsupported staff I chose to have baby number two at home! This is my right as a woman, to be able to have a choice! Thank you!

HB-2184-HD-1

Submitted on: 2/12/2018 4:18:59 PM

Testimony for CPC on 2/14/2018 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
haley ferguson	Individual	Support	No

Comments:

HB-2184-HD-1

Submitted on: 2/12/2018 4:39:34 PM

Testimony for CPC on 2/14/2018 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Chelle Galarza	Individual	Oppose	No

Comments:

Aloha

I am writing to oppose bill HB2184. I am a mother who had a home birth with a Pale Keiki. I do not support this bill because it limits the choices of care for women and babies.

I believe women should birth where they want and with who they see fit. If this bill passes it will essentially eliminate the choices I value. It will also eliminate many who practice midwifery currently and have done so for years.

Hawaii also does not have any midwifery training programs or schools. This means midwives who live here will not have a way to become licensed. In order to obtain the credentials required it would be extremely expensive and unobtainable for some.

This bill will limit home births which are proven to be safer with less medical interventions. It will essential medicalize birth and this is far from what birth is.

Papa Ola Lokahi is not currently set up to oversee midwives, there is no Kupuna council. There are many cultural issues that are not adequately addressed in this bill. I believe in respecting and preserving cultural midwifery traditions and practices that have been passed down and used for generations.

I oppose bill HB2184.

Sincerely,

Chelle Galarza M.A., M.T.C.M.

Wailuku, Hi

[\(808\)727-0831](tel:(808)727-0831)

chelleclaire@live.com

HB-2184-HD-1

Submitted on: 2/12/2018 5:57:53 PM

Testimony for CPC on 2/14/2018 2:00:00 PM

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

Comments:

HB-2184-HD-1

Submitted on: 2/12/2018 6:08:26 PM

Testimony for CPC on 2/14/2018 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Tuiaana Scanlan	Individual	Oppose	No

Comments:

I oppose this bill because it limits accessibility to families and criminalizes other midwives including cultural practitioners. Midwives provide an essential service to our community. My child was born under the supervision of a midwife. And while we were excited for a natural birth, we also had several contingency plans plotted out just in case. Our child is healthy and hearty. My wife should have the ability to choose when, where, and how she gives birth.

HB-2184-HD-1

Submitted on: 2/12/2018 7:38:58 PM

Testimony for CPC on 2/14/2018 2:00:00 PM

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

Comments:

REGULAR SESSION OF 2018

For Honorable House Chair Roy Takumi, Vice Chair Linda Ichiyama and Committee members Henry Aquino, Ken Ito, Aaron Johanson, matthew LoPresti, John Mizuno, Calvin Say, James Tokioka, Ryan Yamane, Bob McDermott

Hearing date 2-14-18, 2:00 pm Rm 329

RE: HB 2184HD1 Relating to the Licensure of Midwives

IN OPPOSITION

Aloha honorable chair and committee members,

My name is Laine Hamamura, and I oppose this bill for the following reasons: the bill will greatly limit birthing mothers' choices and over-regulate the practice of midwifery by the medical establishment. This bill does not fully understand the midwifery model and doesn't address the needs of the out-of-hospital birthing community. I personally have had one hospital birth and two out-of-hospital births and all births were beautiful, healthy, safe, and peaceful. I am also 36 weeks pregnant and expecting my fourth child and am planning to birth at home with my midwife and doula team because I know I can be allowed to labor and deliver with a peaceful and in a private environment. I am in favor of women being able to choose when and with whom they want to birth with and where.

Having a baby is a normal life stage process, not a medical condition, and families deserve the choice as to who they want to be present or support them in this process. There is great value in all different types of people or practitioners doing "midwifery like" care, and I would not want to limit this care to licensed practitioners or make only certain choices the only illegal options. I hope to be a doula someday and would like to assist women with birthing wherever they choose and however they choose, whether it be in a hospital or home or birth center.

Please stop this bill from passing as it will limit women's legal rights and options and criminalize some presently practicing midwives. A simple amendment to this bill is not a possibility because of all the problematic areas within it. Thank you for hearing my testimony on my opposition of HB2184 HD1.

Mahalo,

Laine Hamamura

HB-2184-HD-1

Submitted on: 2/12/2018 8:11:02 PM

Testimony for CPC on 2/14/2018 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
tara mattes	Individual	Oppose	No

Comments:

Aloha

i oppose this bill because there is no need to have another bill controlling how woman want to birth. It's a natural process done since the beginning of time. And yes like all transitions there are risks. As a mother i did not take this transition, a very intimate experience lightly. It wasn't until my 7th month of pregnancy after much research, and a growing trepidation to hospital birth(being that 31% of women have a c-section in Hilo), that i found the perfect midwife to guide me through this experience. Which ended up being a very empowering entrance into motherhood. I am forever grateful. After such a great experience i became a doula and attended many home and hospital births. They are very different. That is why it confuses me how one part of the birth population feels they should have some sort of control over the other. There are room for both , and i have been grateful that both exist so that woman can choose the type of experience they want. in 2018 do we really need to be limiting women's choice? Thank you, tara mattes

HB-2184-HD-1

Submitted on: 2/12/2018 8:15:52 PM

Testimony for CPC on 2/14/2018 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Vanessa Jansen	Individual	Oppose	No

Comments:

I oppose this bill because it limits accessibility to families and criminalizes other midwives including cultural practitioners! Mahalo

HB-2184-HD-1

Submitted on: 2/12/2018 8:18:11 PM

Testimony for CPC on 2/14/2018 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
mary drayer	Individual	Support	No

Comments:

HB-2184-HD-1

Submitted on: 2/12/2018 8:32:50 PM

Testimony for CPC on 2/14/2018 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Sarah "Sky" Connelly	Individual	Support	Yes

Comments:

I am testifying in support of HB 2184.

I am a certified professional midwife (CPM) serving families on the island of Maui. Licensing midwives in the state of Hawaii will increase access to care for more families. Licensure would make it possible for families to use their insurance to pay for quality maternity and wellness care provided by midwives. Licensure would make it possible for midwives to fill important provider shortages-- currently on Maui there are many areas of the island that are remote and underserved by the few maternity and gynecology providers on the island. Having more licensed providers, i.e. midwives, would serve to expand access to care. Licensure would also ensure that consumers would always know that their midwives met minimum standards in education and training.

My families appreciate the high quality care that I provide them. Licensure would make it even more possible for me to provide that care to all those families who would choose it. It would also make it possible for me to be a part of the larger health care community, and have better collaborative relationships with other care providers on the island. Currently, my clients' care suffers when they need access to higher level or specialized care because most other licensed providers do not respect or understand my credential alone. Hospitals and other care providers want the assurance that comes with licensure.

I am in support of this bill, with the amendments that the Midwives Alliance of Hawaii recommends. **I strongly urge you to do what's right for Hawai'i's families, and support this bill.**

Mahalo for your time,

Sky Connelly, CPM

HB-2184-HD-1

Submitted on: 2/12/2018 8:57:11 PM

Testimony for CPC on 2/14/2018 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Savannah John	Individual	Oppose	Yes

Comments:

My name is Savannah John and I oppose this bill for the following reasons:

Midwives have a lower c-section rate than hospitals resulting in better post birth outcomes for both mother and child.

Women should have the right to choose how and where they want to give birth. Having affordable midwives allows woman to make the best choice for their families.

Over regulation will force midwives to increase their prices and will therefore restrict the number of women who will be able to use their services.

This bill should NOT be passed.

Thank you.

HB-2184-HD-1

Submitted on: 2/12/2018 9:04:07 PM

Testimony for CPC on 2/14/2018 2:00:00 PM

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

Comments:

Aloha Representatives,

i oppose this legislation because I believe mothers should have the right to choose how they give birth to their babies. Also there isn't sufficient way for local residents to become licensed and this is the traditional way babies are born. Long before hospitals and drs midwives birthed babies.

Please do not pass this bill

Mahalo

Tamara Paltin 808-870-0052

HB-2184-HD-1

Submitted on: 2/12/2018 9:16:32 PM

Testimony for CPC on 2/14/2018 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Francoise Schmid	Individual	Oppose	No

Comments:

HB-2184-HD-1

Submitted on: 2/12/2018 9:23:05 PM

Testimony for CPC on 2/14/2018 2:00:00 PM

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

Comments:

I oppose this bill because it limits accessibility to families and criminalizes other midwives including cultural practitioners!

HB-2184-HD-1

Submitted on: 2/12/2018 9:38:07 PM

Testimony for CPC on 2/14/2018 2:00:00 PM

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

Comments:

HB-2184-HD-1

Submitted on: 2/12/2018 9:41:05 PM

Testimony for CPC on 2/14/2018 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
brendan donnelly	Individual	Oppose	No

Comments:

HB-2184-HD-1

Submitted on: 2/12/2018 10:34:15 PM

Testimony for CPC on 2/14/2018 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Sara Harris	Individual	Support	No

Comments:

As a section of the Nation’s leading group of physicians dedicated to improving health care for women, the Hawai’i Section of the American College of Obstetricians and Gynecologists (HI ACOG) represents more than 200 obstetrician/gynecologist physicians in our state. HI ACOG **supports HB2184** and other legislative proposals that **increase access to safe, high-quality maternity care** for Hawai’i’s women and infants.

It is incumbent upon all of us to empower Hawai’i’s women to make the best choices for the health and well-being of themselves, their babies, and their families.

- HI ACOG agrees with the January 2017 Sunrise Analysis that called for the mandatory licensure of the practice of midwifery in order to protect the health, safety, and welfare of women, infants, and their families.[\[1\]](#)
- Since 2010, the International Confederation of Midwives (ICM) has called for minimum education and training standards for all midwives in all countries, including the United States.[\[2\]](#) ACOG endorses these standards, and HB2184 ensures that these standards would be met by midwives who would meet the criteria for licensure in Hawai’i.
- ACOG advocates for implementation of the ICM standards to ensure all women have access to safe, qualified, highly skilled providers in all settings.
- Women in Hawai’i – no less than women in other, even less-developed countries – should be guaranteed care that meets minimum standards for safe, high quality maternity care.

HB2184 supports, rather than infringes, upon reproductive autonomy/rights

- While HI ACOG believes that hospitals or accredited birth centers are the safest settings for birth, HI ACOG also strongly believes that each woman has the right to make medically informed decisions about her maternity care and delivery.

- Every woman has the right to know the training, experience, and credentials of the person caring for her during her pregnancy and attending her delivery so she can make an informed choice.
- HB2184 is not about restricting rights or options from consumers, but about licensure of a profession.

Women benefit the most when there is collaboration of maternity care among licensed, independent providers

- ACOG believes that women deserve the highest quality of care, which is enhanced by collaborative relationships characterized by mutual respect and trust, as well as professional responsibility and accountability.
- HB2184 encourages such collaboration, responsibility, and accountability.
- We agree that the membership of the licensing advisory committee should include an obstetrician-gynecologist. While obstetrician-gynecologists are not experts on midwifery, we are the primary recipients of transfers in the event that complications arise, and have expertise on the recognition and management of high-risk maternity conditions. As detailed in the 2017 Sunrise Analysis, Arizona, California, Delaware, Maine, Oregon, and Washington have advisory committees or licensing boards that consist of either a licensed physician or obstetrician.

HI ACOG is dedicated to the highest quality care for the women and families of Hawai'i. **When given the information they need, women can make the best choices for themselves and their families – we need to give them that information to empower them to make those choices.** Let women know who has received the training, expertise, and credentials to be licensed as a midwife in Hawai'i so they can choose for themselves who will care for them in this important time of their lives. For these reasons, HI ACOG supports HB2184.

Thank you for the opportunity to testify.

Sara Harris, MD

[1] Sunrise Analysis: Regulation of Certified Professional Midwives. A Report to the Governor and the Legislature of the State of Hawai'i. January 2017

[2] Global Standards for Midwifery Education (2010). International Confederation of Midwives.

https://internationalmidwives.org/assets/uploads/documents/CoreDocuments/ICM%20Standards%20Guidelines_ammended2013.pdf. Accessed on February 1, 2018.

HB-2184-HD-1

Submitted on: 2/12/2018 10:42:33 PM

Testimony for CPC on 2/14/2018 2:00:00 PM

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

Comments:

As a homebirth consumer, I do NOT want mandatory regulation placed upon MY decision to choose who I prefer at a MY birth or who will deliver MY baby.

HB-2184-HD-1

Submitted on: 2/12/2018 10:43:27 PM

Testimony for CPC on 2/14/2018 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Melissa Iwamoto	Individual	Oppose	No

Comments:

REGULAR SESSION OF 2018

For Honorable House Chair Roy Takumi, Vice Chair Linda Ichiyama and Committee members Henry Aquino, Ken Ito, Aaron Johanson, matthew LoPresti, John Mizuno, Calvin Say, James Tokioka, Ryan Yamane, Bob McDermott

Hearing date 2-14-18, 2:00 pm Rm 329

RE: HB 2184 HD1 Relating to the Licensure of Midwives

IN OPPOSITION

Aloha honorable chair and committee members,

My name is Melissa Iwamoto. I am a proud mother of two beautifully healthy children, both of whom were born in our home in Kaneohe-- Ken Ito's jurisdiction-- as I was attended by a highly skilled, experienced, and trained midwife.

I oppose HB2184 HD1 for the following reasons and feel strongly that there are too many problematic areas to make amendments at this time:

Regulating how, with whom and where someone gives birth interferes with reproductive rights, birth autonomy, privacy rights and birth traditions. My primary concern is for the welfare of mothers and babies and the preservation of culture, tradition and people's choices. Practitioners from the medical model, the midwifery model, and the community have been establishing communication to sincerely and respectfully listen to each other and collaborate on comprehensive solutions to existing concerns. This is the answer, rather than the state governing how one births.

This bill currently tries to regulate a profession without an in-depth understanding of the various practitioners, roles, and responsibilities involved in home birth practices. The medical hospital-based model it imposes doesn't take into account the population it is regulating and doesn't accurately represent the different models of home birthing.

Every year that midwifery regulation comes up in legislation the community makes it clear they do not support governmental control. The proposed legislation will not make home births safer, and it will not improve quality or enhance provider availability to those who seek it. The practice of midwifery has been responsible, accountable and informally regulating itself since its conception. In response to pressures from outside the home birth community to formally regulate, The Hawaii Home Birth Elders Council has been created, reflecting the variety of practices that exist in Hawaii with over 200 years of combined home birth experience.. This Council shall be self-defined and self-regulated. Birth sovereignty must be left in the hands of the people.

The exemption section is also problematic as it restricts the training of midwifery students to a more medical model and does not respect and value other forms of midwifery training which do not fit the medical paradigm. In addition it does not take into account cultural observances other than Hawaiian, and as we know Hawaii is made up of many strong cultural traditions that deserve to be honored.

For these reasons and more I strongly oppose HB 2184 HD 1.

Sincerely,

Melissa Iwamoto

HB-2184-HD-1

Submitted on: 2/12/2018 11:13:53 PM

Testimony for CPC on 2/14/2018 2:00:00 PM

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

Comments:

Committee on CPC, Hearing on Wed. Feb. 14, 2018 at 2pm

Re: HB2184 HD1

I strongly OPPOSE

This bill clearly restricts and severely limits the types of midwives currently available thus impose upon **my rights to birth with whomever I choose**. This bill takes away my reproductive rights and human rights in freedom of choice. This bill takes away autonomy in birth from mothers and babies. The community is the one who uses all types of midwives from all backgrounds and regulates the midwives by choosing which one to serve them at their home birth. I need the variety and options in midwives to choose from because they all have different backgrounds, personalities, stories, skills, preferences, styles, etc. and at the end of the day, it is **my choice** to decide on which midwife I want to work with at **MY BIRTH**.

I choose how I take care of **my body** and birth **my baby**. **I am responsible for my own birth**. The midwife nor doctor are the heroine here, **they do not birth my baby!** The midwife **I choose** to have present in case I may need her for support during **my labor and my birth is my choice**. I do not and will not allow my midwife nor doctor to tell me how to labor and birth. My permission or consent must be requested prior to anything anyone would do/say to me or my baby. **I am responsible for the outcome of my birth**.

As a cultural practitioner, there is concern for native Hawaiian practitioners as this bill speculates that Papa Ola Lokahi will certify native Hawaiian practitioners in midwifery, however, no such council exists at this time and the organization itself does not approve such certification. The exemption is still important but midwifery is not one of the specific practices named in the law that the council authorizes. The birthing practices of every other culture here in Hawai'i are also important and need protection!

And what about the Hawaiian mothers who are practicing their traditional culture of birth with a midwife who is not a Hawaiian practitioner? This is a huge segment of the birthing population.

1) This bill is a human rights issue. Parents deserve the right to choose where, with whom, and how they will birth, and this bill clearly restricts these choices. We are dedicated to preserving and perpetuating reproductive rights.

2) Hawaii has unique geographical considerations and is a unique cultural melting pot. All of these different cultural observances are not being taken into account. There are different kinds of midwives for different kinds of people and different situations. Making some midwives illegal and desired care unavailable does not make birth safer.

3) If the state continues to push the issue of regulation despite the **strong opposition from the community**, and despite the fact that the field has already been responsible, accountable and informally regulating itself since its conception, then allow the field to formally regulate itself! The Hawaii Home Birth Elders Council has been formed with the combined home birth experience of well over 200 years. Birth sovereignty must be left in the hands of the people, not the government.

4) The bill states that licensing will "reduce access disparities, enhance provider availability, and improve quality of maternal child health care" but there is no evidence to support such claims. It will limit choices for some in remote places, which will reduce access disparities and may lead to more unattended home births which is potentially quite dangerous for mother and baby.

5) An ongoing study of Hawaii's homebirth community has indicated the following: Homebirth families are overwhelmingly pleased with their care. They feel centered in a paradigm they ascribe to, and supported by competent care providers. State recognized certification proved not to be a high priority among these families, though skilled care was the largest common priority. The survey is ongoing and has had 200 respondents so far yet a significant sampling of community opinion.

6) We are choosing care providers that **we feel** safest with. We do not want nor need to be told by the government or any medical organization who we can choose as our provider.

To legislatively undermine our efforts, and their positive outcomes, would be unconscionable.

REGULAR SESSION OF 2018

For: Honorable House of Representative CPC Committee Members,

Hearing date 2-14-18, 2:00 p.m., Rm 329

Re: HB2184 HD1 Relating to the Licensure of Midwives - IN STRONG OPPOSITION:

Dear Madam and Sirs,

This bill will take away women's rights to their reproductive freedom. It is my right as a woman to choose to birth the way I want to and to choose my birth attendants. This bill will force midwives to become CPMs. This will affect many people such as cultural practitioners of birth and many midwifery students who do not study with CPMs by making it unlawful for them to attend births. I am a member of MamaHawaii and Hawaii Midwifery Council. This bill will not protect my consumer rights. The most important are the mothers, fathers and babies whose rights will have been restricted by this bill.

This bill currently tries to regulate a profession without an in depth understanding of the various practitioners, roles and responsibilities involved in home birth practices. The medical hospital-based model it imposes doesn't take into account the population it is regulating and doesn't accurately represent the different models of home birthing. Midwives Alliance of Hawaii, who supports the bill, doesn't represent many midwives in Hawaii and certainly doesn't represent the homebirth population who opposes the legislative bills that are presented year after year. This organization doesn't represent the midwives who attended my births. We are the population who will be most affected if this bill is passed because the midwives we chose to attend our births are the most likely to be ineligible for licensure. The number of opposing testimony submitted for the first version of this bill vastly outnumbered the supporting testimony, 3 to 1. Please listen to the consumers for whom this bill will affect the most! We do not support this bill.

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. As a result of this bill, I believe some parents would choose unassisted births, as I would have. Unassisted births are much riskier than a birth attended by a skilled attendant. This bill will NOT protect my rights as a consumer. Instead, it will restrict access to the midwives who are skilled, experienced and create unnecessary risk to me and my baby.

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. One of my midwives is a traditional cultural midwife. The other is a midwife who, after my birth, went on to become a CNM. 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 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 through mandatory licensure. We should consider voluntary licensure. Many aspects of the bill, such as the right to obtain and administer legend drugs and devices, are not important to many midwives. Therefore, there are midwives who would be able to practice without the need for this.

The proposed legislation will not make home births safer, will not improve quality or enhance provider availability to those who seek it. The practice of midwifery has been responsible, accountable and informally regulating itself since its conception. In response to pressures from outside the home birth community to formally regulate, The Hawaii Home Birth Elders Council has been created, reflecting the variety of practices that exist in Hawaii with over 200 years of combined home birth experience. This Council shall be self-defined and self-regulated. Birth sovereignty must be left in the hands of the people, not the government. Please leave the autonomy of our birth rights with us.

The exemption section is also problematic as it restricts the training of midwifery students. The exemption section is also problematic as it restricts the training of midwifery students to a more medical model and does not respect and value other forms of midwifery training which do not fit the medical paradigm. In addition it does not take into account cultural observances other than Hawaiian and as we know Hawaii is made up of many strong cultural traditions that deserve to be honored. It also doesn't allow anyone to receive fair compensation for their services in emergencies or otherwise.

This bill will not protect my consumer rights. In fact, it will restrict access to skilled and experienced midwives and create unnecessary risk to myself and my babies. If it is necessary to move forward on this bill, please add full exemptions for all 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

ichiyama2 - Naomi

From: Kimberly Pierce <kimbatespierce@gmail.com>
Sent: Tuesday, February 13, 2018 8:38 AM
To: CPCtestimony
Subject: licensing midwives

I would like to support the bill.

I have used midwives for both of my children births that were done at home.

The first midwife was unlicensed, I knew that, knew of her experience and her record and we had a tremendous birth.

She would be traveling at the time of my seconds child's birth so I used a licensed midwife, also a tremendous experience.

I would like to see this minimum level of regulation mostly for consumer awareness. Who people birth with is ultimately up to them. but this level of regulation helps consumers distinguish between licensed and non licensed folks.

I am also happy to see the exceptions made for native Hawaiian healers and the other subgroups who will continue to practice their life work to the benefit of the community and be regulated in the more natural settings - within the community

Aloha
Kim

Kim Pierce
Founder of [Root2Rise Consulting](#)
Marriage and Family Therapist HI and CA
Author of [Coconut Wireless Life](#)
[Arbonne Consultant](#)
Hilo Hawaii
808.557.9537

HB-2184-HD-1

Submitted on: 2/12/2018 11:31:47 PM

Testimony for CPC on 2/14/2018 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Mina Hemmy	Individual	Support	No

Comments:

I oppose the bill as it should always be a woman's right to decide where they give birth whether it be in the comfort of their own home naturally or at a hospital.

Countries around the world are well informed of the tremendous benefits in homebirthing and the pros in doing so definitely outway the cons and I know from personal experience.

Thank you!

Mina Hemmy

HB-2184-HD-1

Submitted on: 2/12/2018 11:48:51 PM

Testimony for CPC on 2/14/2018 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Anuheia Maeda	Individual	Oppose	No

Comments:

HB-2184-HD-1

Submitted on: 2/13/2018 12:50:26 AM

Testimony for CPC on 2/14/2018 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Sara Kahele	Individual	Oppose	No

Comments:

Aloha,

My name is Sara Kahele. I am a mother of 4. I'm a doula, a student midwife and childbirth educator. My last 3 babies were born at home where I felt safe and loved by all the people I chose to be there. I chose to have my births at home because my first 2 in the hospital were scary and I felt I had no voice because there was so much interference. Having people there with licenses to practice did NOT put me at ease or help me to feel empowered or safe. At my homebirths, I had a voice, I felt safe, fearless and confident. My 12 year daughter was there to witness what normal birth looks like and now desires to someday have the same experience.

I strong oppose this bill because it will take away women's ability to feel empowered about their choices. It will also restrict women from having a sense of security and safety about their births and who they decide to be there for it.

Respectfully,

Sara Kahele

OPPOSE BILL HB2184

To Whom It May Concern;

I am writing to strongly oppose bill HB2184. I do not support this bill because it severely limits the choices of care for women and babies. My daughter recently had a wonderful, successful home birthing experience with a midwife attending the birth.

I believe women should be able to choose to give birth as they see fit, where they see fit and with the caregivers of their choice. If this bill passes it will essentially eliminate these very important choices. If it passes it will also, in effect, decimate the vocation of midwifery for those who currently practice and for those who have vast, valuable knowledge and often years of experience.

Hawaii also does not have any midwifery training programs which means that midwives who live here will not have an accessible path to become licensed. To become licensed would require prohibitive expense and would make this training virtually unobtainable for most.

This bill will limit home births which are proven to be safer with fewer invasive and expensive medical interventions required. It will “medicalize” birth and further remove human intimacy and connection which is an important component of any birth, especially home births.

Papa Ola Lokahi is not currently set up to oversee midwives, there is no Kupuna council. There are also many cultural issues that are not adequately addressed in this bill, including midwifery traditions and practices that have been passed down through generations. Please don't allow another Hawaiian tradition to be driven from the island. Please oppose bill HB2184.

Thank you for your attention to this important issue.

Sincerely,

Barbara Galarza, LPTA (Licensed Physical Therapist Assistant) bgalarza2323@gmail.com

HB-2184-HD-1

Submitted on: 2/13/2018 6:49:17 AM

Testimony for CPC on 2/14/2018 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Lena Scanlan	Individual	Oppose	No

Comments:

I oppose this bill because it limits accessibility to families and criminalizes other midwives including cultural practitioners!

HB-2184-HD-1

Submitted on: 2/13/2018 7:13:30 AM

Testimony for CPC on 2/14/2018 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
louise drayer	Individual	Oppose	No

Comments:

HB-2184-HD-1

Submitted on: 2/13/2018 7:15:01 AM

Testimony for CPC on 2/14/2018 2:00:00 PM

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

Comments:

I oppose the bill 2184. I am in the navy active duty, and also twice I have used the services of a traditional midwife. I am well aware that standardization is not always better. I choose to do a home birth because I wanted to have control over the care that I received. I did not want to be seen as a week number, as I witnessed in my trips to Tripler AMC. I did my research and found the best person to bring both of my children into the world. If licensing becomes mandatory I believe that it will change the composition of the care that was given to me to a weaker state. Other mothers deserve the same care I received. I oppose Bill 2184 and the amendments.

ichiyama2 - Naomi

From: Justin and Nancy Gibbs <jngibbs@hotmail.com>
Sent: Tuesday, February 13, 2018 8:43 AM
To: CPCtestimony
Subject: HB2184 HD1 OPPOSE
Attachments: NancyTestimonyHB2184HD1201802013.docx

Hawaii birth testimony 2018Feb13

RE: HB 2184 HD1 Relating to the Licensure of Midwives
IN OPPOSITION

submitted by Nancy Gibbs
email jngibbs@hotmail.com

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.

Consumers (mothers, birthing persons) are NOT asking for this bill. I urge the legislators to please listen to their constituents.

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.

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.

I strongly oppose this bill (HB 2184 HD1) for the following reasons:

- * it reduces access to care (especially on neighborhood islands) by reducing the number of midwives;
- * it imposes western medical standards;
- * Native Hawaiians should have the right to choose their traditional birth attendant of choice, regardless of whether that birth attendant has been certified by western medical standards;
- * studies show that homebirths usually lead to fewer complications and interventions (per study <http://onlinelibrary.wiley.com/doi/10.1111/jmwh.12172/abstract>, <http://onlinelibrary.wiley.com/doi/10.1111/jmwh.12165/abstract>);
- * the cultural impacts can NOT be minimized or dismissed. There are multiple cultural impacts – e.g. Filipina cultural midwives, Samoan cultural midwives, Tongan cultural midwives , and others in Hawaii – that are not adequately addressed in the Health, Consumer Protection, or Finance committees.

In summary, this bill is a danger to mothers and babies (the people the bill supposedly will protect).

Hawaii is one of the remaining unique places where birth is sacred. Please help keep it this way.

HB-2184-HD-1

Submitted on: 2/13/2018 7:22:38 AM

Testimony for CPC on 2/14/2018 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
nicole floyd	Individual	Oppose	Yes

Comments:

IN OPPOSITION

Aloha honorable chair and committee members,

My name is Nicole Floyd, I am mother and teacher here in our community.

I oppose HB 2148 for the following reasons and feel strongly that there are too many problematic areas to make amendments at this time:

- Regulating how, with whom and where someone gives birth interferes with reproductive rights, birth autonomy, privacy rights and birth traditions. My primary concern is for the welfare of mothers and babies and the preservation of culture, tradition and people's choices. Practitioners from the medical model, the midwifery model and the community have been establishing communication to sincerely and respectfully listen to each other and collaborate on comprehensive solutions to existing concerns. This is the answer, rather than the state governing how one births.

- This bill currently tries to regulate a profession without an in depth understanding of the various practitioners, roles and responsibilities involved in home birth practices. The medical hospital-based model it imposes doesn't take into account the population it is regulating and doesn't accurately represent the different models of home birthing.

- Every year that midwifery regulation comes up in legislation the community makes it clear they do not support governmental control. The proposed legislation will not make home births safer, will not improve quality or enhance provider availability to those who seek it. The practice of midwifery has been responsible, accountable and informally regulating itself since its conception. In response to pressures from outside the home birth community to formally regulate, The Hawaii Home Birth Elders Council has been created, reflecting the variety of practices that exist in Hawaii with over 200 years of

combined home birth experience.. This Council shall be self-defined and self-regulated. Birth sovereignty must be left in the hands of the people, not the government.

- The exemption section is also problematic as it restricts the training of midwifery students to a more medical model and does not respect and value other forms of midwifery training which do not fit the medical paradigm. In addition it does not take into account cultural observances other than Hawaiian, and as we know Hawaii is made up of many strong cultural traditions that deserve to be honored.

For these reasons and more I strongly oppose HB 2148

Sincerely,

Nicole D. Floyd

HB-2184-HD-1

Submitted on: 2/13/2018 7:41:08 AM

Testimony for CPC on 2/14/2018 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Casey Holaday	Individual	Oppose	No

Comments:

IN OPPOSITION

Aloha honorable chair and committee members,

My name is _Casey Holaday_____, and I oppose this bill for the following reasons."Maternal Mortality is Rising in the U.S. as it Declines Elsewhere in the world (U.S. deaths per 100,000 was 26.4 in 2015, well above UK (9.2) Portugal, Germany, France, Canada, Netherlands, Spain, Australia, Ireland, Sweden, Italy, Denmark (all 9 and lower), and Finland (3.8)! CDC stats show consistent rise from 1993 to 2014 in severe maternal morbidity per 10,000 delivery hospitalizations. Many if not most of these countries practice midwifery and home birth as the norm. Please do not infringe upon a parents freedom to choose where and how to birth her children. f the state continues to push the issue of regulation despite the strong opposition from the community, and despite the fact that the field has already been responsible, accountable and informally regulating itself since its conception, then allow the field to formally regulate itself! The Hawaii Home Birth Elders Council has been formed with the combined home birth experience of well over 200 years.

Birth sovereignty must be left in the hands of the people, not the government. Child birth is not an illness and should not require hospitalization .

Mahalo for your time and attention to this issue. Casey Holaday

TO: Representative Roy M. Takumi, Chair – House Committee on Consumer Protection & Commerce
Representative Linda Ichiyama, Vice Chair – House Committee on Consumer Protection & Commerce

DATE: Wednesday, February 14, 2018, 2:00 PM
PLACE: Conference Room 329

FROM: Ronnie Texeira, MD OB-GYN

**Re: HB 2184 – Relating to Licensure of Midwives
Position: SUPPORT**

As a section of the Nation's leading group of physicians dedicated to improving health care for women, the Hawai'i Section of the American College of Obstetricians and Gynecologists (HI ACOG) represents more than 200 obstetrician/gynecologist physicians in our state. HI ACOG **supports HB2184** and other legislative proposals that **increase access to safe, high-quality maternity care** for Hawai'i's women and infants.

It is incumbent upon all of us to empower Hawai'i's women to make the best choices for the health and well-being of themselves, their babies, and their families.

- HI ACOG agrees with the January 2017 Sunrise Analysis that called for the mandatory licensure of the practice of midwifery in order to protect the health, safety, and welfare of women, infants, and their families.¹
- Since 2010, the International Confederation of Midwives (ICM) has called for minimum education and training standards for all midwives in all countries, including the United States.² ACOG endorses these standards, and HB2184 ensures that these standards would be met by midwives who would meet the criteria for licensure in Hawai'i.
- ACOG advocates for implementation of the ICM standards to ensure all women have access to safe, qualified, highly skilled providers in all settings.
- Women in Hawai'i – no less than women in other, even less-developed countries – should be guaranteed care that meets minimum standards for safe, high quality maternity care.

HB2184 supports, rather than infringes, upon reproductive autonomy/rights

- While HI ACOG believes that hospitals or accredited birth centers are the safest settings for birth, HI ACOG also strongly believes that each woman has the right to make medically informed decisions about her maternity care and delivery.
- Every woman has the right to know the training, experience, and credentials of the person caring for her during her pregnancy and attending her delivery so she can make an informed choice.
- HB2184 is not about restricting rights or options from consumers, but about licensure of a profession.

Women benefit the most when there is collaboration of maternity care among licensed, independent providers

¹ Sunrise Analysis: Regulation of Certified Professional Midwives. A Report to the Governor and the Legislature of the State of Hawai'i. January 2017

² Global Standards for Midwifery Education (2010). International Confederation of Midwives.

https://internationalmidwives.org/assets/uploads/documents/CoreDocuments/ICM%20Standards%20Guidelines_ammended2013.pdf. Accessed on February 1, 2018.

- ACOG believes that women deserve the highest quality of care, which is enhanced by collaborative relationships characterized by mutual respect and trust, as well as professional responsibility and accountability.
- HB2184 encourages such collaboration, responsibility, and accountability.
- We agree that the membership of the licensing advisory committee should include an obstetrician-gynecologist. While obstetrician-gynecologists are not experts on midwifery, we are the primary recipients of transfers in the event that complications arise, and have expertise on the recognition and management of high-risk maternity conditions. As detailed in the 2017 Sunrise Analysis, Arizona, California, Delaware, Maine, Oregon, and Washington have advisory committees or licensing boards that consist of either a licensed physician or obstetrician.

HI ACOG is dedicated to the highest quality care for the women and families of Hawai'i. **When given the information they need, women can make the best choices for themselves and their families – we need to give them that information to empower them to make those choices.** Let women know who has received the training, expertise, and credentials to be licensed as a midwife in Hawai'i so they can choose for themselves who will care for them in this important time of their lives. For these reasons, HI ACOG supports HB2184.

Thank you for the opportunity to testify.

HB-2184-HD-1

Submitted on: 2/13/2018 8:22:28 AM

Testimony for CPC on 2/14/2018 2:00:00 PM

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

Comments:

Aloha honorable chair and committee members,

My name is Audrey Alvarez, I am a Honolulu resident and mother of three healthy boys ages 8, 6 and 2 years old. They were all born under the care and supervision of a traditional midwife.

If I had to choose one moment in my life where I felt most empowered, supported and confident in my choices, it would be when I birthed my children safely in the comfort of my own home - surrounded by my very wise and skilled midwife, partner and birth team. My midwife has been practicing midwifery for over 40+ years and has helped bring thousands of babies into this world. If that isn't enough "credibility" or "licensure", I don't know what is.

I oppose HB 2148 for the following reasons:

Regulating how, with whom and where someone gives birth interferes with reproductive rights, birth autonomy, privacy rights and birth traditions. My primary concern is for the welfare of mothers and babies and the preservation of culture, tradition and people's choices. Practitioners from the medical model, the midwifery model and the community have been establishing communication to sincerely and respectfully listen to each other and collaborate on comprehensive solutions to existing concerns. This is the answer, rather than the state governing how one births.

This bill currently tries to regulate a profession without an in depth understanding of the various practitioners, roles and responsibilities involved in home birth practices. The medical hospital-based model it imposes doesn't take into account the population it is regulating and doesn't accurately represent the different models of home birthing.

Every year that midwifery regulation comes up in legislation the community makes it clear they do not support governmental control. The proposed legislation will not make home births safer, will not improve quality or enhance provider availability to those who seek it. The practice of midwifery has been responsible, accountable and informally regulating itself since its conception. In response to pressures from outside the home birth community to formally regulate, The Hawaii Home Birth Elders Council has been created, reflecting the variety of practices that exist in Hawaii with over 200 years of

combined home birth experience.. This Council shall be self-defined and self-regulated. Birth sovereignty must be left in the hands of the people, not the government.

The exemption section is also problematic as it restricts the training of midwifery students to a more medical model and does not respect and value other forms of midwifery training which do not fit the medical paradigm. In addition it does not take into account cultural observances other than Hawaiian, and as we know Hawaii is made up of many strong cultural traditions that deserve to be honored.

Lastly, this is ultimately a first amendment freedom issue for all to consider. The government should not restrict a woman's right as to where, how and with whom she chooses to bring life into this world. A woman deserves to make these choices on her own without the government interfering or hindering her choices.

For these reasons and more I strongly oppose HB 2184 HD1. Birth sovereignty must be left in the hands of the people, not the government.

Sincerely,

Audrey Alvarez

Good morning. My name is Jennifer Chin, and I am a current second year Ob/Gyn resident physician with the University of Hawaii and a member of the American College of Obstetricians and Gynecologists. Thank you for this opportunity to speak. I support HB 2184 for the following reasons.

I joined this profession because I believe that women make up the backbone of our society. It is thus imperative that women's health be at the center of this bill. Women have a right to safe, healthy pregnancies where qualified skilled providers are in charge of their care. Women also have the right to know the credentials of the providers they choose for this extremely important and sometimes dangerous time of their lives.

I am still in the middle of my training and know how tirelessly the physicians around me work to ensure that every single patient is taken care of to the highest standard of care. We spend 12 years of our life training for our profession, countless nights studying the intricacies of the human body, and many, many hours perfecting our ability to care for all women. It is not an overstatement to say that this is a calling and not a profession. I know that midwives feel the same way and we are all working toward a common goal.

We understand that not every woman wants the exact same birth experience. It is a moment that she will remember forever and of course she wants to have the best birth experience possible. HB 2184 ensures that women will be able to choose what type of birth they want, while knowing they are in safe, capable hands. This is not a bill about taking away choice, but about giving women the information they need to make an informed decision. We are not forcing anyone to choose an Ob/Gyn physician. Women are free to choose their provider regardless of the outcome of this bill.

All of us physicians are required to publicly report our credentials and are held to a very high standard of practice. Similarly, the International Confederation of Midwives has set forth standards and criteria that need to be met by midwives who want to become licensed. I support this process because it leads to transparency and standardization for women seeking care from midwives.

In conclusion, I support HB 2184 because it empowers women to have safe, healthy pregnancies and make informed decisions about their providers. This bill would provide a channel for midwives to become licensed under a standardized set of criteria, thus creating a safe alternative for pregnant women seeking care during their pregnancy. Please join me in supporting HB 2184 to ensure the safety of all women in the state of Hawaii. Thank you for your time.

ichiyama2 - Naomi

From: Mari Stewart <docmari@thearkcc.com>
Sent: Tuesday, February 13, 2018 9:28 AM
To: CPCtestimony
Subject: Opposition to HB2184 HD1

February 12, 2018

RE: HB 2184HD1 Relating to the Licensure of Midwives

IN OPPOSITION
REGULAR SESSION OF 2018

Aloha honorable chair and committee members,

My name is Mari Stewart and I am writing in opposition to HB2184 HD1.

I am a mother and grandmother who is extremely concerned about the future of women's birth choices being limited in our state because of this bill requiring the licensure of midwives. I have two granddaughters who will, hopefully, one day have children of their own. The belief that increased regulation and legislation imposed by this bill will give them a safer birth experience is far from the real truth that has not been presented here. Let me share the facts.

In the 1970's when I gave birth to my children the average Cesarean Birth Rate in the United States was 5.5% according to the following published abstract.

[Trends in cesarean section rates for the United States, 1970–78.](#)
[P J Placek and S M Taffe!](#)

The Abstract States: (and I quote:)

With National Hospital Discharge Survey data collected by the National Center for Health Statistics as a basis, rates of cesarean section deliveries were computed for the United States and its regions for 1970 through 1978. For each year and within each region, trends were examined according to variations in the mother's color, age, and marital status and in the hospital size (number of beds), the form of hospital ownership, and the length of the mother's hospital stay. Within each region and for each variable considered, cesarean section deliveries rose fairly uniformly. Nationally, C-sections comprised 5.5 percent of all deliveries in 1970, but rose steadily to comprise 15.2 percent of all deliveries in 1978.

[PLoS One](#). 2016 Feb 5;11(2):e0148343. doi: 10.1371/journal.pone.0148343. eCollection 2016.

The following information published by the CDC in in 2015 shows the ALARMING rate of increase in Cesarean Sections from 5.5% in 1970 to 32% and rising in 2015.

[CDC NCHS Home FastStats](#)

Births - Method of Delivery 2015

- Number of vaginal deliveries: 2,703,504
- Number of Cesarean deliveries: 1,272,503

- Percent of all deliveries by Cesarean: 32.0%

Stating the World Health Organization Executive Summary of 2015:

Since 1985, the international healthcare community has considered the ideal rate for caesarean sections to be between 10% and 15%. Since then, caesarean sections have become increasingly common in both developed and developing countries. When medically justified, a caesarean section can effectively prevent maternal and perinatal mortality and morbidity. However, there is no evidence showing the benefits of caesarean delivery for women or infants who do not require the procedure. As with any surgery, caesarean sections are associated with short and long term risk which can extend many years beyond the current delivery and affect the health of the woman, her child, and future pregnancies. These risks are higher in women with limited access to comprehensive obstetric care. In recent years, governments and clinicians have expressed concern about the rise in the numbers of caesarean section births and the potential negative consequences for maternal and infant health. In addition, the international community has increasingly referenced the need to revisit the 1985 recommended rate.

Now, with over double the ideal rate recognized by the World Health Organization, how is it justified that a hospital birth is a safer birth than a Homebirth? In fact, Cesarean Sections are just one of the many potentially invasive medical procedures inflicted upon a pregnant, laboring woman that invariably leads to a cascade of interventions that result in less than ideal outcomes.

Starting with chemically forced inductions, mandatory IV, mandatory antibiotics, mandatory fetal monitoring before admittance, regular vaginal checks, artificial rupture of membranes, catheterization, requirements forcing a laboring mother to remain on her back in the labor bed, continuous fetal monitoring, internal fetal monitoring (which requires the breaking of the water bag, greater chance for infection, and a sharp probe screwed into the baby's scalp), withholding of food or drink during labor, MRSA risks, mandatory requirements of being on your back in bed while pushing, and unrealistic time limits for progression of labor are producing medicalized, mechanized births that have resulted in the fact that the United States leads all industrialized nations in maternal death rates. With all of the technology we have at our disposal, none of it is producing better outcomes for moms or babies. Rather, it's becoming worse!

This article headline from Nina Martin of ProPublica who teamed up with National Public Radio for a six month long investigation on maternal mortality in the United States reads:

"U.S. Has The Worst Rate Of Maternal Deaths In The Developed World: Maternal Mortality Is Rising in the U.S. As It Declines Elsewhere"

The study is summarized with the following 5 points: (referring to hospital births)

1. More American women are dying of pregnancy-related complications than any other developed country. Only in the U.S. has the rate of women who die been rising.
2. There's a hodgepodge of hospital protocols for dealing with potentially fatal complications, allowing for treatable complications to become lethal.
3. Hospitals — including those with intensive care units for newborns — can be woefully unprepared for a maternal emergency.

4. Federal and state funding show only 6 percent of block grants for "maternal and child health" actually go to the health of mothers.

5. In the U.S, some doctors entering the growing specialty of maternal-fetal medicine were able to complete that training without ever spending time in a labor-delivery unit.

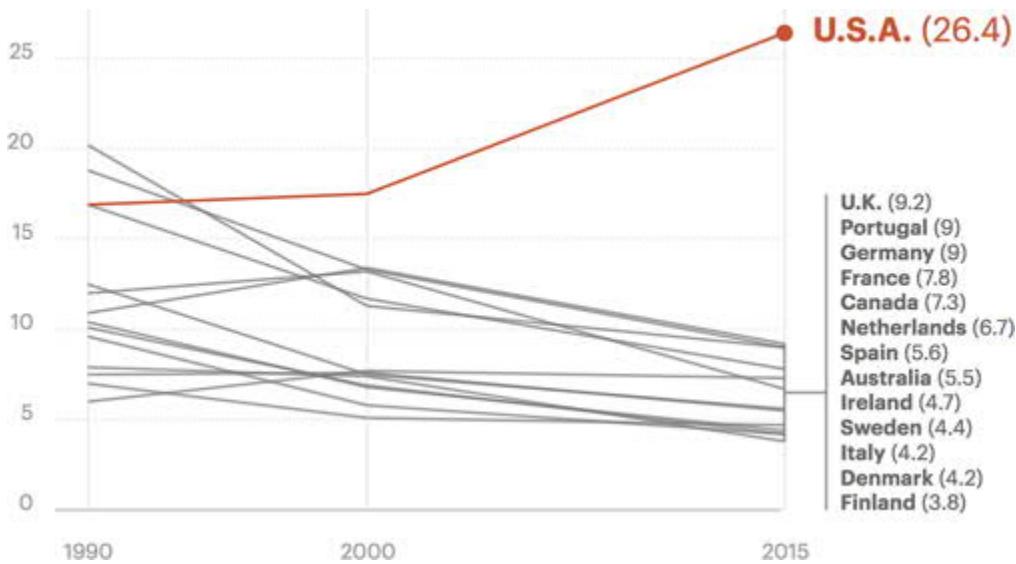
Facts from All Over the World

The 10 Safest Countries for Birth

FOR BABIES	FOR WOMEN
Monaco	Estonia
Japan	Singapore
Bermuda	Greece
Singapore	Italy
Sweden	Austria
Hong Kong	Sweden
Macau	Finland
Iceland	Iceland
Italy	Poland
Spain	Czech Republic
USA: 50th	USA: 47th

*CIA Factbook 2010

The graph below shows the startling and outrageous statistic of the United States having a maternal death rate of 26.4 per 100,000 live births. What is even more disturbing is that the next closest industrialized country is the U.K. at only 9.2% death rate with the graph sliding all the way down to only a 3.8% death rate in the country of Finland.



What is wrong with this picture is exactly what is wrong with this bill.

More technology and

More legislation and

More medication and

More licensure does NOT produce better outcomes.

Licensure will never produce the safe, caring, and nurturing environment that a birthing mother and birthing father need.

However, Generational, Lay, Traditional, Direct Entry, Biblical, Cultural, Spiritual, and Granny Midwives overseen by a Homebirth Counsel made up of Midwives who total hundreds of years of experience does. Our Hawaii Homebirth Midwife community has a "good record of self regulating" according to one of your own esteemed colleagues.

An abstract published in the Journal of Midwifery and Women's Health in Volume 59, Issue 1 of January/February 2014 is titled:

Outcomes of Care for 16,924 Planned Home Births in the United States: The Midwives Alliance of North America Statistics Project, 2004 to 2009

"Between 2004 and 2010, the number of home births in the United States rose by 41%, increasing the need for accurate assessment of the safety of planned home birth. This study examines outcomes of planned home births in the United States between 2004 and 2009.

Among 16,924 women who planned home births at the onset of labor, 89.1% gave birth at home. The majority of intrapartum transfers were for failure to progress, and only 4.5% of the total sample required oxytocin augmentation and/or epidural analgesia. The rates of spontaneous vaginal birth, assisted vaginal birth, and cesarean were 93.6%, 1.2%, and 5.2%, respectively. Of the 1054 women who attempted a vaginal birth after cesarean, 87% were successful. Low Apgar scores (< 7) occurred in 1.5% of newborns. Postpartum maternal (1.5%) and neonatal (0.9%) transfers were infrequent. The majority (86%)

of newborns were exclusively breastfeeding at 6 weeks of age. Excluding lethal anomalies, the intrapartum, early neonatal, and late neonatal mortality rates were 1.30, 0.41, and 0.35 per 1000, respectively.”

This statement made by the World Health Organization in 2005 from the NCBI Abstract states,

“The birth of a child is a pivotal time in the life of a mother and her family. The health and well-being of a mother and child at birth largely determines the future health and wellness of the entire family.” ([World Health Organization \[WHO\], 2005](#)). The outcome of childbirth, however, is not the only factor of importance in a mother’s well- being. Some research suggests that the way in which a woman experiences pregnancy and childbirth is also vitally important for a mother’s relationship with her child and her future childbearing experiences ([Fox & Worts, 1999](#);).

“A study by Klaus and Kennel that appeared in JAMA (Kennell J, Klaus M, McGrath S, et al. Continuous Emotional Support during Labor in a US Hospital: A Randomized Controlled Trial. JAMA 1991; 265:2197-201), prove that the single factor that increases the chances for a healthy outcome for both mother and baby is uninterrupted 1:1 care during labor by a skilled caregiver. That situation is guaranteed in a home birth. These days, it’s virtually impossible to achieve that level of care in hospitals.”

Birth around the world is recognized and celebrated as a natural right of passage where birthing mothers are often surrounded by no one other than their spouse, their mother, their extended family, and a birth worker who knows how to care for her and her baby as it has been done in their community, town, or village for hundreds of years. Birthing women don’t need to be “fixed”...they need to be heard. Dare I make a statement that is validated in the most read book in the World? It is a historical fact that when Jesus was born, Mary and Joseph were the first ever recorded Unassisted Birth noted in History.

As stated by Dr. Christiane Northrup in her article, [“Recapture the Magic of Labor and Birth”](#) she states:

“Modern obstetrics, however, has changed from a natural process of “standing by” and allowing the woman’s body to respond naturally, into a domineering and often invasive practice. Women’s cultural conditioning causes us to turn ourselves over to pregnancy experts, so most of us have lost touch with our innate pregnancy and birthing knowledge and power, as have most of these experts, who rely on tests and machines to tell them how to help. This is one area where so-called modern medicine is actually antiquated—and dangerous. Risky labor inductions for “convenience” and all the complications associated with them, such as increased risk of prematurity, C-section, and maternal death, are now on the rise all over the country. In fact, according to legendary midwife Ina May Gaskin, the maternal death rate in the United States has actually doubled in the last 25 years.”

I am asking you to oppose this bill. The facts presented, require you to oppose this bill.

I am asking that you do the responsible thing and look at the research of the birthing statistics in our great State.

I am asking that before even one shred of legislation moves forward, that we gather the accurate numbers of how many mothers and babies die in our Hawaii hospitals annually and match the statistics against the phenomenal statistics of life that we have accrued in Hawaii in the Homebirth community.

At this time, how can we even consider requiring our community of midwives and birth workers to receive permission to continue our proven successful calling from a system that is recognized as having statistics of failure as noted by national government agencies.

Don't force our families to relinquish their rights by forcing them into a medicalized/hospital birth. Don't limit the choices of our Hawai'i birth families. They are not asking for licensure. Your constituents are not asking for this bill.

The medical community is asking for this bill to pass. However, until the medical community can produce the safe outcomes that our Hawaii Homebirth community has produced, it would be criminal to mandate licensure.

Thank you for taking the time to read my testimony of opposition to to HB2184 HD1.

Sincerely,

Pastor Mari Stewart

Birth Believers Ministry

HB-2184-HD-1

Submitted on: 2/13/2018 8:54:17 AM

Testimony for CPC on 2/14/2018 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Nancy Gibbs	Individual	Oppose	No

Comments:

Hawaii birth testimony 2018Feb13

RE: HB 2184 HD1 Relating to the Licensure of Midwives
IN OPPOSITION

submitted by Nancy Gibbs
email jngibbs@hotmail.com

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.

Consumers (mothers, birthing persons) are NOT asking for this bill. I urge the legislators to please listen to their constituents.

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.

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.

I strongly oppose this bill (HB 2184 HD1) for the following reasons:

- * it reduces access to care (especially on neighborhood islands) by reducing the number of midwives;
- * it imposes western medical standards;
- * Native Hawaiians should have the right to choose their traditional birth attendant of choice, regardless of whether that birth attendant has been certified by western medical standards;
- * studies show that homebirths usually lead to fewer complications and interventions (per study <http://onlinelibrary.wiley.com/doi/10.1111/jmwh.12172/abstract>, <http://onlinelibrary.wiley.com/doi/10.1111/jmwh.12165/abstract>);
- * the cultural impacts can NOT be minimized or dismissed. There are multiple cultural impacts – e.g. Filipina cultural midwives, Samoan cultural midwives, Tongan cultural midwives, and others in Hawaii – that are not adequately addressed in the Health, Consumer Protection, or Finance committees.

In summary, this bill is a danger to mothers and babies (the people the bill supposedly will protect).

Hawaii is one of the remaining unique places where birth is sacred. Please help keep it this way.

HB-2184-HD-1

Submitted on: 2/13/2018 8:56:25 AM

Testimony for CPC on 2/14/2018 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Veronique Nguyen	Individual	Oppose	No

Comments:

I oppose this bill because it limits accessibility to families and criminalizes other midwives including cultural practitioners!

HB-2184-HD-1

Submitted on: 2/13/2018 8:57:04 AM

Testimony for CPC on 2/14/2018 2:00:00 PM

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

Comments:

CPC, 2/14/18

I testify in strong support of HB2184 with amendments as recommended by the Midwives Alliance of Hawaii.

My wife and I have had home births with midwives. I appreciate the care my wife and family received. I understand the legal issues and the safety issues involved because my wife is a midwife as well. Hawaii families deserve the best maternity care possible. The United States has a long way to go to decrease the infant and maternal mortality rates in this country. Mainstreaming midwifery care is the bridge to do that. HB2184 will increase the standard and the quality of care for families by establishing minimum requirements of training, education and skill level for licensed midwives.

Please support HB2184 with amendments submitted from the Midwives Alliance of Hawaii.

Thank you,

Keith Hatcher, Principal/Head teacher, Kahili Adventist Elementary School

Kapaa, HI

ichiyama2 - Naomi

From: Martha Landt <gentlebirthheals@icloud.com>
Sent: Tuesday, February 13, 2018 10:28 AM
To: CPCtestimony
Subject: Pro Bill HB2184

Aloha

This is my testimony in support of the Bill HB2184 Certified Professional Midwives are the link that is needed Maternal and Child Healthcare NOW in Hawaii.

I vote For Bill HB 2184

Thank you

Martha Landt, CPM

Sent from my iPhone

HB-2184-HD-1

Submitted on: 2/13/2018 9:53:06 AM

Testimony for CPC on 2/14/2018 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Sara DiGrazia	Individual	Oppose	Yes

Comments:

For Honorable House Chair Roy Takumi, Vice Chair Linda Ichiyama and Committee members Henry Aquino, Ken Ito, Aaron Johanson, matthew LoPresti, John Mizuno, Calvin Say, James Tokioka, Ryan Yamane, Bob McDermott

Hearing date 2-14-18, 2:00pm Rm 329

RE: HB 2184HD1 Relating to the Licensure of Midwives

IN OPPOSITION

Dear Honorable Chair and Committee Members,

My name is Sara DiGrazia, I am a third-generation Sicilian-American raised in Hawai'i, mother of two, and a licensed psychologist.

I oppose HB 2184HD1. I do not feel this bill speaks for the people/consumers who are utilizing the services of midwives who work outside of the hospitals.

Midwives have helped mothers to birth babies since the beginning and it was distinctly my right and tremendous responsibility to choose who would help me to bring my children into the world. In this world of fast everything, I chose safe and slow birth. The midwife I chose had already helped birth the children in my family before mine; she was a hanai part of our family, a close "Zia." From our perspective, it was a great honor that she would help us in such an intimate and important event in the life of our family. If this bill's regulations existed at the time I gave birth to my children, I may not have been able to birth in the way and with the midwife I felt most safe and comfortable with. She fit *our* family's cultural, religious/spiritual, and midwifery background criteria. She, and how she helped me birth, has helped to shape who I am now and who my children are becoming. She helped set the tone in our nuclear and extended family for how we are raising the next generation. I don't feel that anyone expect the consumers of home birth midwives and the midwives themselves (a VERY diverse group) can do an adequate job understanding what goes on at a home birth and its results years after the child is born.

Thank you for taking into account the experience of people like myself and others in my family as you consider your decisions. I sincerely hope women's rights to choose in all aspects of womanhood are respected and honored in our unique and special State of Hawai'i.

Sincerely,

Sara DiGrazia, Psy.D.

TO: Representative Roy M. Takumi, Chair – House Committee on Consumer Protection & Commerce
Representative Linda Ichiyama, Vice Chair – House Committee on Consumer Protection & Commerce

FROM: Marguerite Lisa Bartholomew, MD
Maternal Fetal Medicine physician practicing in Honolulu
Member of ACOG

Re: HB 2184 – Relating to Licensure of Midwives
Position: SUPPORT

I am writing to support HB 2184. I am on the front line of women's health care in our state and am in support of a woman's right to choose what kind of maternity care she wishes to have. More importantly, accurate and unbiased information is essential to ensure the safest and most empowered choice. I have personally been involved in cases where pregnant women were not aware that being a midwife is more than just how many babies she has delivered or what her previous clients post on the internet. Many women choose midwives based on word of mouth, blogs, and internet reviews posted by other women who may have a completely different risk profile. Moreover, some women are not aware that honest collaboration between a supportive obstetrician and a midwife can enhance and not harm the experience.

There are many avenues by which to practice midwifery and as such, the oversight of licensure is an essential way for women to know that the provider they seek has met some professional standards. Attending the birth of a baby is a privilege. It carries stakes for public safety that are significantly higher than a haircut, a boat ride, or a plane ride. Barbers, boat captains, pilots, and obstetricians must be licensed in the name of public safety. The chance of a plane crash is 1 in 1.2 million flights. Dying in a plane crash occurs in 1 in 11 million flights. Maternal mortality in the United States is much higher. In 2015, maternal mortality was 26 in 100,000 live births.

Women benefit the most when there is collaboration of maternity care among licensed, independent providers. I believe that women deserve the highest quality of care, which is enhanced by collaborative relationships characterized by mutual respect and trust, as well as professional responsibility and accountability. HB2184 encourages such collaboration, responsibility, and accountability. Our midwifery colleagues need to be licensed in Hawaii.

Thank you for the opportunity to testify.

Aloha honorable chair and committee members,

My name is Ashley Porter, and I oppose this bill HB 2184HD1 for the following reasons...

Women have been fighting for their rights for a long time; rights in the workforce, rights to vote, right to their own bodies. The choice of midwifery care whether that be for a home-birth, a birth center, or a hospital birth should be upheld as a right and the CHOICE of the pregnant woman. I am an educated 30 year old military spouse. I am 10 weeks pregnant with my 2nd pregnancy and I am choosing a home-birth for the 2nd time. I believe the sanctity of birth and delivering a child into this world should be protected. A home-birth may not be the chosen location for all laboring women, but it still must remain a choice. I have chosen the home-birth setting because through research and testimonies I have come to find that too many unnecessary interventions take place in the hospital. I want to ensure that in a safe and healthy manner I can deliver my baby in the quite and comfort of my own home. That is my RIGHT and MY choice. I want a home-birth, so much so, that I'm paying out of pocket expenses to do so! My insurance will not cover my home-birth even though I have a trained and skilled and educated naturopathic doctor and midwife. A safe and healthy delivery of my baby is my utmost priority, this is why I've hired the right people who are trained and skilled to do this. If home-birth midwifery is made illegal or it is almost impossible to do, then I am forced into an unsafe situation because I will not be able to find and hire the right people to make my desired home-birth safe. I would only be forced into this unsafe situation because the state has made it that way if this bill is passed! Please advocate for the rights of pregnant and laboring women and allow THEM to make the CHOICE of where to give birth.

Please consider the concerns that House minatory leader Andria Tupola brought to oppose this bill. This law will over regulate midwifery, strongly limit consumer choices while also diminishing provider availability; and reduce the quality of maternal child heath care. Midwives have a good and acceptable track record of self regulation, therefore more regulation and over regulation is not needed and only hinders the people and future people of Hawaii. It is your responsibility to advocate and be the legislative voice of your people. I implore you to advocate for women's rights and their rights to choose how and where to give birth.

ichiyama2 - Naomi

From: Joshua Willing <willing.joshua@gmail.com>
Sent: Tuesday, February 13, 2018 10:42 AM
To: CPCtestimony
Subject: I support HB2184

I support HB2184

I believe this bill will increase consumer safety and increase health coverage for citizens. Licensure is important.

Josh Willing

HB-2184-HD-1

Submitted on: 2/13/2018 10:18:51 AM

Testimony for CPC on 2/14/2018 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Keith Tsukamaki	Individual	Oppose	No

Comments:

HB-2184-HD-1

Submitted on: 2/13/2018 11:11:40 AM

Testimony for CPC on 2/14/2018 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Vanessa Arakawa	Individual	Oppose	No

Comments:

IN OPPOSITION

Aloha honorable chair and committee members,

My name is Vanessa Arakawa, and I oppose this bill for the following reason...

I believe this bill infringes on a woman's right to choose where, how and with whom she decides is best to bring a new life into this world.

I delivered two of my children at home. It was completely safe and I strongly feel it was safer than giving birth in a hospital. Our midwives were highly educated and experienced! They also cared for and love our children which I believe is rare in a hospital environment. We spent almost a whole year preparing with our midwives for our births and developing birth plans. During labor, our midwives knew exactly what to do. My home birth experiences were my choice and cannot be taken away from me, my husband, my babies and my midwives. It sadness me to think this bill will prevent women, their partners, their babies and midwives to be able to have that experience we had. Please allow women to continue to make the best choices for themselves and their newborns.

Sincerely,

Vanessa Arakawa

HB-2184-HD-1

Submitted on: 2/13/2018 11:14:00 AM

Testimony for CPC on 2/14/2018 2:00:00 PM

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

Comments:

The following are 4 main issues with this bill.

1. I would like to bring your attention to the individuals who receive and seek out the services of traditional, cultural midwives; the midwives this bill would occlude from licensure and thus practicing legally. Please listen to the testimony offered by the individuals who choose to work with these practitioners. These consumers of these services are not asking for mandatory regulation and are opposing the imposed regulations brought forth by this bill. Optional licensure can be established as an option for those that want it and for those consumers that would prefer to work with licensed individuals. However, please understand that there are individuals that do not choose their birth attendants based on licensure or accreditation by any particular board. These individuals may be a small percentage of birth consumers but they are real and exist within our community. Please protect everyone's right to choose the birth attendants that is right for them.

This bill impedes women's freedom of choice, autonomy, and birth sovereignty. Each birthing individual has the right to have legal access to her choice of pregnancy and birth attendant. This bill restricts a birthers choices and will not improve birthing safety. If this bill passes it will only drive midwifery practice underground and/or women will attempt to birth on their own without attendants. Safety is not improved by taking away individuals choices, but through educating them about their options.

2. In regard to Hawaiian cultural midwives:

“Nothing in this chapter shall prohibit healing practices by traditional Hawaiian healers engaged in traditional healing practices of prenatal, maternal, and child care as recognized and certified by any kupuna council convened by Papa Ola Lokahi. 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. ” (pg 9 of H.B NO 2184)

Papa Ola Lokahi does not currently recognize or certify pale keiki (midwives). So any protection of Hawaiian cultural midwives by P.O.L is speculative and not guaranteed.

Also the above quoted section of the bill states that “nothing in this chapter shall adversely impact the practice of traditional native Hawaiian healing”. It’s important to understand that non Hawaiian traditional midwives have played a large role in the revitalization of native Hawaiian pale keiki. This symbiotic relationship between non native and non Certified Professional traditional midwives and pale keiki continue. So by illegitimizing midwives that are not CPM’s directly adversely impacts native Hawaiian pale keiki.

3. There are many different kind of midwives that exist under the umbrella term “midwife”. There are midwives that learned by being taught by their grandmothers, taught by other elder women by passing along knowledge through generations. Some midwives have learned through self study, others through a masters program, or extensive certification program, or bachelors of arts programs, or bachelors of science program, or through a PHD program, or through the nursing pathway. There are many cultural midwives beyond only native Hawaiian that exist in Hawaii. Midwives knowledge usually comes from a combination of the previously listed pathways. Midwives have different approaches, and perspectives of birth just as individual birthers have their own. Birthers have the right to full access to the full spectrum of available practices. I mention the diversity of midwives also because the bill does not accurately recognize the many and varied type of midwives it attempts to lump together.

4. Homebirth and hospital birth midwives are different practitioners thus engaged with different professions and it’s unjust to require a different profession to regulate another as this bill would require. Any regulating board for homebirth midwives needs to consist of homebirth practicing midwives as they are the ones who understand their field.

I kindly ask that you take into consideration the above points. Please consider that the practice of midwifery is ancient and that not all midwives are the same and we pride ourselves in that as not all birthers are the same. My opposition to this bill is not rooted in a place of total resistance to any midwifery regulation in the future, but more so in the fact that the language of the bill at the moment shows a lack of understanding of the diversity of home birth midwives and the realities of midwifery practices and the realities of homebirthers perspectives on their engagement with midwives. It is thus, unjust to regulate a field from a point of not fully understanding what that field consists of.

HB-2184-HD-1

Submitted on: 2/13/2018 11:22:53 AM

Testimony for CPC on 2/14/2018 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Josuna Kinsey	Individual	Oppose	No

Comments:

To whom it may concern,

I am Josuna Kinsey, an eleven year old girl. I am a homebirth child and so are all of my siblings. When I was born, I had a birth complication. If there was no intelligent midwife there for me and my mother who knew what she was doing, I likely would have passed away in the first few minutes of my life. She saved my life. If this bill is passed, in my future, I am afraid I will not be able to have a homebirth with such a stupendous midwife of my choosing. My friends and family will be heavily affected by this bill, especially the brilliant midwives that were there for my sister's, brother's and my birth. I oppose this bill. Please preserve my rights.

Mahalo for your time,

Josuna Kinsey

HB-2184-HD-1

Submitted on: 2/13/2018 11:26:30 AM

Testimony for CPC on 2/14/2018 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Anabel Kinsey	Individual	Oppose	No

Comments:

Opposing HB2814 HD1

To Whom It May Concern,

I am writing to oppose the HB2814 HD1 bill. I am Anabel Kinsey and I am twelve years old. To start off with, I would like to give you some context. I was born under the circumstances of a "high-risk" pregnancy and, according to the doctors, required a c-section. Instead, my mom went an entirely different path: home birth, with a traditional midwife. I was born in perfectly good health, and had an entirely successful birth. My sister and brother were born at home under the same "high-risk" circumstances, but had amazing home deliveries. Given all this success, and having being immersed in this all my life, I entirely believe birth should be entirely unbounded and limitless. You cannot standardize the women who give birth, so you can't standardize the ways to give birth. I have written and spoken testimony against similar bills many times. Each time, I always believe that we must give every mother, baby, and midwife the right to do what they have always done.

I would like to thank the reader for their time. Please consider changing the HB2814 HD1 bill to preserve all types of birth. Thank you.

-Anabel--

ichiyama2 - Naomi

From: Andrea Wiley <andrea1wiley@hotmail.com>
Sent: Tuesday, February 13, 2018 10:53 AM
To: CPCtestimony
Subject: Support of midwifery licensure

I support HB2184 and choose a CPM to be my midwife because having that extra certification makes me know we are in the best hands when it comes to our baby and her care.

Thank you,
Sincerely,
Andrea Wiley

HB-2184-HD-1

Submitted on: 2/13/2018 11:27:44 AM

Testimony for CPC on 2/14/2018 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Kylee Mar	Individual	Oppose	No

Comments:

HB-2184-HD-1

Submitted on: 2/13/2018 11:29:49 AM

Testimony for CPC on 2/14/2018 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Brittany Cameron	Individual	Oppose	No

Comments:

I ask that you please oppose this bill. Home birth is a safe and personal choice for mothers and the families of Hawaii. I chose to have my youngest two children at home after delivering my older two children in a hospital setting. The evidence supporting the safety of home births is overwhelming and recognized world wide. Please do not support this bill and restrict access to this deeply personal choice.

For me the decision to birth at home was reached after a very traumatic experience in a hospital. I would never choose to birth in such a clinical setting ever again. My births at home were with a qualified and skilled midwife. I felt confident in my choice of provider as well as my choice to give birth in an environment that was most comfortable to me. I would never knowingly take a risk with something so precious, the lives of my children are of the utmost importance and I felt home birth was the safer option for all of us. If I ever thought that birthing them in the warmth of my own home was dangerous it would not have been considered, but it's most definitely the opposite. I, like many of my friends and family, would chose to birth unassisted before considering a hospital if access to a midwife were no longer an option. Which does the state of Hawaii consider more dangerous? I made an educated and informed decision and chose a skilled provider who provided a wealth of knowledge, guidance and wisdom. Home birth is a safer and more affordable option for many and by passing this bill you will cause financial strain on many families. Many of the midwives in Hawaii are able to provide flexible payment plans to the families they help guide through the birthing process. The licensure fees and other financial burdens will now be cast down to the underserving, the families of Hawaii. Please do not pass this bill.

HB-2184-HD-1

Submitted on: 2/13/2018 11:40:02 AM

Testimony for CPC on 2/14/2018 2:00:00 PM

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

Comments:

Stop over-regulating. Allow midwives to continue to be self-governing. This allows for affordable and available patient care. They provide a necessary and an amazing service to our communities. I wish now I had a home birth with a mid-wife. The midwife I know here is wonderful!

Dear Honorable Senators and Representatives:

I have been living in Hawaii for 12 years. During this time I, David, married my wife, Sharon, Since then we have had 4 natural births. All our births were successful and wonderful home deliveries through some fantastic local midwives! It was truly wonderful to have the choice to be at home and not at a busy hospital. My wife loved this alternative method to have a home birth.

Because of HB2184, HD1 I am very concerned that any future births may not be possible. The freedom and peacefulness that a home birth by a midwife may be lost in the future.

I am therefore strongly opposed to **HB2184 HD1** for these specific (but not limited to) these reasons:

- 1) **Unintended Consequences:** This bill is highly restrictive and has overbearing requirements and time consuming yearly regulations that may decimate or even end midwifery in Hawaii. I know this is not the intention of this bill, but how many times have we seen ‘**unintended consequences**’ with many laws enacted in our state.
- 2) **Unfair, Costly, Restrictions:** For example, and by way of analogy, Let’s say we impose the same standards of this bill to each of you Hawaii legislators in order for you to continue as a legislator. Would this restrict your personal freedom? Consider, that you would be required to fly to the mainland at your own expense, take classes from a national legislative approving board, at your own time and expense, wait for your results, only find out that some of those results do not even meet the requirements of the specific Hawaii law! **Thus, you would effectively be disqualified from continuing as a Hawaii legislator to do a job that you are already experienced, qualified, and competent to do! And to add insult to injury you would have incurred severe financial burdens as a result of this failed process!** This is practically what HB2184 HD1 will do.
- 3) **Less choices and accessibility:** Therefore this is an unnecessary government 'overreach' and actually denial of freedom when it comes to reproductive rights and choices. If you enact this bill and midwives close up their business, then you will in a real sense be denying Hawaiians greater birth choices. We will have now LESS choices. You might as well go ahead and put a big sign out there to prospective families and couples thinking about job changes and moving to Hawaii, that says “don’t come to Hawaii if you want to have a home birth! You do not have that reproductive choice here!”
- 4) **Discrimination:** Our current local midwife groups are highly professional and by reason of free markets, free choices have done an excellent job of maintaining safe and regulated medical practices on their own, already addressing the concerns of this bill. Bill HB2184 is unnecessary and even discriminates against this excellent profession of midwives in Hawaii. Please, stop this bill and stop targeting the few good Midwives that we have here in Hawaii!
- 5) **Already High Costs, Real Economics:** A real life example: Our last midwife, who delivered our last 3 children, has become a dear friend and medical advisor to our family. She had to move to the mainland about a year ago, because it was **financially** difficult for her to maintain her business here. The point: it is already difficult to maintain a midwife practice here in

Hawaii. What will happen if you pass HB2184. Think about that! If you enact this bill which is unnecessary and a huge financial taxation with time consuming regulations (again a financial taxation) You will again effectively force most of the midwives in Hawaii to close down and **leave** the state.

- 6) **Driving up costs:** Lastly, what will be net result of this bill on everyday Hawaiians? It will drive up the cost for every day hard working families! Comparatively, home births cost 50-75% less than traditional hospital births or more. If there are any midwives that can survive HB2184 their cost will have to double or triple, again driving up cost for our families.

Encourage diversity & natural choices: I urge our honorable legislators to **instead** enact bills that will encourage and allow small business and small medical practices to thrive! Make it easier and even **attractive** for natural doctors and midwives to come to Hawaii and operate here. We are a melting pot of **diversity**. **Natural** choices are becoming more important and sought after than ever before. Your job as legislators is to provide lower costs, increase choices and freedoms while doing so responsibly and safely. **Please don't set our state backward when it comes to diversity and natural choices, like midwifery and home births.**

Please stop this bill which will hurt not only midwives, but all the families that desire to have alternatives and choices in births, especially home births by midwives.

Respectfully,

A handwritten signature in black ink, appearing to read "Sharon L Ameen". The signature is fluid and cursive, with a large initial "S" and "A".

David & Sharon Ameen
Mililani, Hawaii
808-971-1360

HB-2184-HD-1

Submitted on: 2/13/2018 11:45:32 AM

Testimony for CPC on 2/14/2018 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Kelly Stern	Individual	Oppose	No

Comments:

HB-2184-HD-1

Submitted on: 2/13/2018 11:45:56 AM

Testimony for CPC on 2/14/2018 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Melani Sunia	Individual	Oppose	No

Comments:

I have been serving as a doula and a birth coach in the homebirth community and have witnessed the satisfying and fulfilling mothers and fathers with the births of their babies, because they had the freedom to achieve their birth desires without the medical interventions, under the care of the homebirthing midwives. If this bill is passed, it will limit the choices of parents and mothers who want the freedom to choose to birth at home under the care of the care provider of their choice. If this bill starts to regulate and have rules that will limit the freedom of midwives to provide care for pregnant mothers in their homes, it will rob both the mothers and the midwives of their rights of passage. If mother's decide to give birth at the comfort of their homes, there are no certified midwives or OB/GYNs that will be willing to attend births at home. Only homebirthing midwives have that flexibility and provide that service to pregnant mothers at home.

HB-2184-HD-1

Submitted on: 2/13/2018 11:51:33 AM

Testimony for CPC on 2/14/2018 2:00:00 PM

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

Comments:

After having 3 perfect home births with highly skilled midwives

i OPPOSE this bill.

i Stand for Women (and their rights)

Aloha ʻŌiē

HB-2184-HD-1

Submitted on: 2/13/2018 12:00:38 PM

Testimony for CPC on 2/14/2018 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Patricia P Ikeda	Individual	Oppose	No

Comments:

I OPPOSE HB2184. Here is another way to take away from what has been practiced for years and to assess money and mandate someone to get certified and pay a fee to practice is outrageous! It is a woman's choice and a right to choose how she wants her baby delivered and by whom. Before you know it, we all will need to get a license or educated on how to walk on the beach or on the sidewalk or not having a choice to go where you want, when you want.

Your consideration in throwing out this bill is appreciated! Mahalo!

HB-2184-HD-1

Submitted on: 2/13/2018 12:05:38 PM

Testimony for CPC on 2/14/2018 2:00:00 PM

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

Comments:

Dear Committee Members:

I am a homebirth consumer and am opposed to this bill. It will restrict access to care providers for women and families and limit our choices as such. I do not think this bill will have it's intended outcome even with the ACOG recommended amendments.

ACOG direction is failing certain specific communities egregiously. African American women are suffering from a maternal mortality rate 4 times that of the national average. Infant mortality rates for African Americans are worse here in Hawaii, than in any other state of the union, by a shamefully large margin.

No woman should be forced to contend with that paradigm, especially not within her own home.

As a matter of safety, we deserve access to providers outside that model. The most effective mechanism to bridging this disparity gap has proven to be care and education sensitive to cultural nuance. State recognition does more to interrupt this important aspect of Midwifery care than to encourage it, by imposing national standards not designed to meet our unique needs.

We are a small demographic, less than two percent of Hawai'i's birthing people, choosing a model we feel safest within. We are not asking for your oversight. We simply want to retain the freedom to make our own informed reproductive health decisions.

HB-2184-HD-1

Submitted on: 2/13/2018 12:23:24 PM

Testimony for CPC on 2/14/2018 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Tulsi Greenlee	Individual	Support	No

Comments:

I have had two home births in Hawaii and am very happy with my decision. Please oppose this bill. Thank you Tulsi Greenlee

HB-2184-HD-1

Submitted on: 2/13/2018 12:36:53 PM

Testimony for CPC on 2/14/2018 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Micole Eaton	Individual	Oppose	No

Comments:

In the past year we have seen the state of Hawaii take a leading role in resisting the Trump administration's assault on some of the most vulnerable people in our community by rejecting the administration's travel ban and taking steps to become a sanctuary city with the Ho'okipa resolution. These remain proud moments for Hawaii, so I am at a loss as to why we have stopped short in our efforts to protect and defend what is right and pono when it comes to women's rights to bodily autonomy and freedom to make their own reproductive choices.

This bill criminalizes those in our community who have been there for the most marginalized and vulnerable populations, woman of color and specifically black women, when it comes to how we chose to give birth, where, with whom we seek assistance from. This bill makes a bold assumption; that the safest place for a birthing woman is in the hands of a "licensed professional." For too many women of color, this is simply not the case. I use the example of the recent story of tennis star Serena Williams nearly dying at the hands of said licensed professionals shortly after giving birth.

Serena could have easily died that day because she was in the precarious and all too familiar situation of being a black woman in the care of "licensed professionals." Her fame did not help her when she pleaded with doctors to listen to her about her own body and what she needed. Many women of color have experienced this kind of treatment from medical professionals and for this reason among others chose not to submit themselves to the very real and very dangerous process of giving birth with doctors.

This is not hyperbole, statistics validate these sentiments. Black women have the highest rate of maternal death in the U.S. and that number is actually the worst for black women here in Hawaii in regards to infant mortality. Women of color are educating themselves about their choices and they are choosing midwives, licensed and unlicensed, to place their trust and safety in. In turn, these birthworkers are and have been succeeding in providing safe holistic care that is, skilled, accessible,affordable, and culturally relevant.

Accessibility and affordability is yet another area this bill fails to deliver on. There are no licensure facilities in Hawai'i. **THERE ARE NO LICENSURE FACILITIES IN HAWAI'II!** That means that those who wish not to be criminalized AND practice in this state must

find the resources, time, and funds to go elsewhere for licensure. This is an absurd and oppressive burden! It neither wanted by the community it purports to serve nor is it even remotely necessary.

HB-2184-HD-1

Submitted on: 2/13/2018 12:44:15 PM

Testimony for CPC on 2/14/2018 2:00:00 PM

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

Comments:

Aloha Chair Takumi, Vice Chair Ichiyama, and Members of the Committee,

As a woman, a doula (birth professional who attends women in labor to support their emotional, mental, and non-medical physical needs) I **strongly oppose HB2184 HD1.**

I have had the honor and privilege to attend births in a personal and professional capacity in a variety of environments including home birth, birth center, and hospital births. I have therefore, also witnessed a variety of birth professionals in their duties related to welcoming a child into the world. These have included, Midwives, Doctors, and Nurses. In my experience, the main difference in the comfort and safety of the mother and baby revolved around the professionals' way of being, rather than the method of training they had pursued. All were adequately capable medically but not all had the ability to assure a safe and comfortable environment for the mother.

Humans are mammals and as all mammals, require a feeling and sense of safety in order to birth without complications. There are mechanisms at work in an animal psyche that will prevent the necessary natural processes from occurring if there is a sense of danger. As per the abstract below:

"In nature, when a laboring animal feels threatened or disturbed, the stress hormone catecholamine shuts down labor. Similarly, when a laboring woman does not feel safe or protected or when the progress of her normal labor is altered, catecholamine levels rise and labor slows down or stops. This column discusses the importance of providing labor support that respects the woman's privacy, protects her from unnecessary interventions, insures her safety, and allows her to trust her inherent ability to give birth normally."- Lothian, J. A. (2004). Do Not Disturb: The Importance of Privacy in Labor. *The Journal of Perinatal Education*, 13(3), 4–6. <http://doi.org/10.1624/105812404X1707>

It cannot be denied that many people fear hospital settings and doctors. They feel safest in the comfort of their own home with people they have had the opportunity to develop trust in. This bill would limit the availability of alternatives to doctors and the western medical model of care.

Capable birth professionals come from a variety of backgrounds and training programs, some of which are culturally informed and can only be taught through apprenticeship

and experience. This bill would limit that experience, narrowing the available selection of birth professionals that a woman may choose from. The prescribed training and licensure outlined would prohibit those without the means to leave the state for such training to practice. The cost barriers would be passed on to families, further limiting the choices of those without great means and wealth.

While I do think we must do what we can to ensure quality professional care for all laboring mothers, I do not think we need to create laws doing so. I encourage you to allow birth professionals to self regulate and continue to explore workable solutions for the mothers of Hawai'i. Some families, if forced to choose between a western medically trained professional or nothing, may choose to go it alone, thus increasing the inherent risks.

The following quote is found in a variety of traditions and often made in reference to a spiritual path and I believe there is nothing more spiritual or personal than bringing a life into the world.

*There are hundreds of paths up the mountain,
all leading in the same direction,
so it doesn't matter which path you take.
The only one wasting time is the one
who runs around and around the mountain,
telling everyone that his or her path is wrong.*

Please allow Hawai'i's birth professionals to choose the best educational path for them and Hawai'i's families the freedom to choose from a broad range of professionals. Do not move this bill forward, allow the birthing community to come to a more workable solution for everyone.

Mahalo for the opportunity to testify against this bill,

Lana Olson

Doula/birth professional, Women's Advocate, Potential Mother-To-Be That Values Her Freedom of Choice

Princeville, HI

808.639.8488

lana.olson@gmail.com

HB-2184-HD-1

Submitted on: 2/13/2018 1:04:02 PM

Testimony for CPC on 2/14/2018 2:00:00 PM

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

Comments:

The following are the 2 main reasons I am opposing this bill.

1) I believe parents deserve the right to choose where, with whom, and how they will birth, and this bill clearly restricts these choices. We are dedicated to preserving and perpetuating reproductive rights. I personally had a successfully vaginal delivery at home with a midwife and felt that it was the safest place to be for me. I was completely at peace being at home in my childhood home giving birth. I wouldn't have wanted it any other way.

2) Hawaii has unique geographical considerations and is a unique cultural melting pot. All of these different cultural observances are not being taken into account. There are different kinds of midwives for different kinds of people and different situations. Making some midwives illegal and desired care unavailable will not make birth safer.

Birth sovereignty must be left in the hands of the people, not the government.

HB-2184-HD-1

Submitted on: 2/13/2018 1:23:47 PM

Testimony for CPC on 2/14/2018 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Danielle Grant	Individual	Support	No

Comments:

I am in favor of this bill. I had a wonderful experience working with a Certified Professional Midwife throughout my pregnancy and delivery of my first son in June 2016. I felt confident in her training and care for me throughout the whole experience and she is now seeing me for my second pregnancy. The one obstacle I have come up with working with a midwife is that it's difficult to also work with an OB if there is any concern, where I come from in New Hampshire and Vermont this was not the case. I would love to see my midwife along with the other certified ones to be able to order blood work and ultrasounds and work alongside Drs. when there is a need.

Thank you,

Danielle Grant

HB-2184-HD-1

Submitted on: 2/13/2018 1:24:14 PM

Testimony for CPC on 2/14/2018 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Nikki Deheart	Individual	Support	No

Comments:

HB-2184-HD-1

Submitted on: 2/13/2018 1:24:56 PM

Testimony for CPC on 2/14/2018 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Valerie Brown	Individual	Oppose	No

Comments:

HB-2184-HD-1

Submitted on: 2/13/2018 1:28:59 PM

Testimony for CPC on 2/14/2018 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Luanna Peterson	Individual	Oppose	No

Comments:

The issues most concerning are:

Safety - did you choose a Homebirth because you felt it was safer than what is happening to women and babies at the hospital? Were you ever concerned about whether or not the midwife you chose was providing you with care that felt safe and informed? Did she provide you with information and resources to make your own educated decision on your birthing rights and choices available?

Accessibility - Many midwives practices would have to shut down because of this type of regulation. How long would it take to get your midwife "legal" or bring in a new midwife with the required credentials to come serve your community? How would your midwife even get the credentialing required? Are they able to relocate for a number of years to acquire this training?

Cost - Mind you that even with licensing, midwives besides CNMs will most likely NOT be covered by insurance (read HMSAs comments from the previous hearing). Licensing fees and malpractice insurance fees would be passed to the consumer, raising costs and making it inaccessible to many middle class and lower income communities. In addition to fewer midwives, this makes the cost of licensing exponentially higher because the fees are less distributed.

The majority of Hawaii's Homebirth Midwives are NOT in support of this bill due to the extremely narrow scope of who would be allowed to serve the community. Nor do the people receiving the services want this type of tight regulation!

With collaboration, we feel there is something better for Hawaii's midwife community.

HB-2184-HD-1

Submitted on: 2/13/2018 1:29:53 PM

Testimony for CPC on 2/14/2018 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Kate Butler	Individual	Support	No

Comments:

HB2184 Relating to the Licensure of Midwives

Health and Human Services Committee

2/13/2018

Kate C. Butler

PO Box 983

Kamuela, HI 96743

I am testifying in support of HB2184.

Licensing professional midwives creates more access to quality women’s healthcare, prenatal care, safe birthing options, postpartum care, breastfeeding support and reproductive care.

I was fortunate to have access to 2 Certified Professional Midwives for the births of my 2 children. My prenatal care was comprehensive and personal and focused on the health and safety of both my baby and I as well as in developng a strong relationship and trust with my caregivers that made my birth experience comfortable, safe and empowering. I am grateful that my midwives were up to date on their strategies for handling emergency situations as at the birth of my first daughter they quickly managed to contain a postpartum bleed that had they not been as well educated could have been very dangerous for me.

By legalizing professional midwives, the public has reassurance that midwives are educated according to national requirements, are held accountable to maintain national standards and complete continuing education.

Two sunrise audits comp.leted in 1999 and 2017 concluded that Hawaii should regulate the profession of midwifery.

I urge you to support this bill.

With Gratitude,

Kate C. Butler

HB-2184-HD-1

Submitted on: 2/13/2018 1:34:07 PM

Testimony for CPC on 2/14/2018 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
nina millar	Individual	Support	No

Comments:

My name is Nina Millar and I have been practicing home birth midwifery in Hawaii for 34 years.

As a former Certified Professional midwife, I ask for your support in passing legislation to regulate CPMs. This will allow for the public to safely select qualified individuals to attend them in giving birth at home.

Having worked legislatively twenty years ago for this measure to occur, it is now time for the state to move forward in safe guarding our birthing populace that choose home birth in Hawaii.

Thank you for your careful consideration.

Nina Millar, RN, former CPM

PO Box 1132

Honokaa, HI

96727

HB-2184-HD-1

Submitted on: 2/13/2018 1:43:27 PM

Testimony for CPC on 2/14/2018 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Melody Tamayo	Individual	Support	No

Comments:

HB-2184-HD-1

Submitted on: 2/13/2018 1:46:43 PM

Testimony for CPC on 2/14/2018 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Donna Bareng	Individual	Oppose	No

Comments:

REGULAR SESSION OF 2018

For Honorable House Chair Roy Takumi, Vice Chair Linda Ichiyama and Committee members Henry Aquino, Ken Ito, Aaron Johanson, Matthew LoPresti, John Mizuno, Calvin Say, James Tokioka, Ryan Yamane, Bob McDermott

Hearing date 2-14-18, 2:00 pm Rm 329

RE: HB 2184HD1 Relating to the Licensure of Midwives – Women’s Rights

IN OPPOSITION

Aloha honorable chair and committee members,

My name is Donna Marie Kaleihomaimakealoha Bareng from ‘Aiea, I am a home birthing mama, and I strongly oppose this bill. Regulating how, with whom, and where someone gives birth interferes with my rights as a woman which also includes reproductive rights, birth autonomy, privacy rights, and birth traditions.

While this bill does consider Native Hawaiian traditional practices, Hawai‘i is a cultural melting pot. All of these different cultural observances are not being taken into account. There are different kinds of midwives for different kinds of people and different situations. Making some midwives illegal and desired care unavailable will not make birth safer, and again interferes with our rights as women. Our midwives are dedicated to providing the best care possible for the mothers of Hawai‘i. This is a woman’s rights issue, and women deserve the right to choose where, with whom, and how they will birth, and this bill clearly restricts these choices. We are dedicated to preserving and perpetuating reproductive rights.

The Hawai‘i Home Birth Elders Council has been formed with the combined home birth experience of well over 200 years. The field has already been responsible, accountable and informally regulating itself since its conception.

Birth sovereignty must be left in the hands of the people, not the government.

For these reasons and more, I strongly oppose HB2184HB.

Me ka ha'aha'a,

Donna Marie Kaleihomaimakealoha Bareng

'Aiea, Hawai'i

REGULAR SESSION OF 2018

For Honorable House Chair Roy Takumi, Vice Chair Linda Ichiyama and Committee members Henry Aquino, Ken Ito, Aaron Johanson, Matthew LoPresti, John Mizuno, Calvin Say, James Tokioka, Ryan Yamane and Bob McDermott

Hearing date 2-14-18, 2:00 pm Rm 329

RE: HB 2184HD1 Relating to the Licensure of Midwives

IN OPPOSITION

Greetings Honorable Chair and Committee Members,

My name is Babatunji Heath and I oppose this bill for the following reasons:

- 1) This bill will NOT make birthing at home safer nor will it improve the overall birthing experience in Hawaii.
- 2) This bill violates the civil rights of mothers and fathers by restricting their choice to birth their children where and with whom they wish.
- 3) This bill clearly favors one type of midwifery training and certification over many others without providing any evidence that it is better or that the people of Hawaii prefer this type of midwifery training.
- 4) If made into law it would be unenforceable and would criminalize skilled and valuable midwives with over 30 years of experience of birthing babies in Hawaii while favoring midwives from the mainland with significantly less experience.

In addition, I would like to ask you to consider who is calling for this legislation. The so called stake holders who have brought forth this bill would have you believe that it is the midwives of Hawaii themselves that want this proposed regulation. This is totally false. The Midwives Alliance of Hawaii does not even represent any of the practicing midwives on Oahu. MAH has worked together with ACOG and representatives of the Board of Health under this false pretense to introduce this bill for the 3rd year in a row with no support from the consumers or the midwives who have been serving the community for over 30 years. There is no evidence of a outcry of malpractice from mothers who have chosen to birth at home. Clearly OBs and ER doctors are concerned because they witness only the rare cases of home births that require additional medical attention best given in a hospital. However, we also must consider that they may be seeking to protect their market share and perhaps feel threatened that the 2% of the population choosing to birth at home represents a growing trend as more parents feel that the hospital birthing options are dangerous, inhumane and require them to give up their right to make important choices regarding their child's birth. The 2017 auditors report expresses a concern over the lack of regulation of midwives and the potential for harm to mothers and babies but does not support this concern with evidence that would indicate that birthing at home is more dangerous than birthing in a hospital. If better and

safer births in Hawaii is the goal here then we need to accurately and unbiasedly access all births in Hawaii not just grant preferential treatment to midwives trained on the mainland which is what this bill would do.

For these reasons and more I oppose HB2184 HD1 and implore the members of this committee to do the same.

Thank you

Babatunji Heath

HB-2184-HD-1

Submitted on: 2/13/2018 1:50:30 PM

Testimony for CPC on 2/14/2018 2:00:00 PM

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

Comments:

Please OPPOSE this bill! I dont want my midwife regulated or licensed by the state.

Mahalo,

Nicole Struempf

HB-2184-HD-1

Submitted on: 2/13/2018 1:59:39 PM

Testimony for CPC on 2/14/2018 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Aubrey Aea	Individual	Oppose	No

Comments:

My name is Aubrey Aea and I oppose HB 2184 HD1 for the following reasons:

-Women's rights as to how, where, and with whom she chooses to give birth should not be restricted. She deserves the right to make the best choice.

-Our current medical system ranks poorly in comparison to other countries - the maternal mortality rate has continued to rise according to the CDC.

-We need more education and less regulation.

-Birth is a normal physical process, not a medical emergency. Let women decide for themselves.

-Midwives have had an excellent track record for self-regulation.

-Requiring licensure will limit choices for consumers and will diminish provider availability.

Please oppose HB2184 HD1. Mahalo.

HB-2184-HD-1

Submitted on: 2/13/2018 2:00:51 PM

Testimony for CPC on 2/14/2018 2:00:00 PM

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

Comments:

Aloha Honorable Chair Roy Takumil Vice Chair Linda Ichiyama and Committee Members,

Please OPPOSE HB2184. I have served the birthing parents of this state for over 2 decades and have been a primary traditional midwife in practice on Hawaii's Big Island for over a decade. Midwifery is a self regulating profession. I urge you to not over regulate us!

Mahalo,

Rachel Curnel Struempf, DEM

HB-2184-HD-1

Submitted on: 2/13/2018 2:02:04 PM

Testimony for CPC on 2/14/2018 2:00:00 PM

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

Comments:

Hearing date 2-14-18, 2:00pm Rm 329

RE: HB 2184 Relating to the Licensure of Midwives

IN OPPOSITION

Aloha honorable chair and committee members,

My name is Rocio Bueno and I oppose this bill because I can confidently state that, as a member of the community who uses the services affected by HB 2184, the majority of us do not agree that the bill improves quality of care or accessibility to more people. First of all, even if the majority were in support of this bill, there is no route to licensure in the state of Hawaii. Secondly the costs of probable relocation to become certified plus the future licensing fees and malpractice insurance fees will be passed down to the consumer.

Please be aware that for the past four years in a row I, along with many others, have been submitting testimony in opposition to similar bills in the house and senate. Every year there has been strong opposition in our community to the regulation of midwives. HB 2184 does not take into account that many in our home birthing community desire a quality of care that is not found in the more prevalent medical type model. Despite not being formally regulated, midwifery has provided consistently safe and excellent care that encompasses more than just physical health. It helps people stay in touch with their roots and spirituality, and instills a strong feeling of community that may not be found in the medical type hospital model.

Please listen to the consumer who uses the services that the HB2184 proposes to regulate. We do not want the state or the medical field to regulate our midwives.

Sincerely,

Rocio Bueno

HB-2184-HD-1

Submitted on: 2/13/2018 2:02:53 PM

Testimony for CPC on 2/14/2018 2:00:00 PM

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

Comments:

Aloha,

Please do not regulate or license midwives. this is an ancient practice that doesnt need the states intervention. please preserve a womans right to choose whith whom and where they give birth.

Mahalo,

Paolo Morgan

HB-2184-HD-1

Submitted on: 2/13/2018 2:06:06 PM

Testimony for CPC on 2/14/2018 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
James Millar	Individual	Support	No

Comments:

To our honorable legislators,

I am writing in support of HB2184 to regulate certified professional midwives. My wife has been a practicing midwife in Hawaii for 34 years attending close to a thousand home births. Throughout this time she has followed national standards of care for her profession. She has also shared various incidents where harm has come to babies and mothers when they have been attended by unqualified people. As a licensed contractor myself, it seems imperative that the state license those individuals that serve babies and their mothers that choose home birth.

Thank you for your consideration,

James Millar

POBox 1132

Honokaa, HI 96727

HB-2184-HD-1

Submitted on: 2/13/2018 2:06:44 PM

Testimony for CPC on 2/14/2018 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Joan Thompson	Individual	Support	No

Comments:

We are only asking that people who claim to be midwives have proof that they are safe providers. This is for the protection of women giving birth.

HB-2184-HD-1

Submitted on: 2/13/2018 2:14:42 PM

Testimony for CPC on 2/14/2018 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Rebekah Botello	Individual	Oppose	Yes

Comments:

TO HAWAII STATE HOUSE OF REPRESENTATIVES

I have read HB2184 and I strongly oppose this bill.

Here are my reasons:

1. This bill says that women will have greater access to personal reproductive health care. This is not true. This bill would limit women's access to healthy care of their choosing.

2. Many women, like myself, have done extensive research on the safety of homebirth versus the safety of hospital births. There is so much evidence to support the efficacy and safety of homebirth that I don't even have time to write it all here. Suffice to say - statistics prove that homebirth is safe and hospital births are more often NOT.

3. Midwifery is an ancient and tried practice. If a woman doesn't feel comfortable working with a midwife, than she shouldn't. However, if a woman wants to have the expertise of a midwife as a part of her reproductive health choice, she should have that right without censure.

4. Let's ask ourselves an honest questions - Who stands to gain financially from HB2184? Because it certainly isn't women. Those who are in the medical and financial fields do. Government has no right to interfere in the personal reproductive health choices of women

5. Let's ask ourselves about Hawaii's abortion policies - Why are legislators so concerned with how a woman births but not at all concerned about terminating fetal life?

As a busy mom who had three beautiful homebirths attended by a midwife of my choosing and friends of my choosing, I can only scoff at the insanity of this proposal.

That said, I am off to homeschool my three beautiful kids and hope that your committee will not only take into serious account the opinions and testimony expressed by myself and others, but that you will also feel compelled to kill this bill as a result.

Sincerely -

Rebekah Botello

HB-2184-HD-1

Submitted on: 2/13/2018 3:02:36 PM

Testimony for CPC on 2/14/2018 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
marisa wriston	Individual	Oppose	No

Comments:

I strongly believe it is every woman's right to choose how and with whom she wants to birth her child. For some women a hospital is a safe place, for others the best choice is in their home with a practitioner they trust and love. As a home birth mother of two healthy babies i have been empowered and strengthened by my experiences. I was able to choose a midwife who fit best with my family, and made me feel 100% safe and loved through my labors and deliveries. If this bill were to pass this midwife would no longer be allowed to practice. My choice and the choices of many other women would be restricted. We have the right to choose who attends our births, it should not be limited.

HB-2184-HD-1

Submitted on: 2/13/2018 3:16:52 PM

Testimony for CPC on 2/14/2018 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Robin Garrison	Individual	Oppose	No

Comments:

I am one of your constituents in Makawao, Maui. Three of my 5 children were born at home on Maui with a midwife and a birth attendant. Regarding the upcoming house bill 2184, you will hear many in support of it say that this is not a home birth bill, but how can that be if the majority of births midwives attend are at home? This bill seeks to regulate midwifery in a way that is divisive and dangerous. Women should feel safe and secure when they are giving birth, without the fear that their chosen birth attendant could be criminalized. It is the most special and sacred time of a woman's life, let her have it the way she wants it. Moving forward with this current bill is like a man who has never been pregnant making laws about abortion.

To begin, there are no licensure facilities in Hawaii. This would require anyone seeking to practice midwifery (which is given a very narrow definition in this bill) legally in Hawaii to acquire the time, funds, and resources to gain their license through mainland institutions. This bill would also encourage a further influx of mainlanders simply because they would already have the licensure needed to practice here. I want more opportunities for local people to serve our own communities, and I know that is something you are passionate about as well. We should not have to leave our communities, our families and our friends to serve them. This would also place a burden on the amazing, skilled and experienced people already practicing birth and midwifery practices in our community without a license. Licensure does not equal competence; this leads me to my second point.

This bill asserts that licensure will ensure the safety of mothers and babies birthing at home or with midwives. Has the regulation and licensure of doctors done so? I would have to argue that right now in the U.S., and especially Hawaii, women and children are suffering at the hands of licensed professionals. Several studies have come out in recent years showing that mothers who choose midwifery care and to birth at home are far more likely to have great outcomes than their counterparts in the hospital. Interventions and unnecessary procedures are routine there. And yet we aren't trying to regulate the practice of obstetrics any further.

Additionally, this is a race issue. Black mothers (which I am) are far more likely to choose midwifery care and homebirth because of our increased risk for adverse outcomes with doctors in hospitals. We have a long historical, cultural tradition of caring for our own communities because we were banned from birthing in hospitals when it

became the norm. We were America's midwives before hospital births were even a thing! Licensure was not available to us until doctors began seeing competition with midwives, and even then, it was unaffordable and inaccessible. Sound familiar?

This bill is being pushed by people who have not and apparently do not want to talk to the people using these services, the families choosing skilled and experienced birth attendants to help them at home. They are already licensed professionals who are not threatened by the impact this bill will have. Our voices matter and need to be listened to on this issue. This bill talks about us as if we are being hoodwinked by people masquerading as midwives. Every woman I know who has chosen a homebirth is highly educated and is making an informed, conscientious choice about herself and her family. We do not choose the people who attend our births lightly, but licensed or not, we care much more about how respected we feel with this person and how much experience they have than whether or not they have a license or letters after their names. The homebirth community is small and word of mouth recommendations matter much more to us as well.

I am scared that this bill will criminalize me and the people I love for choosing to birth a certain way. I am scared that people who do not understand my choices are trying to limit them. I hope you will hear and consider my concerns about this bill and vote no when this bill crosses your table.

Robin Garrison, RN BSN MSN CHPN (Family Nurse Practitioner student)

Maui, Hawaii

HB-2184-HD-1

Submitted on: 2/13/2018 3:23:54 PM

Testimony for CPC on 2/14/2018 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Maria E. Cariaga	Individual	Support	No

Comments:

HB-2184-HD-1

Submitted on: 2/13/2018 3:24:54 PM

Testimony for CPC on 2/14/2018 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
lizel zeager	Individual	Oppose	No

Comments:

Aloha,

My name is Lizel Zeager. I am a new mom of healthy baby TWIN boys. As I write this, they are exactly 3 months old and absolutely thriving! I owe it to my team of FOUR incredible midwives who were present for my home birth in November 2017 to share my perspective with you.

As a consumer of homebirth midwifery services, I am NOT asking for the regulation of these practitioners as I honestly don't believe regulation will make consumers safer. Personally, as a homebirth consumer, I do not perceive a safety benefit to regulating a field that already self regulates itself and supports the human mind, body, and spirit during the childbirth process. Every woman, family, pregnancy, and circumstances is unique, different and special.

I know how important it is for mothers to maintain her freedom of choice to birth with whoever she choose and wherever she choose. I also understand that this is a personal choice and I strongly believe it needs to remain that way. I actually think that keeping the regulations OFF the midwifery practitioners would lead to safer, healthier, and happier birth experiences for all moms and babies involved!

To be honest, I had a different team of women planning to be present at my twin home birth, however, 3.5 weeks before I hit 40 weeks, my intuition told me to switch some midwives around. I felt a little uneasy going into my first birth not having someone specific present. Had I not had the freedom to choose who I wanted to have by my side, my home birthing experience would have been completely different. I gave birth 3 weeks early at 37 weeks (which is the first week considered full-term for twins), plus one of my boys was actually born in-the-caul! Having 2 of the midwives present who weren't on the original team made my birthing experience, and especially my recovery period, a million times more manageable. Also, having my exact midwifery team of four allowed me to feel safe and secure while in labor that I was able to let go with ease and birth twins at home (without medical interventions) and had an incredibly short 8 HOUR LABOR!!!!!!

I had a healthy home delivery of two healthy babies boys with the support of 4 different kind of midwives. Two of which will no longer be able to legally practice should this bill

pass. I was accompanied by a cpm (the only kind of midwife that would be licensed according to this bill) a naturopathic physician (who would be able to keep practicing legally as Hawaii licenses nd's) a biblical midwife, and a traditional midwife. I know in my heart, and the rest of my family knows too, that we had the ultimate birth team with us as we welcomed our twins into this world.

I am so grateful for being able to choose and handpick my midwifery birth team. It reduced complications for sure and allowed both boys to exit through the birth canal calmly and safely. Everything is energy and we are all connected!! These women are the most amazing women you will ever meet and my hope is that they will continue to be allowed to bring in more beautiful baby Souls into the world here in our beautiful state of Hawaii.

Please rethink allowing this regulation to go through. It is limiting and instills separation, fear and lack into the birth world, which is the last thing our pregnant moms and babies need at this most crucial time!

I absolutely love my birth story and hope that all women here in Hawaii can be empowered and allowed to choose the midwives who will be present at their birth.

It means a lot to me, my husband, and my twin boys for you to read my testimony and allow it to be shared with everyone present.

Mahalo,

Lizel Zeager

ichiyama2 - Naomi

From: info@plumblossomclinic.org
Sent: Tuesday, February 13, 2018 11:44 AM
Subject: Women's Rights instead of Birth Freedom

To whom it may concern:

RE: HB 2184HD1 Relating to the Licensure of Midwives

IN OPPOSITION

Aloha honorable chair and committee members,

My name is Michael Hamilton, LAC, and I oppose this bill for the following reasons...

- (1) Overregulation of midwifery;
- (2) Apprehension that licensure may limit consumer choices, increase access disparities, diminish provider availability, and reduce quality of maternal child health care;
- (3) The capacity for a mother to exercise her choices; and
- (4) The good track record midwives have as a self-regulated practice.

Reasons for the email subject title:

First, the House CPC is 10 men and 1 woman, and they might understand womens' rights more than birth rights.

Second, this is really a first amendment freedom issue for all people to consider, do we want to restrict a woman's right as to where, how and with whom she chooses to bring life into this world? Whatever your belief is about what is best for a woman, doesn't she deserve to choose?

Supporters of the bill say we want women to make the best choices. Well, lets ask ourselves, how is our medical system ranking in world health? How does our maternal mortality, morbidity and infant mortality rank? "Maternal Mortality is Rising in the U.S. as it Declines Elsewhere in the world (U.S. deaths per 100,000 was 26.4 in 2015, well above UK (9.2) Portugal, Germany, France, Canada, Netherlands, Spain, Australia, Ireland, Sweden, Italy, Denmark (all 9 and lower), and Finland (3.8)! CDC stats show consistent rise from 1993 to 2014 in severe maternal morbidity per 10,000 delivery hospitalizations. One can look at low risk c-sect rates and infant mortality rates in the U.S. and for spending the most money on medical care it does not have good stats! (Please google it for yourself, it's easy to find)

The solution: MORE EDUCATION, LESS REGULATION!

Sincerely,

Michael Hamilton, LAC
ps> Have a nice day!

From: Kati Lahey <kativasti@gmail.com>
Sent: Tuesday, February 13, 2018 12:16 PM
To: CPCtestimony
Subject: Support HB 2184

Aloha,

My name is Katherine Lahey and I live in North Kohala on the Big Island with my husband and two daughters, ages 5 and 3. Both of my daughters were born here, at home, under the care of a team of 3 professional midwives. I chose to have a home birth to follow the path of my ancestors. Every woman knows how to give birth, it is the midwives that help us remember. The care I received under these highly skilled, intuitive and compassionate midwives was thorough and very attentive and empowered me realize my dream of giving birth in the comfort and sanctity of my own home. The midwife plays a direct role in helping us create a safe, healthy, peaceful and sacred environment into which our keiki are born. Let us demonstrate through legislative process our commitment to and respect for the values of family by supporting this honorable profession.

Thank you

ichiyama2 - Naomi

From: Sharon Offley <sharon@huamoonwomenshealth.com>
Sent: Tuesday, February 13, 2018 12:38 PM
To: CPCtestimony
Subject: HB 2184

My name is Sharon Offley. I am a master's prepared certified nurse midwife with a private practice on Kauai, Hua Moon Women's Health LLC. Please consider my support below for HB 2184.

This bill expands access to midwifery care for women as midwives will be able to work to their fullest potential It will increase collaborative care for maternal health providers It ensures midwives meet minimum training requirements for profession of midwifery Improves informed choice by consumers in provider selection.

Thank you,

Sharon Offley

Ph 808-652-9384

Sent from my iPhone

To whom it may concern:

Even as I write this letter, I know that it is an exercise in futility. The legislature of this state has decided to take upon itself the mantle and role of protector parent of my fellow Hawai'i residents. The legislature, once decided upon a course of action, listens to no reason, logic, ideal, or course, other than what it has already chosen before debate even set forth. I have no faith in you.

What I do have faith in are two women who delivered my son on 10 January of this year.

Jaymie and Piper, midwife and doula team for my family have been nearly a part of my family for the past eighteen months. Our relationship with them began a year and a half ago when my wife and I, needing some choice in the matter for how we brought a baby into the world, found Jaymie. All at once, her demeanor and ease with my wife had us certain we were working with someone who would respect my wife's dignity. Her professionalism convinced us that she would not fail us medically. Her entire process gave us comfort that she would allow us to be involved in and even initiate, in some cases, the decision-making process and would take out of the equation all of the uncertainty that a doctor who must oversee several births brings into the situation.

By October, we lost the baby. Before my pastor had a chance to comfort, before our friends were able to render help, and before even our parents availed their wisdom to us, Jaymie was there with the first comfort we needed. "Grieve. And when you are ready, try again."

Seven months later, we called Jaymie again. We were ready. So was she.

Along the process, Jaymie was a positive light. Piper, who came on board with our baby's team after the first trimester, was her twin in every aspect. They came to our home without the awkward approach of a medical stranger. They entered as friends. They were legitimately aunts to my children. They always had an answer to any question. My wife asked them all. There was always a contingency in case of emergency. I never once felt as though the doctors in the emergency care were an unwanted but necessary evil. I felt, instead, that they were medical professionals that we would not burden because of Jaymie and Piper's expertise. Only in the case of extreme necessity would we need to add strain to an already full docket of emergency and general obstetrics in our state.

With their guidance and help, my wife gained the necessary weight to support my son. She maintained excellent health as well as excellent vitals of our coming child.

On the day of his birth, my son was anticipated by two medical professionals in the room, one very good friend, my wife, and me. My wife delivered after fourteen hours of labor, a nine and a half pound baby, "sunny side up," healthy and perfect.

Three and a half years ago, my son was born at Kaiser in Red Hill. After delivering him quickly at seven pounds, her recovery time was extensive. The emotional toll from the recovery was immense.

By comparison, because of the expert coaching and aid from midwife and doula, my wife's recovery time for a baby two pounds heavier was halved. Her emotional state of being is immeasurably better. This is not a poor reflection on Kaiser. The midwife with whom we worked there was extraordinary.

Jaymie and Piper were better.

It is my understanding that this legislative body is attempting to regulate the midwifery of Hawaii. I am certain that those in favor have a whole list of horror stories where people who Googled midwifery severely damaged whole families.

The same tactics of fear are being used at a national level by the President to prove why it's acceptable to fear immigrants. He trots out a handful of people with heartbreaking stories and suggests that we break the hearts of everyone who has not broken the law in turn.

There are those who have done injustice to men and women in our islands by not approaching the delivery of babies with a serious nature. We have laws that will punish them enough. What we don't need is more government involvement in something that is already beautiful. We don't need regulation on something that will prevent excellent care providers from the opportunity to extend choice to women in the bearing of their children. We don't need to take away a service that has reduced strain on our overall stretched medical system.

We don't need this bill.

If you will, please abandon this legislation for another pursuit. There are many that must be done. Please, surprise me with this novelty. Please don't take away these people from a profession that they love and that loves them more.

Sincerely,
Damien Marts
Ewa Beach, HI

WHY CPC MUST NOT PASS HB 2184 HD1:

CONSUMERS DON'T WANT IT.

CPC has the responsibility to stand for the consumers of Hawai'i. Consumers (birthing mothers) have made it clear that they **OPPOSE** this measure.

IT DESTROYS TRADITIONS.

Kānaka Maoli birthing traditions are endangered and need protection. The proposed exemptions do **NOT** protect these traditions, and are totally speculative. Many other out-of-hospital birthing traditions exist in Hawai'i, and should be protected as well.

IT INTERFERES WITH REPRODUCTIVE CHOICE.

Women have the right to choose who will attend their baby's birth, and where it will take place. Any interference with this choice is a violation of women's body sovereignty.

IT DISCRIMINATES AGAINST LOCALS.

NO training and certification measures listed in this bill are available in Hawai'i. This means that **ONLY** mainland-trained midwives would qualify. This would clearly lead to displacement and cultural shifts.

IT IS DANGEROUS.

This measure would force many birthing traditions **UNDERGROUND**, because that is the only place they could exist. This is not safe, and would be likely to result in delayed transports and poor communication between providers.

**There are many more reasons that HB 2184 should be
HELD IN COMMITTEE.**

Please contact: Laulani Teale, MPH

laulani@gmail.com

Mahalo!

From: JmeLee <jmeleeelewis@gmail.com>
Sent: Tuesday, February 13, 2018 1:53 PM
To: CPCtestimony
Subject: In OPPOSITION to HB 2184

In OPPOSITION to HB2184

History shows that the people of Hawaii do not support regulation and licensure for the practice of Midwifery by means of ACOG, lobbyists, and hospital providers alone. The past bills and this current bill shows lack of understanding of cultural and demographic/geographic needs that are unique to Hawaii. We thank the legislation for listening to its constituents year after year, and shutting down the lobbyists attempts to push unjust regulation on the Homebirth community.

When legislation is based off of assumption and presumption, the public suffers. This bill has been written by a medical paradigm that

is forcing its way into private homes. It has been written without the input of the people receiving the services and the majority of those actually providing the services here in Hawaii. It is exclusive and follows trends in western education and colonization instead of honoring our history and culture. It slowly narrows the scope of ancient knowledge which many people still hold dear to their hearts.

Over the years, there have been thousands of individual testimony from all corners of our beautiful islands. The people have stated they do not support this type of law making. We support our sister midwives having recognition of their education, as this bill attempts to address, but not at the expense of everyone else's choice and freedoms. We stand strongly together in declaring that the Homebirth community (representing less than 2% of all births in Hawaii), is not in

need of government regulation. It is inclusive and self regulating amongst midwives inter-island and across islands. Contrary to popular belief, we talk to one another. We support one another through joys and hardships. We ARE a community and there is accountability amongst us.

We are also regulated by the public, based on who they choose to serve them. A good midwife will be chosen again and again. It is because of our VARIETY of practices that we are successfully able to serve the diverse needs of those that don't fit into the mainstream. There is a pocket of the population that resonates with intuitive and traditional practices of Midwifery. Many women choosing home birth are seeking the alternative to the westernized medical model of the childbearing cycle.

So I reiterate, the people have spoken and we trust that the legislation will align with their constituents versus the lobbyists and big business once again!

We thank the honorary members of this council for recognizing this and keeping this journey sacred for those that chose this route.

We thank you for your support in cultural rights and practices for the diverse community that is the nature of Hawai'i.

We thank you for your support in reproductive freedoms.

With Aloha
Jaymie Lewis
Midwife and Doula
808-783-0361
Kailua, Oahu, Hawai'i

Laughter is FREE!

From: Brian Pawlikowski <blackdragonfly89@hotmail.com>
Sent: Tuesday, February 13, 2018 3:22 PM
To: CPCtestimony
Subject: HB2184 Testimony

Good Afternoon,

My wife and I chose our midwife Selena Green to help give birth to our beautiful baby girl. This bill, HB2184, and its amendments are damaging to those who know what they want and are smart enough to make their own choices. Nine times out of ten, the individuals and families looking for a midwife are already more than capable of understanding the difference between home births and hospital births. Personally, my wife (being from South Africa) already knows how corporate our hospitals are. They're unnatural for birthing and have been pushed on Americans to the point that a lot of them don't know any better anymore. Part of being a mom in search of home birth practitioners is knowing which questions to ask and what to look for. Adding mandates to limit an already low number of choices by increasing the regulations, rules, penalties, and requirements necessary is only doing everyone a disservice. Not only will this bill be hurting those who practice midwifery, but it will also be hurting women's rights. It should be up to the women giving birth to decide who they see and what they do with their bodies. Making informed decisions is great and that's their right as well. Please don't let this bill pass. It hurts far more people than it helps. The consumers (or mothers) don't want mandatory regulation; there are already methods in place to investigate negative outcomes as well as cultural concerns which are not addressed by any other committees. Please don't pass this bill.

Brian Pawlikowski and Maree Hall

HB-2184-HD-1

Submitted on: 2/13/2018 4:23:11 PM

Testimony for CPC on 2/14/2018 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Robert Freitas Jr.	Individual	Oppose	No

Comments:

I seriously oppose this bill.

HB-2184-HD-1

Submitted on: 2/13/2018 4:09:46 PM

Testimony for CPC on 2/14/2018 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Shaun Powers	Individual	Oppose	No

Comments:

HB-2184-HD-1

Submitted on: 2/13/2018 3:53:44 PM

Testimony for CPC on 2/14/2018 2:00:00 PM

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

Comments:

Aloha Honorable Chair and Committee Members,

My name is Kaja Gibbs and I represent Born to Birth Midwifery, a homebirth midwifery practice and as a preceptor for local student midwives. I oppose this bill as it is written, yet I am in support of licensure in the state of Hawaii. Below are my reasons:

Women and families have the right to choose where and with whom they birth their babies. This bill is too restrictive and will effectively take that choice away for many families. We can do better than this bill. I stand for informed decision making, respect and support. I believe that women should be given all the information available, so they can make an informed decision, which I will respect and support.

With regards to homebirth licensure I would like to see an established scope of practice for homebirth midwives who choose to pursue licensure. I would like to see that resulting in better relationships with hospital-based care providers and smoother transfers. I would also like to see this result in insurance coverage, thus making it more affordable and accessible for families to birth at home. This bill leaves too many of the financial aspects of licensure in a grey area, making costs very unpredictable for midwives who want to be licensed. In addition, I believe that having an established scope of practice will more clearly inform consumers. I do not support the notion that if a woman does not meet the criteria to be tended to by a licensed midwife should not be allowed to birth at home, that would be HER choice, and her choice alone.

However, I would like to see a requirement for all practicing midwives in the islands to provide full disclosure of their training, certification and licensing status. This way the pregnant woman will know the types of midwives available to her and she can make an informed choice on who to hire without taking any options away. Midwives who choose not to become licensed should be allowed to attend births, but only with FULL disclosure to their clients.

Ultimately, the responsibility lies with the birthing woman and her family as it is THEIR choice.

It is our opinion that the state legislature's responsibility is to ensure women are given all the information so they can choose for themselves, it is not the state's responsibility to make that choice.

Mahalo for your time!

HB-2184-HD-1

Submitted on: 2/13/2018 4:55:26 PM

Testimony for CPC on 2/14/2018 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Lindsay Nonnenmann	Individual	Oppose	No

Comments:

Aloha Honorable Chair and Committee Members,

My name is Lindsay Nonnenmann and I oppose this bill.

I am a recent undergraduate from Hawaii Pacific University and I am currently pursuing my MBA. I am also a first time mother who birthed my son at home with a midwife in November of last year. My labor was long (44hours to be exact), but because I was in my home with professionals who let me and my body take my time, I was able to birth my baby gently and safely without any medications or complications. I am thankful I had the birth I had.

As students we learn to do our research and think critically about the information we read. This is what I did before deciding to have a midwife and birth at home. I made an informed decision on how, where, and with whom to birth my baby.

It is my body, and no one else should have a say on how I give birth. Any type of restrictions to this freedom is a violation on women and their families.

Thank you for your time,

Lindsay Nonnenmann.

LATE

HB-2184-HD-1

Submitted on: 2/13/2018 5:06:47 PM

Testimony for CPC on 2/14/2018 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Deborah Mader	Individual	Oppose	No

Comments:

Aloha Chair and Committee,

I OPPOSE HB2184 HD1 because I feel it discriminates against traditional and cultural midwives. I have used midwives for all 3 births of my keiki - they are invaluable to our community. However, I do not want the state to come between me and my wellness team.

I'm all for **NON**-mandatory licensing. However, telling midwives in Hawai'i - some who have been working for many years and 100s of births, to tell them that they can no longer practice as a midwife without leaving Hawai'i to attend school...no can! Don't make midwife licensing mandatory.

We should have licensed AND traditional midwives. This bill will criminalize traditional midwives in Hawai'i- which will result in fewer choices. I understand some midwives want to work in or with hospitals or be able to bill insurance companies, but many do not- so allow them the CHOICE and allow us as consumers the CHOICE.

This bill says to me, "Deborah, we don't think you can make an informed, educated choice about your birth team. So we are going to enact a law to make it illegal for you to use the midwife of your choice simply because she studied under different teachers than the brick and mortar ones on the continental US" This is unacceptable.

Please amend this bill for **licensing to be optional**.

What about birthing assistants who are not related to the mother and not training to be a midwife? What about doulas? This bill is attempting to exclude cultural and spiritual midwives- you are telling them their training, wisdom and knowledge is not good enough to help me birth.

Mahalo for being open to my mana'o and I hope that you amend this bill. Birth is an empowering, spiritual, natural process. The state should not have the authority to dictate who is on my birth team.

Deborah Mader

Maui

HB-2184-HD-1

Submitted on: 2/13/2018 5:10:46 PM

Testimony for CPC on 2/14/2018 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
kate ferreira	Individual	Support	No

Comments:

HB-2184-HD-1

Submitted on: 2/13/2018 8:44:22 AM

Testimony for CPC on 2/14/2018 2:00:00 PM

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

Comments:

TEST.

LATE

HB-2184-HD-1

Submitted on: 2/13/2018 5:10:55 PM

Testimony for CPC on 2/14/2018 2:00:00 PM

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

Comments:

LATE

HB-2184-HD-1

Submitted on: 2/13/2018 5:21:29 PM

Testimony for CPC on 2/14/2018 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
D Uehara	Individual	Support	No

Comments:

LATE

HB-2184-HD-1

Submitted on: 2/13/2018 5:24:03 PM

Testimony for CPC on 2/14/2018 2:00:00 PM

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

Comments:

Oppose. Let parents decide their health care options.

LATE

HB-2184-HD-1

Submitted on: 2/13/2018 5:45:47 PM
Testimony for CPC on 2/14/2018 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Amanda Lopez	Individual	Oppose	No

Comments:

LATE

HB-2184-HD-1

Submitted on: 2/13/2018 6:55:54 PM

Testimony for CPC on 2/14/2018 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Vanessa Knoepfel	Individual	Oppose	No

Comments:

I oppose this bill because it limits accessibility to families and criminalizes other individuals and midwives including cultural practitioners. As a women I should be able to make an informed decision.

LATE

To Whom It May Concern,

I am writing you to oppose HB 2184 HD1 and asking you to vote NO to this bill. There are many issues with this bill that need to be addressed and I want to speak to you, my representative for myself and my community at which I chose to live in, about a few of them.

- One of the issues in this bill is the issue of accessibility and the human right of choice. Don't we have a constitutional right, based on rights to privacy and choice, to choose with whom and where we give birth? Any woman in the state of Hawaii currently has the ability to choose which ever model of maternity, prenatal, neonatal and postpartum care they desire. An Obstetrician model of care in a hospital, Midwifery model of care within a hospital, and Unlicensed Midwifery model of care at home or any mix of these options are currently available. Every woman in this state has access to Licensed care with oversight if this is what they feel is best for them. Likewise women also currently have access to an unlicensed model of care.
- The issue of birthing has so many faucets because each woman, each infant, and each birth is unique. When you ask a woman to describe the births of her children she will give you a different story for each birth. That is because no two births are exactly the same just as no two persons are exactly the same. The unlicensed home birth midwives serving the birthing community have been trained, educated and taught to respect this uniqueness and understand the responsibility they have to adequately serve the women of this community while holding each other to standard. A standard of care that no License or Oversight can provide. These midwives provide every woman with the information needed to make a responsible decision when choosing the unlicensed midwifery model of care. They adequately provide information about their training, education, and experience within the birth field and only accept patients that full understand the model of care that they offer.
- This bill will change these choices and remove rights from woman in the state of Hawaii. Every woman should have the right to choose what works best for them and their families. Hawaii has some of the less restrictive laws for abortion that protect a woman's right for choice yet this bill still sits before you today. So I ask you why would you vote for this bill to take away a woman's right to chose what she knows is best for her, her body, her child, and her family? Your answer at this moment, like many is safety in this choice. Let me address that issue in an effort to help you to better understand the concern this bill poses.
- Safety in birthing for a Mother and Infant is an emotional debate. This is because safety is not always viewed on the same standard. I ask what form of safety are you trying to accomplish? Safety for the Mother? Safety for the infant? Or safety for the Licensed Professional? Answering these questions first matters. It is stated that Licensing and Oversight within the whole birthing community will provide safety. Licensing and Oversight is already used within the community hospitals and has many layers to it.
 - o If this provides safety then why are there Mothers and babies dying in our hospitals but not in homes within our community? There is not a single maternal death on record within the home birthing community regardless of the current licensing. This is because these experienced midwives commitment is to the mother and child first and foremost and not the licensing that they carry. (Many will speak to you about statics that very strongly support the home birthing unlicensed midwifery model of care.)
 - o If Licensing and oversight provide safety then why is Birth Rape on the rise in our State? Yes I said Birth Rape and it is something that is happening in our hospitals with providers that are licensed and have many layers of oversight. Birth Rape is when a woman's body is violated,

- usually in an aggressive manner without consent during the time of giving birth to her child. This form of abuse traumatizes a mother and adds a layer to recovery that is very challenging for a mother to overcome. These providers with a professional license are not stopped from abusing these women because they have more oversight. It's quite the opposite actually. They tend to get a free pass to act and behave in any manner they choose because of the protection of oversight in the hospitals. Oversight is protecting the licensed provider and not the mother in these situations. This is not the only issue.
- The medical model of oversight puts policy and procedure before the well being of many women and babies. Because no two births are exactly the same the procedures that may work in one situation may not be what works in another similar situation. For instance shoulder dystocia. There are about 5 different ways to handle this scenario that when handled wrong can leave an infant with broken bones (a common and acceptable outcome within the licensed medical model), brain damage and neurological damage of the infant, prolapse and long term damage of the reproductive organs of the mother to name a few. Many licensed professionals only know of 2 ways to handle this situation and statistically have very poor outcomes for both mother and baby. A lay midwife is trained, taught and given experience with many different ways to handle this scenario (as well as many other scenarios) with greater outcomes. This is relevant because you are asking midwives to be bound to a medical model of care that fails women on a daily basis leaving them to recover from unintended consequences. Many of these Licensed providers state that in these situation they had to choose between care for the mother and/or child and their responsibility to the policy and procedures that licensing requires or that they were not taught any other form of care to handle the scenario because 8 out 10 times their minimal training is good enough. I ask what about the other 2 times that they fail. How is oversight providing more safety for all woman and how would such licensing requirements and oversight in this issue provide more safety?
 - I know you may think I do not support the medical birthing community and this couldn't be farther from the truth. There is a need to have access to the licensed medical birthing model and their specialties. The oversight in this needs to be address to deal with its current issues. (Again that is for a different piece of legislation.) But just as import is access to an unlicensed midwifery model of care for many that have been traumatized and need to receive more individualized care than the Licensed model provides. This access is important for those that strongly feel birthing in a hospital is dangerous to them and their child. This access is also very import for those with strong religious preferences that cannot be obtained in a hospital under licensed care. This is relevant to this bill because forcing licensing removes this option for many woman for many reasons that many others in the community will address.

If you ask 10 women that chose a medical model of birth with a licensed professional, 7 out of those 10 will tell you a horror story. This is unacceptable and needs to be address. But that issue is for a different piece of legislation. However the point is relevant in that by voting 'YES' to this bill you are forcing women into an environment that may have a beautiful, meaningful, welcoming of their child or a horror story filled with terror, pain and grief. This experience also sets up a woman's postpartum recovery. Many women that suffer from a traumatizing experience under this model of care are more likely to experience postpartum depression. I ask you which outcome would you hope for your wife, child, or grandchildren and could you in good conscience comfort your loved ones that are unfortunate to have a bad experience knowing that there could have been other options?

Thank you for your time,

Candice Roberts

LATE

HB-2184-HD-1

Submitted on: 2/13/2018 8:51:52 PM

Testimony for CPC on 2/14/2018 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
edward clark	Individual	Oppose	No

Comments:

Aloha

As written his bill removes our birthing rights and is against human rights policy. It is not needed here in Hawaii nor wanted by the people nor its government, and statistically it is not even a health and safety issue. I strongly oppose this bill, and feel we should abandon this legislation to no longer waste our governments time, energy, and resources towards this issue now or in the future years to come.

A Hui Hou

Edward Clark

LATE

HB-2184-HD-1

Submitted on: 2/13/2018 8:53:49 PM

Testimony for CPC on 2/14/2018 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Charlene K. Rowley	Individual	Oppose	No

Comments:

With regards to Hb2184

Thank you for hearing the voices of those who will be directly affected and regulated by this bill especially native hawaiian practitioners who have no current process in place to comply with the terms of this bill and will there for once again be the least represented and most impacted group within our community due to the fact the Papa Ola Lokahi is not a certifying body but based more in an indigenous model of training and competency. If this bill passes to the next level please amend the requirement for "certification" for native hawaiian practitioners.



COMMITTEE ON CONSUMER PROTECTION & COMMERCE

Rep. Roy M. Takumi, Chair

Rep. Linda Ichiyama, Vice Chair

DATE: Wednesday, February 14, 2018

TIME: 2:00 P.M.

PLACE: Conference Room 329

STRONG SUPPORT FOR HB2184, Licensure of Midwives

Aloha Chair Takumi, Vice Chair Ichiyama and members,

The Coalition supports this bill as amended. It will ensure that midwives meet minimum training requirements for profession of midwifery based on world standards by the International Confederation of midwives. It will have the added benefit of increased collaboration among traditional and nontraditional maternal health providers, as midwives will be recognized licensed providers.

Many women want to use the services of a midwife but need to know that the person they select has met minimum education and training standards for midwifery. This bill would help in that regard.

As noted in other testimony, The Hawaii State Auditor's 2017 report stated midwifery practice met the criteria for the Hawaii Regulatory Licensing Reform Act that mandates that a profession require full licensure when the health, safety or welfare of consumers may be jeopardized by the service provided. Incompetent midwifery practice could result in harm or death to mother and baby, thus a clear need for regulation.

Please pass this bill out of committee.

Mahalo for the opportunity to testify,

Ann S. Freed Co-Chair, Hawai'i Women's Coalition

Contact: annsreed@gmail.com Phone: 808-623-5676

LATE

Dear Representative Takumi, Representative Ichiyama and committee members.

Thank you for the opportunity to testify in **strong support of HB2184_HD1**. I want to be clear this is my personal testimony and not on behalf of an organization.

I believe that regulating midwives through licensure will provide consumers with an opportunity to be knowledgeable about their care providers and the state will be given the opportunity to demonstrate it's commitment to the welfare of the public by ensuring minimum standards are met for a service that can result in potential harm or death to a mother and/or her child.

I am a certified nurse-midwife (CNM) and a licensed advanced practice registered nurse (APRN) in Hawai'i, and I work as a lactation consultant at a hospital. This bill does not benefit me directly as I already hold a license, and this bill will not open up midwife job opportunities for me. I am one of the 30+ CNMs who are licensed APRNs who cannot find work that utilizes my APRN skills in my own state; I do not view the licensed midwives as competition.

Working in the capacity of a CNM and as an international board certified lactation consultant (IBCLC) I have had the pleasure of working with many families who have chosen to birth in the community, both with licensed and unlicensed providers. I 100% support a person's right to choose their care provider and where they choose to receive these services. I have provided care for clients who needed a licensed provider to gain access to labs and tests covered by their insurance.

My concern is that since we have not defined the title "midwife" or the "practice of midwifery" in Hawai'i we allow any birth provider to identify themselves to clients and healthcare professionals as a "midwife" and performing "midwifery practice." However, the International Confederation of Midwives (ICM) does define what a midwife is and what the minimum standards are for the world. There are 113 countries that are members of ICM, ranging from Afghanistan to France to New Zealand to South Sudan to the United States. All three national US midwifery professional organizations are members.

I support informed choice and my experience has been that clients have not received an opportunity for a fully informed choice with all of the birth services they've received. I have provided care to clients who had conditions such as:

- miscarriages where the birth provider didn't know that a clients blood type should be drawn to be able to offer Rhogam to protect future pregnancies if it was appropriate and she desired it;
- gestational hypertension, pre-eclampsia, and severe pre-eclampsia where the birth providers were not able to identify that the mothers met these criteria sometimes resulting in ICU admissions;
- an undiagnosed twin where the provider thought it was a retained placenta
- breech presentation where the plan for the delivery was to "pull harder"
- oligohydramnios where the provider did not know the criteria, management or risks of it

My professional and personal opinion is a mother does not have access to an informed choice when she does not know what her condition is, what the risks are of treating vs not treating, what the management and treatment options are, which of those options the birth attendant can provide her and where she can receive the services the birth attendant cannot provide. Women

are the experts on themselves and one else has the right to make decisions for them. They are truly served and respected when providers meet minimum education and training standards to be a midwife in order to provide clients with information so that they can make the decision that is right for themselves.

These women that I worked with weren't informed by their provider so they didn't get to say "I understand I have this condition, these are the risks, these are the management and treatment options, you cannot provide the management and/or treatment options, I can receive them elsewhere and I choose not to." If a mother said that I would 100% support her decision because that is informed.

I don't believe it's being informed when clients don't know if their provider had any training in caring for mothers and babies, had only 1 lecture course and no clinical training, or have had their professional license removed in another state. The provider can say I have been delivering babies for this many years and women can feel comfortable by hearing that. Women don't necessarily know what the standards are or if their provider has the knowledge and skill to assist them if something is abnormal. Providing care for many years doesn't equal increased knowledge when there is no need to be accountable to clients or demonstrate continued education. This is demonstrated by some of our birth attendants informing mothers they taste the mothers urine to check for gestational diabetes, demonstrating a McRoberts maneuver and saying they just discovered it when it's been around for 30+ years, not taking blood pressures in pregnancy, or stating they were not aware an ultrasound can see a fetus at 8 weeks and date the pregnancy. I appreciate the honesty as we are all trying to perpetually learn more, and I believe clients deserve the opportunity to choose a provider who has demonstrated minimum competencies expected for the profession of midwifery. Without licensure it can be difficult for clients to wade through what type of birth provider they are receiving care from.

Last, I'd like to address Representative Tupola's committee comments from the Health and Human Services hearing. She posted a video after the hearing regarding these concerns and I responded with questions; unfortunately I did not receive a response before it appears she removed the video. I am providing her comments from the committee report here with questions for the Consumer Protection and Commerce committee to consider because I believe it's important in our dialogue regarding this complex topic.

"Your Committee further notes the concerns and remarks by the Minority Leader relating to this measure. The Minority Leader opposes this measure because of concerns regarding:

(1) Overregulation of midwifery

- My question: can the committee define what overregulation of midwifery looks like in a setting where there is no regulation in place?

(2) Apprehension that licensure may limit consumer choices, increase access disparities, diminish provider availability, and reduce quality of maternal child health care;

- My question: Can you identify how licensure creates the negatives listed above?
 - Currently consumers elect to seek services by licensed and unlicensed providers; HB2184_HD1 does not prohibit consumers from continuing to

exercise their right to choose their providers and there are no penalties for consumer choice.

- Re: access & provider availability – CPMs being licensed increases access to the midwife’s full scope. Unlicensed providers choosing to remain unlicensed have said in social media and in a public meeting they will continue to practice; some have practiced when it was regulated prior to 1999. Providers opposing legislation do not serve one specific culture or ethnicity to indicate a disproportionate disparity. Clients have testified they are able to practice their traditions with their provider; HB2184_HD1 does not prohibit the practice of birth traditions.
- Re: maternal care: CPMs obtaining licensure will get to practice to their fullest scope so this increases quality of care; unlicensed providers would not presumably reduce the quality of their care as they currently practice unlicensed.

(3) The capacity for a mother to exercise her choices; and

- My question: can the committee identify how HB2184_HD1 diminishes the capacity for a mother to exercise her choices?

(4) The good track record midwives have as a self-regulated practice.”

- My question: Can the committee define what a good track record means and identify what data we have to show a good track record midwives have as a self-regulated practice?
 - I disagree that “midwives” have a good track record as a self-regulated practice. I put midwife in quotes because my interpretation is its use is not according to the ICM definition of a midwife. We have community birth providers that don’t believe in nor participate in peer review, or that make statements in groups such as “maybe more babies are just supposed to die these days” rather than reflecting something could have been different, and who only formed a council from legislative pressure. I have witnessed on social media clients of community birth workers get verbally harassed and degraded, and attempts made to shut down the client’s voice when they were harmed. I believe it is out a demonstrated lack of self-regulation that we have found ourselves here moving forward to licensure.

Thank you for the opportunity to testify on this complex matter. There are many layers to peel back. I am listening to what is being said in order to hear people and I believe that we will find a way to honor our clients by ensuring their opportunity for informed choice is respected.

Sincerely,

Le’a Minton

LATE

HB-2184-HD-1

Submitted on: 2/13/2018 11:02:27 PM

Testimony for CPC on 2/14/2018 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Eiko Cusick	Individual	Oppose	No

Comments:

DATE: 2/13/18

TO: Honorable Senators Roy Takumi and Linda Ichiyama and Members of the Committee on Consumer Protection and Commerce

RE: HB2184 HD1 Relating to the licensure of midwives

POSITION: Oppose

With a background as a homebirth mother and homebirth midwife, I became a Certified Nurse-Midwife in order to support improved access to midwifery care for families. I support the intent of this bill to license Certified Professional Midwives and Certified Midwives in order to ensure adequate training and education, and provide access to midwifery care for more families. However, I cannot support a bill that will effectively criminalize, and remove from practice, skilled midwives who are already providing an essential service to families in Hawaii. I strongly support a woman's freedom to choose her birth attendant, and this bill, as it is written, will negatively impact a woman's choices.

I encourage the members of this committee to make Licensure of CPMs and CMs voluntary, and to protect and support women's freedom to choose their birth attendants and setting.

Thank you for your consideration.

Cheryl Eiko Cusick, MPH, CNM, IBCLC

LATE

HB-2184-HD-1

Submitted on: 2/13/2018 11:20:42 PM

Testimony for CPC on 2/14/2018 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Ariadne H. Luya	Individual	Support	No

Comments:

Dear Committee members,

Please vote in favor of licensing certified professional midwives in Hawaii. As a certified professional midwife that has worked in other states and countries, licensure allowed me to develop a full scope midwifery practice which is essential for safety. Hawaii's birthing populace deserves quality care that CPMs can provide especially in rural areas.

Very sincerely,

Ariadne H. Luya

POBox 632

Honokaa, HI 96727

LATE

HB-2184-HD-1

Submitted on: 2/14/2018 12:33:40 AM

Testimony for CPC on 2/14/2018 2:00:00 PM

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

Comments:

This bill was written out of Ignorance and Fear. Fear is usually driven from a LACK of understanding.

Who has the right to demand that a woman birth in one certain place? Its like saying that every woman has to wear the same "ONE SIZE FITS ALL" swim suite, and thats its going to fit and look great on them. UH- we all know that isn't going to work.

Passing this bill limits the RIGHTS given to women, and stating that the government knows what's best for the her, therefore taking away her rights to choose for herself what best for HER. Doesn't the Mother have the right to say where she wants to birth and whom she wants to share that experience with?

If you want a Mother to make the best decision for herself, ALLOW her **ALL** options available to make the best decision for herself.

Regulation never solved any problem. The only way to solve this problem is to EDUCATE oneself on the process of Birth. Not by passing this bill in fear from the LACK of KNOWLEDGE.

LATE

HB-2184-HD-1

Submitted on: 2/14/2018 1:39:17 AM

Testimony for CPC on 2/14/2018 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Alohi Aea	Individual	Oppose	Yes

Comments:

Aloha kakou,

I am a mother of three children, all of whom have been delivered at home with midwives, some of whom would not be allowed to practice should this bill pass. I oppose this bill for the following reasons:

1. This bill will greatly infringe on the rights of families who desire to experience something other than a hospital birth. Parents who choose to engage the services of midwives who are practicing outside of hospitals do so for many reasons, but our choices are made after contemplation, research, and, for an overwhelming majority of the families I know, prayer and spiritual consideration. This bill does not acknowledge the multiple paths to midwifery that women in our community take, and it would force some of our most beloved midwives to stop practicing or put their families under hardship while they jump through hoops to satisfy the conditions of this bill.
2. While there is an exemption for Native Hawaiian practitioners, this bill fails to protect those of other cultures who have entered midwifery through various channels. It fails to honor the generations of knowledge that exist in other lineages whose people have made Hawaii home. This generational knowledge ought to be acknowledged, preserved, and honored, as they are important to the constituents who are not Hawaiian.
3. This bill is too wide-reaching. Midwives who desire regulation from the state can be satisfied with a bill that is more specific and narrow. This bill will greatly affect a community that overwhelmingly has stated that they DO NOT want to be regulated. .
4. Birth should be as private or as public as those giving birth desire it to be. For mothers who want to work with practitioners who are regulated, there are channels available.

Every year this bill has come up, the stakeholders who are most affected and most intimately involved, the mothers who want to FREELY CHOOSE who they birth with, have come to testify with OVERWHELMING OPPOSITION to regulations.

Please protect our freedom to choose when, where, and with whom we give birth.

Mahalo nui,

Alohi Ae'a

LATE

HB-2184-HD-1

Submitted on: 2/14/2018 4:05:56 AM

Testimony for CPC on 2/14/2018 2:00:00 PM

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

Comments:

I Oppose HB2184 HD1 for the following reasons:

- (1) Overregulation of midwifery;
- (2) Apprehension that licensure may limit consumer choices, increase access disparities, diminish provider availability, and reduce quality of maternal child health care;
- (3) The capacity for a mother to exercise her choices; and
- (4) The good track record midwives have as a self-regulated practice.

LATE

HB-2184-HD-1

Submitted on: 2/14/2018 4:14:16 AM

Testimony for CPC on 2/14/2018 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Asia Gilchrist	Individual	Oppose	No

Comments:

HB2184 limits the rights for a person to choose a birth attendant with who they feel safe and cared for. Women must be able to be comfortable while giving birth to the next generation. The primary reason why infant mortality rates are increasing in the USA is due to regulations that inhibit freedom of choice in addition to unnecessary interventions.

Currently, there are no institutions that carry out training to facilitate the licensing of certified professional midwives. This would create a gap in care and inhibit access to skilled, knowledgeable birth attendants. Midwives would also have the burden of leaving the state in order to meet these regulations. This is an unrealistic expectation.

For these reasons, I oppose this bill and stand by a person's inherent rights to make informed, relevant and responsible choices for themselves and families.

LATE

HB-2184-HD-1

Submitted on: 2/14/2018 4:14:16 AM

Testimony for CPC on 2/14/2018 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Asia Gilchrist	Individual	Oppose	No

Comments:

HB2184 limits the rights for a person to choose a birth attendant with who they feel safe and cared for. Women must be able to be comfortable while giving birth to the next generation. The primary reason why infant mortality rates are increasing in the USA is due to regulations that inhibit freedom of choice in addition to unnecessary interventions.

Currently, there are no institutions that carry out training to facilitate the licensing of certified professional midwives. This would create a gap in care and inhibit access to skilled, knowledgeable birth attendants. Midwives would also have the burden of leaving the state in order to meet these regulations. This is an unrealistic expectation.

For these reasons, I oppose this bill and stand by a person's inherent rights to make informed, relevant and responsible choices for themselves and families.

HB-2184-HD-1

Submitted on: 2/14/2018 5:11:02 AM

Testimony for CPC on 2/14/2018 2:00:00 PM

LATE

Submitted By	Organization	Testifier Position	Present at Hearing
Lisa Kimura	Healthy Mothers Healthy Babies	Support	No

Comments:

Thank you for the opportunity to testify in support of HB 2184, which would establish the criteria for licensure of midwives by the Department of Commerce and Consumer Affairs. This bill would provide an interim rule for continuing education requirements, standards of professional conduct, prescriptive authority, and penalties for violation.

Healthy Mothers Healthy Babies Coalition of Hawaii (HMHB) supports this bill because we believe that all women deserve access to the highest quality and standards of health care. Additionally, midwives have been identified as a key resource in expanding access to women's and maternal health care in rural and/or under-served communities.

A midwife is categorized in three different types, Certified Nurse Midwife (CNM), Certified Midwife (CM), and Certified Professional Midwife (CPM) while only CNMs, who are registered nurses, are required to have a license under the Board of Nursing State of Hawaii. To keep up with licensure, CNMs are required to Continuing Medical Education (CME) and Continuing Education Units (CEU) by meeting the minimum requirements of emergency skills in pregnancy, birth and immediate postpartum, emergency skills for newborn care, and specific topics to midwifery care.

Certified Midwives and Certified Professional Midwives are recognized in the same scope of a CNM, except CMs are not allowed to work as a registered nurse and CPMs follow the scope of a CM, but are not allowed to prescribe any medications or assist in surgeries.

By passing this bill, we want to ensure that there is no prohibition placed upon cultural practitioners or traditional birth attendants; women deserve the sacred right to choose their own birth preferences, as well as receive access to quality health care. Women also deserve to receive informed consent, as well as access to providers that are well-trained and accountable to patient outcomes.

This bill would help ensure women have access to safe, licensed CPMs, unify the scope of practices of a midwife, and allow for CMs and CPMs to become licensed and be accounted for with CME and CEUs.

Thank you for the opportunity to testify and your consideration to pass this bill.

Lisa Kimura,

Executive Director

Healthy Mothers Healthy Babies

LATE

HB-2184-HD-1

Submitted on: 2/14/2018 7:29:21 AM

Testimony for CPC on 2/14/2018 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Stacey Moniz	Individual	Oppose	No

Comments:

Aloha and thank you for considering my **STRONG OPPOSITION** to HB2184. As a grandmother of two beautiful, thriving boys who were born at home, I've seen first hand the beauty and safety of homebirth with skilled, tho unlicensed, midwives. In attending a meeting of the midwives alliance, it was painfully clear to me that there is definitely not consensus among them that licensure is a good idea. I strongly urge you to consider making it an option, rather than a requirement. You must consider the reality that it is not possible to be licensed here in Hawaii which would exclude so many of our local, traditional, indigenous and apprenticed midwives. This is an unnecessary demand on a profession that goes back to the very first person born to this planet. How would you regulate a shaman? A kahunanui? Your grandmothers and greatgrandmothers who helped their sisters give birth at home? Home birth is natural. As a pro choice advocate all my life, I see this as part of the choice continuum. Thank you again for hearing my **STRONG OPPOSITION** to this bill. Mahalo!

Peace be the journey,
Stacey Moniz
'Ama to La`akea and Kamalu

LATE

HB-2184-HD-1

Submitted on: 2/14/2018 8:07:04 AM

Testimony for CPC on 2/14/2018 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Kaliko Amona	Individual	Oppose	No

Comments:

Aloha Representatives,

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 both hospitals and homes in multiple capacities—as a doula, friend, sister, and as a midwife's assistant.

I support optional 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

LATE

HB-2184-HD-1

Submitted on: 2/14/2018 9:34:17 AM

Testimony for CPC on 2/14/2018 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Summer Yadao	Individual	Oppose	No

Comments:

Aloha Committee Representatives,

Please OPPOSE HB 2184 HD1 as it is written.

There has not been enough COMMUNITY input on this bill language and the public is who you are serving to protect. If you have not received input from them before you think of passing this bill, then you are voting on your own bias and not listening to the people.

Please oppose this bill and allow for more comprehensive strategic planning to occur, making sure those profiting from birthing families in hospitals, don't have more authority than the birthing women and families.

Mahalo,

Summer Yadao

Mother of 3, two born in the hospital and one at home in Wai`anae, future midwife.

LATE

HB-2184-HD-1

Submitted on: 2/14/2018 9:53:44 AM

Testimony for CPC on 2/14/2018 2:00:00 PM

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

Comments:

LATE

HB-2184-HD-1

Submitted on: 2/14/2018 12:46:06 PM

Testimony for CPC on 2/14/2018 2:00:00 PM

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

Comments:

This is just another way of controlling women and their reproduction. **We are not dumb animals that you have to "protect" with control and licensure and regulation** - we know our midwives, and we choose them based on experience and proven skills and knowledge and trusted connections.

Whenever you try to control people, it never works out for you - what is the point of doing this?

The reality of the situation is as follows: **unlicensed midwives have MORE skills than nurse midwives**. Why? Because nurse midwives are trained for hospital-based interventions. Traditional midwives are skilled in HOME based interventions - meaning, non-surgical interventions for if a baby gets stuck or starts to hemorrhage or anything else that could go wrong, which is what we women want. My midwife, licensed in another state but unrecognized here, delivered by baby and provided counter-pressure during the pushing stage so that I WOULD NOT TEAR. What OBGYN or nurse midwife does that these days? None! Which is why we choose the midwives with these extraordinary skills instead.

We do NOT want all the interventions they force upon you in the hospitals, which is why we choose midwives. Doctors are just trying to keep your "birth" within these ridiculous arbitrary parameters, and if you go outside any of those lines, immediately they say.. induce... ! Which causes it's own horrific cascade of interventions that WE DO NOT WANT - unnecessary C-sections and medications.

Why are you trying to regulate the most natural thing in the whole world, the reason that every single animal and human is here? Whenever you get in the way of nature, you mess it up. You're making a mess for no reason. **Our midwives are busy delivering our babies and are established in their careers, they should not have to worry about this bureaucratic nonsense.**

Please get your nose out of where it doesn't belong. If you haven't had a home birth, you have no business trying to control it.

From: Bill Newton <bill@mile14.com>
Sent: Wednesday, February 14, 2018 6:08 PM
To: CPCtestimony
Subject: HB 2184 OPPOSITION TESTIMONY - WILLIAM NEWTON

Aloha my name is William Newton I'm an Ewa Beach resident, a business owner in my community and father of two Children who I'm proud to say were Born in our home on Ewa Beach Road.

We're only a generation or two away from members of family or friends that were still born at home with the help of a midwife or someone from the neighborhood who was there to help with a birth . It's nothing "new" or "trendy" it's something that's been done for a long time before child birth became a medical procedure.

My wife Rocio and I made an informed decision to birth at home with the assistance of a midwife. We didn't feel that having our children born in the hospital was any safer or that it would have been an experience we wanted. I'll just tell you birthing at home was beautiful experience for us both times. And that we really don't want to have it any other way.

We are "consumers" of the services of midwives. We don't feel that there is anything wrong with the way things are and we don't want to see it regulated.

Mahalo,
Bill Newton
(808) 689-6368

LATE



TO: Members of the Hawaii State House Committee on Consumer Protection & Commerce

FROM: American Osteopathic Association
Hawaii Association of Osteopathic Physicians and Surgeons

DATE: February 14, 2018

SUBJECT: House Bill 2184

The American Osteopathic Association (AOA) and the Hawaii Association of Osteopathic Physicians and Surgeons (HAOPS) are writing in opposition to HB 2184. This bill licenses and establishes a broad scope of practice for a “licensed midwife,” defined as a person who holds a certification as a “certified midwife” (CM) from the American Midwifery Certification Board (AMCB) or as a “certified professional midwife” (CPM) from the North American Registry of Midwives (NARM). Currently, only registered nurses (RNs) who have completed a master’s degree in nurse midwifery are eligible to independently deliver primary care services to patients as “certified nurse midwives” (CNMs) in Hawaii. This bill expands independent practice authority to CMs and CPMs, who are not nurses, without commensurate increases in education, training or competency demonstration requirements. The AOA and HAOPS believe that granting broad independent practice authority to a new class of practitioners without such requirements could place the health and safety of Hawaii patients at risk.

The AOA represents 137,000 osteopathic physicians (DOs) and medical students, promotes public health, encourages scientific research, serves as the primary certifying body for DOs and is the accrediting agency for osteopathic medical schools. More information on DOs/osteopathic medicine can be found at www.osteopathic.org. HAOPS is a professional medical organization that represents over 300 DOs providing patient care in Hawaii.

The AOA and HAOPS support the “team” approach to medical care because the physician-led medical model ensures that professionals with complete medical education and training are adequately involved in patient care. While we value the contributions of all health care providers to the health care delivery system, we believe any expansion of CMs’ and CPMs’ authority to provide services to patients without appropriate oversight should be directly related to additional education, training and competency demonstration requirements.

Osteopathic medical education includes:

- **Four years of medical school**, which includes two years of didactic study totaling upwards of **750 lecture/practice learning hours** just within the first two years, plus two more years of clinical rotations done in community hospitals, major medical centers and doctors’ offices.

- **12,000 to 16,000 hours of supervised postgraduate medical education**, i.e., residencies, where DOs develop advanced knowledge and clinical skills relating to a wide variety of patient conditions.
- **Hawaii-licensed physicians** must complete **40 continuing medical education hours every two years.**

In order to practice as a “licensed midwife,” this bill requires that applicants hold a CM certification from the AMCB or a CPM certification from the NARM. AMCB accredits several types of programs whose requirements vary significantly, while individuals who apprenticed with a midwife but have not completed any formal schooling are eligible for NARM certification. Further, this bill only requires licensed midwives to complete ten hours of continuing education every three years and imposes no postgraduate education requirements.

Requirements for AMCB-certified CMs:¹

- **A graduate degree** from a program accredited by the Accreditation Commission for Midwifery Education (ACME).
- ACME-accredited graduate programs **vary significantly** in terms of **curricula, length, delivery method and degree type**; CMs can complete a Master of Science at Bethel University, for example, almost entirely **online in less than two years.**²

Requirements for NARM-certified CPMs:³

- CPMs *may attend a midwifery program* or school, but it is **not required**.
- **In lieu of formal schooling**, CPMs may **apprentice with another midwife** and document completion of the NARM’s Portfolio Evaluation Process (PEP).⁴
- The PEP requires completion of **informal** education and attendance at 10 - 20 births as an “observer,” an “assistant” and a “primary under supervision” by another midwife.⁵

This bill allows CMs and CPMs to indendently:

- Provide primary care services and manage health care for women and newborns;
- Develop, implement and evaluate a plan of care;
- Supervise and delegate tasks to other personnel;
- Provide midwifery via telemedicine;
- Conduct advanced assessments;
- Diagnose, prescribe, select and administer therapeutic measures including legend drugs;

¹ <http://www.amcbmidwife.org/docs/default-document-library/candidate-handbook---updated-september-1-2017.pdf?sfvrsn=2>. (p. 7)

² http://www.midwife.org/acnm/files/ccLibraryFiles/Filename/000000006602/ProgramStructureTable_v2.pdf.

³ <http://narm.org/entry-level-applicants/>.

⁴ <http://narm.org/pdffiles/AppForms/PEP-ELInstructions.pdf>.

⁵ <http://narm.org/pdffiles/CIB.pdf>. (p. 7)

- Order, interpret and perform diagnostic, screening and therapeutic examinations and procedures; and
- Consult with and refer patients to other health care providers *as appropriate*.

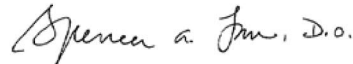
Health professionals' scope of practice must be based on their level of training, education, experience and examination. Allowing CMs and CPMs who have completed minimal educational requirements (which may be done online or via individualized study) to independently care for women throughout pregnancy and delivery, and recognize complications which may be beyond the scope of their education, could place the public health and safety at risk.

We appreciate your consideration of our concerns regarding HB 2184. Should you need any additional information, please feel free to contact Raine Richards, JD, Director of State Government Affairs at r-richards@osteopathic.org or (312)-202-8199.

Sincerely,



Mark A. Baker, DO
President, AOA



Spencer Lau, DO
President, HAOPS

CC: William S. Mayo, DO, President-elect, AOA
Joseph M. Yasso, Jr., DO, Chair, Department of Governmental Affairs, AOA
Thomas L. Ely, DO, Chair, Bureau of State Government Affairs, AOA
Adrienne White-Faines, MPA, Chief Executive Officer, AOA
David Pugach, JD, Senior Vice President, Public Policy, AOA
Raine Richards, JD, Director, State Government Affairs, AOA
Samyuktha Gumidyala, MPH, Affiliate Executive, HAOPS

LATE

HAWAII MIDWIFERY COUNCIL

‘A‘OHE HANA NUI KE ALU ‘IA.

EST. 2015

Aloha Honorable Vice Chair Linda Ichiyama,

The Hawai‘i Midwifery Council represents midwives and homebirthing parents across the state. I am writing you today to urge you to OPPOSE HB2184, relating to the licensure and regulation of midwives.

Women have been giving birth since the beginning of mankind. These women were attended by other women who held the wisdom and knowledge of the ancestors. These highly skilled women are called traditional midwives. It wasn't until 1995 that the first CPM (Certified Professional Midwife) certification was handed out.

In the last 100 years we have seen the medical establishment try to take what is an innate biological process and turn it into a medical procedure. While many women choose to have their babies in the hospital, there are many women who feel more comfortable birthing in their own homes. It is our advocacy that ALL women must retain the right to choose which type of midwife attends them during this deeply intimate time.

Passing non-inclusive legislation would make 100% of our state's traditional midwives illegal. Many of these are the elders of our community that predate the CPM certification. Still yet, as written, this bill makes most of the CPM midwives illegal unless they seek a very expensive additional certificate that is NOT available in Hawai‘i. There are no midwife schools in Hawai‘i and the distance learning programs are very expensive and require traveling to the mainland for completion.

I am a midwife exclusively trained in Hawai‘i. I was an apprentice with 2 elder midwives for 8 years before becoming a primary midwife. I have now been in practice on the Big Island as a primary midwife for 13 years. During my career I have had the great honor of attending over 300 moms as they gave birth to their children in their own homes. This bill would make me illegal. This bill would make our state's elders illegal. This bill would limit a woman's right to choose.

If legislation passes that makes our midwives illegal, where do the women in our rural communities turn? I hear many women say they would have an unassisted homebirth rather than go to the hospital. I feel we can all agree this is not a safer option.

Anytime there is a birth that has an unfavorable outcome, there is a vigorous investigation process conducted by local law enforcement. Sworn statements are taken by everyone in attendance. If a midwife was found to be negligent during this investigation, she would be held accountable.

Hawai‘i is and has always been a unique place where we honor so many cultures and their traditions. We owe it to every birthing parent to honor their culture and their ohana's birthing traditions. We owe it to our daughters to fight for their birth rights! Birth rights are WOMEN'S rights!

Please OPPOSE HB2184

Mahalo for your time,

Rachel Curnel Struempf, DEM

Hawai‘i Midwifery Council President

(808)990-8025

Hawaiimidwiferycouncil@gmail.com

LATE

ichiyama2 - Naomi

From: Cody Lestelle <lestelle@hawaii.edu>
Sent: Thursday, February 15, 2018 7:40 AM
To: CPCtestimony
Subject: RE: HB 2184HD1 Relating to the Licensure of Midwives IN OPPOSITION

Aloha,

Please include the following testimony and, if you can, provide me with a link where I can find it once the PDF is compiled and uploaded. Also please do not write LATE in big red letters on it as I have seen elsewhere. Because this is a follow up to what I spoke to in person, on time as far as I can tell, I don't think it would be fair to characterize it as such. Thank you!

-Cody

BEGIN:

From: Cody Lestelle
lestelle@hawaii.edu

For Honorable House Chair Roy Takumi, Vice Chair Linda Ichiyama and Committee members Henry Aquino, Ken Ito, Aaron Johanson, matthew LoPresti, John Mizuno, Calvin Say, James Tokioka, Ryan Yamane, Bob McDermott

Hearing date 2-14-18, 2:00 pm Rm 329

RE: HB 2184HD1 Relating to the Licensure of Midwives

IN OPPOSITION

To Whom It May Concern:

I, Cody Lestelle, oppose HB 2184HD1 and any other futures bills that aim to establish and expand licensure and policing or regulation of midwifery in Hawai'i Nei by the fake, illegal State of Hawai'i. I am in opposition for the following distinct but interrelated reasons:

1. The State of Hawai'i does not have the legitimate political authority to make any laws because it is the result of the illegal overthrow of the Kingdom of Hawai'i orchestrated by a collusion of U.S. business and political interests. It is neither a democratic political institution nor can it claim authority based in superior knowledge of how to successfully and sustainably govern. Therefor any actions it takes to further the destruction of cultural knowledges and ways of being and to expand the policing role of the state over the births and lives of the maka'āinana can be seen as acts of aggression.
2. The licensure of midwifery—in general beginning with the Witch Hunts in Europe and today with this and similar bills in Hawai'i—is likewise motivated by the collusion of business and political interests and is neither the result of democratic, popular, political will nor can the bodies who would facilitate licensure claim authority based in superior knowledge. [see extensive quotes from sources at the end of this testimony]

- a. The modern Western clinic and the profession of doctor owe their current positions at the top of the hierarchy of health expertise in the legal structures of the United States not to superior knowledge of healing over midwives and other “alternative” and traditional practitioners but to an extremely brutal and patriarchal war against other ways of knowing and living that dates *backat least* to the Witch Hunts in Europe.
- b. The doctor was created and grew as a new profession when traditional midwifery was outlawed and medical licenses were created as a mechanism to enforce the exclusive dominion of doctors as controllers of life and death on behalf of European aristocratic, capitalist, and mercantilist interests over the common peoples of the lands.
- c. By imposing a licensure structure that is so closely embedded with the medical establishment, more of a hard line distinction between health workers and consumers would be drawn where the workers gain their authority thanks to approval by a still patriarchal medical establishment and the consumers—i.e. general population—are designated as inherently unqualified to make decisions about their/our own bodies and children. This is a wedge which already exists because of the imposition of modern/colonial medicine but which the home birthing community in Hawai‘i has been making some major progress in undoing by creating an effective and expanding sphere of self-knowledge of birth and the body. The more people have knowledge of our bodies and birth, the safer society is going to be for birthing mothers and children. At present, home birth moms often begin the path to become midwives because of the empowerment offered by this process. Knowledge is one of those things that when shared, it only deepens and expands rather than depleting. Licensure would sabotage the present process of growing these crucial-to-life knowledges by creating unnecessary financial and legal barriers to practice that serve to protect the ill-gotten monopoly on medical practice help by doctors and hospitals more than they do to keep anyone safe from the negative consequences of unregulated midwifery.

3. The existing history of licensure and regulation of midwifery in Hawai‘ i is extremely imperialist and racist. There is nothing in this bill currently that reflects an understanding of that history or context or any commitment to challenging that genocidal legacy. This legacy should be challenged, unearthed, and reversed to whatever extent possible—not extended or ignored.

- a. On regulation of midwifery in Hawai‘i and imperialism, see the following from Susan Lynn Smith’s *Japanese American Midwives: Culture, Community, and Health Politics, 1880-1950*(2005):

What kind of social history evidence can we locate that reveals imperial politics not only in terms of states, but also in human terms as a clash of cultures? How do we get from the local stories of birth attendants to larger political struggles? The connection between midwifery and imperialism is, of course, babies. Japanese immigrant midwives facilitated the reproduction of American citizens and workers at a time when relations between Japan and the United States were in constant flux. The U.S. government was wary of the Japanese, and eventually Japanese immigrant reproduction came to be seen as potentially antagonistic to American control of the Hawaiian Islands.

Fears about the Japanese presence in Hawai‘i escalated with the immigration of Japanese women. As on the mainland, the number of female immigrants increased after the Gentlemen’s Agreement of 1907–1908. This agreement was a compromise worked out between the United States and Japan to appease anti-Japanese critics. Japanese women’s arrival in Hawai‘i—more than 14,000 came from 1907 to 1923—contributed to a dramatic population increase and signaled the Japanese intention to settle permanently. At this time there was concern that the Japanese would “overwhelm the Territory numerically, politically, and commercially,” and they were alleged to have a higher birth rate than any other ethnic group on the islands. It is true

that Hawai'i's Japanese population more than doubled, from about 60,000 in 1900 to more than 150,000 by the outbreak of World War II. Furthermore, although under American law Japanese immigrants were denied the right to become naturalized U.S. citizens, critics argued that the immigrants' children represented a threat to the elite of Hawai'i and American national security. After 1900 children born in Hawaii were entitled to American citizenship. Therefore, the children of Japanese immigrants were entitled to the right to vote and could one day control Hawaiian politics and undermine planter power. Thus, for at least some elites, Japanese immigrants and their children were seen as part of the "yellow peril" that threatened to conquer and colonize the Pacific, a task the United States reserved for itself.

(Smith, 2005, pp. 109-110)

4. It is completely unacceptable to minimize the concerns of people in opposition of this bill and to characterize it, as was reported by multiple people who overheard a committee member saying from before, as "just a bunch of emotional women." The misogynist and patriarchal attitude of whatever committee member(s) from this, the last, or future committees poses an extreme threat to the current and future life and lives on earth, including the life and lives of those who harbor such an attitude. Earth is currently undergoing what is being called the Sixth Great Extinction and the first to be caused by human activity. We are experiencing this because of technological advancements and mass commercialization and industrialization of the planet all enabled by 'logical' and 'rational' ways of knowing that somewhere severed themselves from the 'emotional' ways of knowing that would have prevented us from arriving at this precarious moment in time had their wisdom been honored rather than exterminated. Emotion is a legitimate way of knowing and is not in contradiction to logic. Making that categorization and hierarchy in the first place is a political maneuver to justify very illogical and emotionally disturbing actions that have much more to do with maintaining current comforts than with any commitment to justice, truth, or genuine public safety.

5. Rather than expanding the reach and rights of the medical establishment and the state deeper into the most intimate spheres of our lives in the name of safety—something it is evidently not capable of guaranteeing anyways—why not instead create a bill that would fund the proliferation of intimate knowledges of our bodies, birth and living? Instead of enacting epistemicide further against non-Western paradigms of being, birthing, caring and living why not focus on supporting the proliferation and (re)generation of knowledges capable of addressing the crises created by industrial civilization?

Due to severe limits on my own time and energy as sole-provider for my family studying in a doctorate program, I have not been able to refine and complete this testimony to the degree that the scope of the topic warrants. I am well aware that my claims and argument here are likely to cause confusion or be easily misunderstood by anyone not already sharing a similar knowledge of these histories. If my claims are not understood by the committee or anyone else who happens across this testimony, I urge you to get in touch with me directly by using my email above to seek clarification—the stakes are high and the situation urgent. I will end with extensive excerpts from two key sources on the subject and a list of recommended sources.

Here are my selected excerpts for the committee from *Caliban and the Witch*:

Population Decline, Economic Crisis, and the Disciplining of Women

Within less than a century from the landing of Columbus on the American continent, the colonizers' dream of an infinite supply of labor (echoing the explorers' estimate of an "infinite number of trees" in the forests of the Americas) was dashed.

Europeans had brought death to America. Estimates of the population collapse which affected the region in the wake of the colonial invasion vary. But scholars almost unanimously liken its effects to an "American Holocaust." According to David Stannard (1992), in the century after the Conquest, the population declined by 75 million across South America, representing 95% of its inhabitants (1992:268-305). This is also the estimate of Andre Gunder Frank who writes that "within little more than a century, the Indian population declined by ninety percent and even ninety-five percent in Mexico, Peru, and some other regions" (1978:43). In Mexico, the population fell "from 11 million in 1519 to 6.5 million in 1565 to about 2.5 million in 1600" (Wallerstein 1974: 89n). By 1580 "disease... assisted by Spanish brutality, had killed off or driven away most of the people of the Antilles and the lowlands of New Spain, Peru and the Caribbean littoral" (Crosby:1972:38), and it would soon wipe out many more in Brazil. The clergy rationalized this "holocaust" as God's punishment for the Indians' "bestial" behavior (Williams 1986:138); but its economic consequences were not ignored. In addition, by the 1580s, population began to decline also in western Europe, and continued to do so into the 17th century, reaching a peak in Germany where one third of the population was lost.

With the exception of the Black Death (1345—1348), this was a population crisis without precedents, and statistics, as awful as they are, tell only a part of the story. Death struck at "the poor." It was not the rich, for the most part, who perished when the plague or the smallpox swept the towns, but craftsmen, day-laborers and vagabonds (Kamen 1972: 32—33). They died in such numbers that their bodies paved the streets, and the authorities denounced the existence of a conspiracy, instigating the population to hunt for the malefactors. But the population decline was also blamed on low natality rates and the reluctance of the poor to reproduce themselves. To what extent this charge was justified is difficult to tell, since demographic recording, before the 17th century, was rather uneven. But we know that by the end of the 16th century the age of marriage was increasing in all social classes, and that, in the same period, the number of abandoned children — a new phenomenon — started to grow. We also have the complaints of ministers who from the pulpit charged that the youth did not marry and procreate, in order not to bring more mouths into the world than they could feed.

The peak of the demographic and economic crisis were the decades of the 1620s and 1630s. In Europe, as in the colonies, markets shrank, trade stopped, unemployment became widespread, and for a while there was the possibility that the developing capitalist economy might crash. For the integration between the colonial and European economies had reached a point where the reciprocal impact of the crisis rapidly accelerated its course. This was the first international economic crisis. It was a "General Crisis," as historians have called it (Kamen 1972:307ff.; Hackett Fischer 1996:91).

It is in this context that the question of the relation between labor, population, and the accumulation of wealth came to the foreground of political debate and strategy to produce the first elements of a population policy and a "bio-power" regime.⁵⁷ The crudeness of the concepts applied, often confusing "populousness" with "population,"⁵⁸ and the brutality of the means by which the state began to punish any behavior obstructing population growth, should not deceive us in this respect. It is my contention that it was the population crisis of the 16th and 17th- centuries, not the end of famine in Europe in the 18th (as Foucault has argued) that turned reproduction and population growth into state matters, as well as primary objects of intellectual discourse. I further argue that the intensification of the persecution of "witches," and the new disciplinary methods that the state adopted in this period to regulate procreation and break women's control over reproduction, are also to be traced to this crisis. The evidence for this argument is circumstantial, and it should be recognized that other factors contributed to increase the determination of the European power-structure to control more strictly women's reproductive function. Among them, we must include the increasing privatization of property and economic relations that (within the bourgeoisie) generated a new anxiety concerning the question of

paternity and the conduct of women. Similarly, in the charge that witches sacrificed children to the devil — a key theme in the "great witch-hunt" of the 16th and 17th centuries — we can read not only a preoccupation with population decline, but also the fear of the propertied classes with regard to their subordinates, particularly low-class women who, as servants, beggars or healers, had many opportunities to enter their employers' houses and cause them harm. It cannot be a pure coincidence, however, that at the very moment when population was declining, and an ideology was forming that stressed the centrality of labor in economic life, severe penalties were introduced in the legal codes of Europe to punish women guilty of reproductive crimes.

The concomitant development of a population crisis, an expansionist population theory, and the introduction of policies promoting population growth is well-documented. By the mid-16th century the idea that the number of citizens determines a nation's wealth had become something of a social axiom. "In my view," wrote the French political thinker and demonologist Jean Bodin, "one should never be afraid of having too many subjects or too many citizens, for the strength of the commonwealth consists in men" (*Commonwealth*, Book II). The Italian economist Giovanni Botero (1533-1617) had a more sophisticated approach, recognising the need for a balance between the number of people and the means of subsistence. Still, he declared that "the greatness of a city" did not depend on its physical size or the circuit of its walls, but exclusively on the number of its residents. Henry IV's saying that "the strength and wealth of a king lie in the number and opulence of his citizens" sums up the demographic thought of the age.

Concern with population growth is detectable also in the program of the Protestant Reformation. Dismissing the traditional Christian exaltation of chastity, the Reformers valorized marriage, sexuality, and even women because of their reproductive capacity. Woman is "needed to bring about the increase of the human race," Luther conceded, reflecting that "whatever their weaknesses, women possess one virtue that cancels them all: they have a womb and they can give birth" (King 1991:115). Support for population growth climaxed with the rise of Mercantilism which made the presence of a large population the key to the prosperity and power of a nation. Mercantilism has often been dismissed by mainstream economists as a crude system of thought because of its assumption that the wealth of nations is proportional to the quantity of laborers and money available to them. The brutal means which the mercantilists applied in order to force people to work, in their hunger for labor, have contributed to their disrepute, as most economists wish to maintain the illusion that capitalism fosters freedom rather than coercion.

It was a mercantilist class that invented the work-houses, hunted down vagabonds, "transported" criminals to the American colonies, and invested in the slave trade, all the while asserting the "utility of poverty" and declaring "idleness" a social plague. Thus, it has not been recognized that in the mercantilists' theory and practice we find the most direct expression of the requirements of primitive accumulation and the first capitalist policy explicitly addressing the problem of the reproduction of the work-force. This policy, as we have seen, had an "intensive" side consisting in the imposition of a totalitarian regime using every means to extract the maximum of work from every individual, regardless of age and condition. But it also had an "extensive one" consisting in the effort to expand the size of population, and thereby the size of the army and the work-force.

As Eli Hecksher noted, "an almost fanatical desire to increase population prevailed in all countries during the period when mercantilism was at its height, in the later part of the 17th century" (Heckscher 1966: 158). Along with it, a new concept of human beings also took hold, picturing them as just raw materials, workers and breeders for the state (Spengler 1965: 8). But even prior to the heyday of mercantile theory, in France and England the state adopted a set of pro-natalist measures that, combined with Public Relief, formed the embryo of a capitalist reproductive policy. Laws were passed that put a

premium on marriage and penalized celibacy, modeled on those adopted by the late Roman Empire for this purpose. The family was given a new importance as the key institution providing for the transmission of property and the reproduction of the work-force. Simultaneously, we have the beginning of demographic recording and the intervention of the state in the supervision of sexuality, procreation, and family life.

But the main initiative that the state took to restore the desired population ratio was the launching of a true war against women clearly aimed at breaking the control they had exercised over their bodies and reproduction. As we will see later in this volume, this war was waged primarily through the witch-hunt that literally demonized any form of birth-control and non-procreative sexuality, while charging women with sacrificing children to the devil. But it also relied on the redefinition of what constitutes a reproductive crime. Thus, starting in the mid-16th century, while Portuguese ships were returning from Africa with their first human cargoes, all the European governments began to impose the severest penalties against contraception, abortion and infanticide.

This last practice had been treated with some leniency in the Middle Ages, at least in the case of poor women; but now it was turned into a capital crime, and punished more harshly than the majority of male crimes.

In sixteenth century Nuremberg, the penalty for maternal infanticide was drowning; in 1580, the year in which the severed heads of three women convicted of maternal infanticide were nailed to the scaffold for public contemplation, the penalty was changed to beheading (King 1991:10).

New forms of surveillance were also adopted to ensure that pregnant women did not terminate their pregnancies. In France, a royal edict of 1556 required women to register every pregnancy, and sentenced to death those whose infants died before baptism after a concealed delivery, whether or not proven guilty of any wrongdoing. Similar statutes were passed in England and Scotland in 1624 and 1690. A system of spies was also created to surveil unwed mothers and deprive them of any support. Even hosting an unmarried pregnant woman was made illegal, for fear that she might escape the public scrutiny; while those who befriended her were exposed to public criticism (Wiesner 1993:51—52; Ozment 1983:43).

As a consequence women began to be prosecuted in large numbers, and more were executed for infanticide in 16th and 17th-century Europe than for any other crime, except for witchcraft, a charge that also centered on the killing of children and other violations of reproductive norms. Significantly, in the case of both infanticide and witchcraft, the statutes limiting women's legal responsibility were lifted. Thus, women walked, for the first time, into the courtrooms of Europe, in their own name as legal adults, under charge of being witches and child murderers. Also the suspicion under which midwives came in this period — leading to the entrance of the male doctor into the delivery room — stemmed more from the authorities' fears of infanticide than from any concern with the midwives' alleged medical incompetence.

With the marginalization of the midwife, the process began by which women lost the control they had exercised over procreation, and were reduced to a passive role in child delivery, while male doctors came to be seen as the true "givers of life" (as in the alchemical dreams of the Renaissance magicians). With this shift, a new medical practice also prevailed, one that in the case of a medical emergency prioritized the life of the fetus over that of the mother. This was in contrast to the customary birthing process which women had controlled; and indeed, for it to happen, the community of women that had gathered around the bed of the future mother had to be first expelled from the delivery room, and midwives had to be placed under the surveillance of the doctor, or had to be recruited to police women.

In France and Germany, midwives had to become spies for the state, if they wanted to continue their practice. They were expected to report all new births, discover the fathers of children born out of wedlock, and examine the women suspected of having secretly given birth. They also had to examine suspected local women for any sign of lactation when foundlings were discovered on the Church's steps (Wiesner 1933:52). The same type of collaboration was demanded of relatives and neighbors. In Protestant countries and towns, neighbors were supposed to spy on women and report all relevant sexual details: if a woman received a man when her husband was away, or if she entered a house with a man and shut the door behind her (Ozment 1983:42-44). In Germany, the pro-natalist crusade reached such a point that women were punished if they did not make enough of an effort during child delivery or showed little enthusiasm for their offspring (Rublack 1996:92).

The outcome of these policies that lasted for two centuries (women were still being executed in Europe for infanticide at the end of the 18th century) was the enslavement of women to procreation. While in the Middle Ages women had been able to use various forms of contraceptives, and had exercised an undisputed control over the birthing process, from now on their wombs became public territory, controlled by men and the state, and procreation was directly placed at the service of capitalist accumulation.

In this sense, the destiny of West European women, in the period of primitive accumulation, was similar to that of female slaves in the American colonial plantations who, especially after the end of the slave-trade in 1807, were forced by their masters to become breeders of new workers. The comparison has obviously serious limits. European women were not openly delivered to sexual assaults — though proletarian women could be raped with impunity and punished for it. Nor had they to suffer the agony of seeing their children taken away and sold on the auction block. The economic profit derived from the births imposed upon them was also far more concealed. In this sense, it is the condition of the enslaved woman that most explicitly reveals the truth and the logic of capitalist accumulation. But despite the differences, in both cases, the female body was turned into an instrument for the reproduction of labor and the expansion of the work-force, treated as a natural breeding machine, functioning according to rhythms outside of women's control.

(Federici, 2004, pp. 98-103)

And here my selected excerpts from *Witches, Midwives, & Nurses*:

...we looked at two separate, important phases in the male takeover of health care: the suppression of witches in medieval Europe, and the rise of the male medical profession in 19th century America (Enhenreich and English, 1973, p. 5).

When faced with the misery of the poor, the Church turned to the dogma that experience in this world is fleeting and unimportant. But there was a double standard at work, for the Church was not against medical care for the upper class. Kings and nobles had their court physicians who were men, sometimes even priests. The real issue was control: Male upper class healing under the auspices of the Church was acceptable, female healing as part of a peasant subculture was not. The Church saw its attack on peasant healers as an attack on magic, not medicine. The devil was believed to have real power on earth, and the use of that power by peasant women—whether for good or evil—was frightening to the Church and State. The greater their satanic powers to help themselves, the less they were dependent on God and the Church and the more they were potentially able to use their powers against God's order. Magic charms were thought to be at least as effective as prayer in healing the sick, but prayer was Church-sanctioned and controlled while incantations and charms were not. Thus magic cures, even when successful, were

an accursed interference with the will of God, achieved with the help of the devil, and the cure itself was evil. There was no problem in distinguishing God's cures from the devil's, for obviously the Lord would work through priests and doctors rather than through peasant women.

The wise woman, or witch, had a host of remedies which had been tested in years of use. Many of the herbal remedies developed by witches still have their place in modern pharmacology. They had pain-killers, digestive aids and anti-inflammatory agents. They used ergot for the pain of labor at a time when the Church held that pain in labor was the Lord's just punishment for Eve's original sin. Ergot derivatives are the principal drugs used today to hasten labor and aid in the recovery from childbirth. Belladonna—still used today as an antispasmodic—was used by the witch-healers to inhibit uterine contractions when miscarriage threatened. Digitalis, still an important drug in treating heart ailments, is said to have been discovered by an English witch. Undoubtedly many of the witches' other remedies were purely magical, and owed their effectiveness—if they had any—to their reputation.

The witch-healer's methods were as great a threat (to the Catholic Church, if not the Protestant) as her results, for the witch was an empiricist: She relied on her senses rather than on faith or doctrine, she believed in trial and error, cause and effect. Her attitude was not religiously passive, but actively inquiring. She trusted her ability to find ways to deal with disease, pregnancy and childbirth—whether through medications or charms. In short, her magic was the science of her time.

The Church, by contrast, was deeply anti-empirical. It discredited the value of the material world, and had a profound distrust of the senses. There was no point in looking for natural laws that govern physical phenomena, for the world is created anew by God in every instant. Kramer and Sprenger, in the *Malleus*, quote St. Augustine on the deceptiveness of the senses:

. . . Now the motive of the will is something perceived through the senses or the intellect, both of which are subject to the power of the devil. For St. Augustine says in Book 83: This evil, which is of the devil, creeps in by all the sensual approaches; he places himself in figures, he adapts himself to colors, he attaches himself to sounds, he lurks in angry and wrongful conversation, he abides in smells, he impregnates with flavours and fills with certain exhalations all the channels of the understanding.

The senses are the devil's playground, the arena into which he will try to lure men away from Faith and into the conceits of the intellect or the delusions of carnality.

In the persecution of the witch, the anti-empiricist and the misogynist, anti-sexual obsessions of the Church coincide: Empiricism and sexuality both represent a surrender to the senses, a betrayal of faith. The witch was a triple threat to the Church: She was a woman, and not ashamed of it. She appeared to be part of an organized underground of peasant women. And she was a healer whose practice was based in empirical study. In the face of the repressive fatalism of Christianity, she held out the hope of change in this world.

The Rise of the European Medical Profession

While witches practiced among the people, the ruling classes were cultivating their own breed of secular healers: the university-trained physicians. In the century that preceded the beginning of the "witch-craze"—the thirteenth century—European medicine became firmly established as a secular science and a profession. The medical profession was actively engaged in the elimination of female healers—their exclusion from the universities, for example—long before the witch-hunts began. For eight long centuries, from the fifth to the thirteenth, the other-worldly, anti-medical stance of the Church had stood in the way of the development of medicine as a respectable profession. Then, in the 13th century, there was a revival of learning, touched off by contact with the Arab world. Medical schools appeared in the universities, and more and more young men of means sought medical training. The church imposed strict controls on the new profession, and allowed it to develop only within the terms set by Catholic

doctrine. University-trained physicians were not permitted to practice without calling in a priest to aid and advise them, or to treat a patient who refused confession. By the fourteenth century their practice was in demand among the wealthy, as long as they continued to take pains to show that their attentions to the body did not jeopardize the soul. In fact, accounts of their medical training make it seem more likely that they jeopardized the body.

There was nothing in late medieval medical training that conflicted with church doctrine, and little that we would recognize as "science." Medical students, like other scholarly young gentlemen, spent years studying Plato, Aristotle and Christian theology. Their medical theory was largely restricted to the works of Galen, the ancient Roman physician who stressed the theory of "complexions" or "temperaments" of men, "wherefore the choleric are wrathful, the sanguine are kindly, the melancholy are envious," and so on. While a student, a doctor rarely saw any patients at all, and no experimentation of any kind was taught. Medicine was sharply differentiated from surgery, which was almost everywhere considered a degrading, menial craft, and the dissection of bodies was almost unheard of.

Confronted with a sick person, the university-trained physician had little to go on but superstition. Bleeding was a common practice, especially in the case of wounds. Leeches were applied according to the time, the hour, the air, and other similar considerations. Medical theories were often grounded more in "logic" than in observation: "Some foods brought on good humours, and others, evil humours. For example, nasturtium, mustard, and garlic produced reddish bile; lentils, cabbage and the meat of old goats and beeves begot black bile." Incantations, and quasi-religious rituals were thought to be effective: The physician to Edward II, who held a bachelor's degree in theology and a doctorate in medicine from Oxford, prescribed for toothache writing on the jaws of the patient, "In the name of the Father, the Son, and the Holy Ghost, Amen," or touching a needle to a caterpillar and then to the tooth. A frequent treatment for leprosy was a broth made of the flesh of a black snake caught in a dry land among stones.

Such was the state of medical "science" at the time when witch-healers were persecuted for being practitioners of "magic". It was witches who developed an extensive understanding of bones and muscles, herbs and drugs, while physicians were still deriving their prognoses from astrology and alchemists were trying to turn lead into gold. So great was the witches' knowledge that in 1527, Paracelsus, considered the "father of modern medicine," burned his text on pharmaceuticals, confessing that he "had learned from the Sorceress all he knew."

The Suppression of Women Healers

The establishment of medicine as a profession, requiring university training, made it easy to bar women legally from practice. With few exceptions, the universities were closed to women (even to upper class women who could afford them), and licensing laws were established to prohibit all but university-trained doctors from practice. It was impossible to enforce the licensing laws consistently since there was only a handful of university-trained doctors compared to the great mass of lay healers. But the laws could be used selectively. Their first target was not the peasant healer, but the better off, literate woman healer who competed for the same urban clientele as that of the university-trained doctors. Take, for example, the case of Jacoba Felicie, brought to trial in 1322 by the Faculty of Medicine at the University of Paris, on charges of illegal practice. Jacoba was literate and had received some unspecified "special training" in medicine. That her patients were well off is evident from the fact that (as they testified in court) they had consulted well-known university-trained physicians before turning to her. The primary accusations brought against her were that

. . .she would cure her patient of internal illness and wounds or of external abscesses. She would visit the sick assiduously and continue to examine the urine in the manner of physicians, feel the pulse, and touch the body and limbs.

Six witnesses affirmed that Jacoba had cured them, even after numerous doctors had given up, and one patient declared that she was wiser in the art of surgery and medicine than any master physician or

surgeon in Paris. But these testimonials were used against her, for the charge was not that she was incompetent, but that—as a woman—she dared to cure at all. Along the same lines, English physicians sent a petition to Parliament bewailing the "worthless and presumptuous women who usurped the profession" and asking the imposition of fines and "long imprisonment" on any woman who attempted to "use the practise of Fisyk." By the 14th century, the medical profession's campaign against urban, educated women healers was virtually complete throughout Europe. Male doctors had won a clear monopoly over the practice of medicine among the upper classes (except for obstetrics, which remained the province of female midwives even among the upper classes for another three centuries.) They were ready to take on a key role in the elimination of the great mass of female healers—the "witches."

The partnership between Church, State and medical profession reached full bloom in the witch trials. The doctor was held up the medical "expert," giving an aura of science to the whole proceeding. He was asked to make judgments about whether certain women were witches and whether certain afflictions had been caused by witchcraft. The Malleus says: "And if it is asked how it is possible to distinguish whether an illness is caused by witchcraft or by some natural physical defect, we answer that the first [way] is by means of the judgement of doctors..." [Emphasis added]. In the witch-hunts, the Church explicitly legitimized the doctors' professionalism, denouncing non-professional healing as equivalent to heresy: "If a woman dare to cure without having studied she is a witch and must die." (Of course, there wasn't any way for a woman to study.) Finally, the witch craze provided a handy excuse for the doctor's failings in everyday practice: Anything he couldn't cure was obviously the result of sorcery. The distinction between "female" superstition and "male" medicine was made final by the very roles of the doctor and the witch at the trial. The trial in one stroke established the male physician on a moral and intellectual plane vastly above the female healer he was called to judge. It placed him on the side of God and Law, a professional on par with lawyers and theologians, while it placed her on the side of darkness, evil and magic. He owed his new status not to medical or scientific achievements of his own, but to the Church and State he served so well.

The Aftermath

Witch hunts did not eliminate the lower class woman healer, but they branded her forever as superstitious and possibly malevolent. So thoroughly was she discredited among the emerging middle classes that in the 17th and 18th centuries it was possible for male practitioners to make serious inroads into that last preserve of female healing—midwifery. Nonprofessional male practitioners—"barbersurgeons"—led the assault in England, claiming technical superiority on the basis of their use of the obstetrical forceps. (The forceps were legally classified as a surgical instrument, and women were legally barred from surgical practice.) In the hands of the barber surgeons, obstetrical practice among the middle class was quickly transformed from a neighborly service into a lucrative business, which real physicians entered in force in the 18th century. Female midwives in England organized and charged the male intruders with commercialism and dangerous misuse of the forceps. But it was too late—the women were easily put down as ignorant "old wives" clinging to the superstitions of the past.

Women and the Rise of the American Medical Profession

In the US the male takeover of healing roles started later than in England or France, but ultimately went much further. There is probably no industrialized country with a lower percentage of women doctors than the US today: England has 24 percent; Russia has 75 percent; the US has only seven percent. And while midwifery—female midwifery—is still a thriving occupation in Scandinavia, the United Kingdom, the Netherlands, etc., it has been virtually outlawed here since the early twentieth century. By the turn of the century, medicine here was closed to all but a tiny minority of necessarily tough and well-heeled women. What was left was nursing, and this was in no way a substitute for the autonomous roles women had enjoyed as midwives and general healers.

The question is not so much how women got "left out" of medicine and left with nursing, but how did these categories arise at all? To put it another way: How did one particular set of healers, who happened to be male, white and middle class, manage to oust all the competing folk healers, midwives and other practitioners who had dominated the American medical scene in the early 1800's?

The conventional answer given by medical historians is, of course, that there always was one true American medical profession—a small band of men whose scientific and moral authority flowed in an unbroken stream from Hippocrates, Galen and the great European medical scholars. In frontier America these doctors had to combat, not only the routine problems of sickness and death, but the abuses of a host of lay practitioners—usually depicted as women, ex-slaves, Indians and drunken patent medicine salesmen. Fortunately for the medical profession, in the late 19th century the American public suddenly developed a healthy respect for the doctors' scientific knowledge, outgrew its earlier faith in quacks, and granted the true medical profession a lasting monopoly of the healing arts.

But the real answer is not in this made-up drama of science versus ignorance and superstition. It's part of the 19th century's long story of class and sex struggles for power in all areas of life. When women had a place in medicine, it was in a people's medicine. When that people's medicine was destroyed, there was no place for women—except in the subservient role of nurses. The set of healers who became the medical profession was distinguished not so much by its associations with modern science as by its associations with the emerging American business establishment. With all due respect to Pasteur, Koch and the other great European medical researchers of the 19th century, it was the Carnegies and Rockefellers who intervened to secure the final victory of the American medical profession.

The US in 1800 could hardly have been a more unpromising environment for the development of a medical profession, or any profession, for that matter. Few formally trained physicians had emigrated here from Europe. There were very few schools of medicine in America and very few institutions of higher learning altogether. The general public, fresh from a war of national liberation, was hostile to professionalism and "foreign" elitisms of any type.

In Western Europe, university-trained physicians already had a centuries' old monopoly over the right to heal. But in America, medical practice was traditionally open to anyone who could demonstrate healing skills—regardless of formal training, race or sex. Ann Hutchinson, the dissenting religious leader of the 1600's, was a practitioner of "general physik," as were many other ministers and their wives. The medical historian Joseph Kett reports that "one of the most respected medical men in late 18th century Windsor, Connecticut, for example, was a freed Negro called "Dr. Primus." In New Jersey, medical practice, except in extraordinary cases, was mainly in the hands of women as late as 1818..." Women frequently went into joint practices with their husbands: The husband handling the surgery, the wife the midwifery and gynecology, and everything else shared. Or a woman might go into practice after developing skills through caring for family members or through an apprenticeship with a relative or other established healer. For example, Harriet Hunt, one of America's first trained female doctors, became interested in medicine during her sister's illness, worked for a while with a husband-wife "doctor" team, then simply hung out her own shingle. (Only later did she undertake formal training.)

Enter the Doctor

In the early 1800's there was also a growing number of formally trained doctors who took great pains to distinguish themselves from the host of lay practitioners. The most important real distinction was that the formally trained, or "regular" doctors as they called themselves, were male, usually middle class, and almost always more expensive than the lay competition. The "regulars'" practices were largely confined to middle and upper class people who could afford the prestige of being treated by a "gentleman" of their own class. By 1800, fashion even dictated that upper and middle class women employ male "regular" doctors for obstetrical care—a custom which plainer people regarded as grossly indecent.

In terms of medical skills and theory, the so-called "regulars" had nothing to recommend them over the lay practitioners. Their "formal training" meant little even by European standards of the time: Medical programs varied in length from a few months to two years; many medical schools had no clinical facilities; high school diplomas were not required for admission to medical schools. Not that serious academic training would have helped much anyway—there was no body of medical science to be trained in. Instead, the "regulars" were taught to treat most ills by "heroic" measures: massive bleeding, huge doses of laxatives, calomel (a laxative containing mercury) and, later, opium. (The European medical profession had little better to offer at this time either.) There is no doubt that these "cures" were often either fatal or more injurious than the original disease. In the judgement of Oliver Wendell Holmes, Sr., himself a distinguished physician, if all the medicines used by the "regular" doctors in the US were thrown into the ocean, it would be so much the better for mankind and so much the worse for the fishes.

The lay practitioners were undoubtedly safer and more effective than the "regulars." They preferred mild herbal medications, dietary changes and hand-holding to heroic interventions. Maybe they didn't know any more than the "regulars," but at least they were less likely to do the patient harm. Left alone, they might well have displaced the "regular" doctors with even middle class consumers in time. But they didn't know the right people. The "regulars," with their close ties to the upper class, had legislative clout. By 1830, 13 states had passed medical licensing laws outlawing "irregular" practice and establishing the "regulars" as the only legal healers.

It was a premature move. There was no popular support for the idea of medical professionalism, much less for the particular set of healers who claimed it. And there was no way to enforce the new laws: The trusted healers of the common people could not be just legislated out of practice. Worse still—for the "regulars"—this early grab for medical monopoly inspired mass indignation in the form of a radical, popular health movement which came close to smashing medical elitism in America once and for all.

(Enhenreich and English, 1973, pp 13-24)

The latter half of the pamphlet covers the popular health movement of the 1830's and 40's in the U.S. as a resurgence of healing knowledges and practices, the formation of the American Medical Association and the triumph of a patriarchal professionalism, the outlawing of midwives in the early 20th century, and re-incorporation of women into medical practice as subordinate nurses:

But the American obstetricians had no real commitment to improved obstetrical care. In fact, a study by Johns Hopkins professor in 1912 indicated that most American doctors were less competent than the midwives. Not only were the doctors themselves unreliable about preventing sepsis and ophthalmia but they also tended to be too ready to use surgical techniques which endangered mother or child. If anyone, then, deserved a legal monopoly on obstetrical care, it was the midwives, not the MD's. But the doctors had power, the midwives didn't. Under intense pressure from the medical profession, state after state passed laws outlawing midwifery and restricting the practice of obstetrics to doctors. For poor and working class women, this actually meant worse—or no—obstetrical care. (For instance, a study of infant mortality rates in Washington showed an increase in infant mortality in the years immediately following the passage of the law forbidding midwifery.) For the new, male medical profession, the ban on midwives meant one less source of competition. Women had been routed from their last foothold as independent practitioners.

(Enhenreich and English, 1973, p. 34)

The following words from the pamphlet's conclusion are *very* directly applicable to the present proposal to impose licensure on midwifery in Hawai'i:

Professionalism in medicine is nothing more than the institutionalization of a male upper class monopoly. We must never confuse professionalism with expertise. Expertise is something to work for and to share; professionalism is—by definition—elitist and exclusive, sexist, racist and classist. In the American past, women who sought formal medical training were too ready to accept the professionalism that went with it. They made their gains in status—but only on the backs of their less privileged sisters—midwives, nurses and lay healers. Our goal today should never be to open up the exclusive medical profession to women, but to open up medicine—to all women.

This means that we must begin to break down the distinctions and barriers between women health workers and women consumers. We should build shared concerns: Consumers aware of women's needs as workers, workers in touch with women's needs as consumers. Women workers can play a leadership role in collective self-help and self-teaching projects, and in attacks on health institutions. But they need support and solidarity from a strong women's consumer movement.

(Enhenreich and English, 1973, pp. 41-42)

Here is my list of recommended sources on the subject:

Adelman, L., Smith, Llewellyn, Herbes-Sommers, Christine, Strain, Tracy Heather, MacLowry, Randall, Stange, Eric, . . . National Minority Consortia. (2008). *Unnatural causes : Is inequality making us sick?* (Dual-language ed.). San Francisco, Calif.]: California Newsreel.

Bashford, A. (n.d.). The History of Public Health During Colonialism. In *International Encyclopedia of Public Health* (pp. 398-404).

Ehrenreich, B., & English, Deirdre. (1973). *Witches, midwives, and nurses : A history of women healers* (Second ed., Glass mountain pamphlet ; no. 1). Old Westbury, N.Y.: Feminist Press.

Epstein, A., Lake, R., & First Look Pictures. (2012). *More Business of Being Born*. United States: First Look Pictures.

Foucault, M. (1994). *The Birth of the Clinic : An Archaeology of Medical Perception* . New York: Vintage Books.

Illich, I. (1976). *Medical Nemesis : The Expropriation of Health* (1st American ed.). New York: Pantheon Books.

Larson, Eric. (2008). The Business of Being Born: Your baby is a miracle, not a profit model. *Whole Life Times*, 38.

Lin, W. (2008). *Birth Art and the Art of Birthing : Creation and Procreation on the ' Āina of Tūtū Pele*. [Doctoral dissertation].

Green, L., Mckiernan-González, John Raymond, & Summers, Martin Anthony. (2014). *Precarious Prescriptions : Contested Histories of Race and Health in North America* .

Slotnick, A., Epstein, Abby, Netto, Paulo, Lake, Ricki, Red Envelope Entertainment, Ample Productions, . . . New Line Home Entertainment. (2008). *The Business of Being Born* .

Smith, S. (2005). *Japanese American midwives culture, community, and health politics, 1880-1950* (Asian American experience). Urbana: University of Illinois Press.

Cody Lestelle

PhD student in Political Science at the University of Hawai‘i at Mānoa
([Indigenous Politics](#) & [Alternative Futures](#))

ichiyama2 - Naomi

LATE

From: Amy Kohl <AKohl@acnm.org>
Sent: Wednesday, February 14, 2018 5:26 AM
To: CPCtestimony
Subject: Written Testimony in SUPPORT of HB 2184
Attachments: ACNM SUPPORT HB2184.pdf

Importance: High

To Whom It May Concern:

Please accept the attached written testimony on behalf of the American College of Nurse-Midwives in support of H.B. 2184 in advance to today's hearing in the Committee on Consumer Protection & Commerce where the measure is expected to be addressed.

Please don't hesitate to contact me with any questions and thank you.

Kind regards,

Amy Kohl
Director, Government Affairs and Advocacy
American College of Nurse-Midwives

Disclaimer

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LATE

ichiyama2 - Naomi

From: Beth Hood <beth.hood@mac.com>
Sent: Wednesday, February 14, 2018 8:41 AM
To: CPCtestimony
Subject: SUPPORT HB2184

My husband and I chose to work with a team of midwives for the birth of my daughter. Nora was born in the comfort of our home in Waikoloa on Feb 11, 2015. Both my daughter and myself received excellent attention and care before, during and after the birth by our midwife team. I feel it is really important that midwifery care is a safe and available option to families. I support HB2184.

Aloha,

Beth Hood
beth.hood@mac.com
beth@websiteswithaloha.com

Websites with Aloha
<http://websiteswithaloha.com/>
888-557-0008

ichiyama2 - Naomi

LATE

From: J Moss <moss.jade.e@gmail.com>
Sent: Wednesday, February 14, 2018 9:36 AM
To: CPCtestimony
Subject: Oppose Hb2184 hd1

Aloha Committee for Consumer Protection,
I had 2 beautiful homebirths in Kalaheo.

Hb 2184 hd1 is a bill that I urge you to oppose. **This bill is taking away choice from the consumer.**

This bill would essentially force women to give birth in the hospital because it would be too costly and time **consuming to require a midwifery license that takes 3 years to complete on the east coast of the U.S.**

Furthermore, **our hospitals on Kauai are not equipped to handle more births.**

In 2013 when i was pregnant with my first child, a letter was sent to pregnant women preparing to give birth at KVMH, stating that there is a high number of babies due around the same time and there wouldn't be enough beds.

If you've seen the documentary "The Business of Being Born", you'll understand that when you are in labor at the hospital, you're just a number and they offer every intervention possible to have you give birth as quickly as possible. This is unsafe and traumatizing for mother and baby. To me, its more dangerous to give birth in a hospital.

Button line, it should be mother's choice, not the government's. Mother can choose a licensed midwife or not.

The government can advocate, educate and suggest, but please do not penalize our most treasured midwives.

Mahalo,
Jade Moss
Kalaheo

LATE

ichiyama2 - Naomi

From: Richards, Raine <r-richards@osteopathic.org>
Sent: Wednesday, February 14, 2018 10:29 AM
To: CPCtestimony
Subject: House Bill 1813
Attachments: HI HB 1813 AP J 2 14 18.pdf

Dear Members of the Hawaii State House Committee on Consumer Protection & Commerce,

Please see the attached letter from the American Osteopathic Association, the Hawaii Association of Osteopathic Physicians and Surgeons, the American College of Osteopathic Family Physicians and the American College of Osteopathic Internists in opposition to House Bill 1813.

Regards,

Raine Richards, JD
Director | State Government Affairs
AMERICAN OSTEOPATHIC ASSOCIATION
142 E. Ontario St.
Chicago, IL 60611-2864
Phone: (312) 202-8199
Find the AOA at Osteopathic.org and on [Facebook](#), [Twitter](#) and [LinkedIn](#)



Learn more at DoctorsThatDO.org

ichiyama2 - Naomi

LATE

From: Kaili Monsef <kailismileyslp@gmail.com>
Sent: Tuesday, February 13, 2018 10:08 PM
To: CPCtestimony
Subject: SUPPORT HB2184

I am fortunate to have had 3 healthy children at home thanks to awesome midwives. With the additional certification of midwives, parents can feel confident in the skills and practices involved in homebirth settings. We SUPPORT HB2184!

Thank you,
Kaili Monsef

From: orchid6128@aol.com
Sent: Tuesday, February 13, 2018 5:06 PM
To: CPCtestimony
Subject: corrected bill # HB 2184 HD1 amend midwifery bill for OPTIONAL licensing

Aloha Chair and Committee,

I **OPPOSE HB2184 HD1** because I feel it discriminates against traditional and cultural midwives. I have used midwives for all 3 births of my keiki - they are invaluable to our community. However, I do not want the state to come between me and my wellness team.

I'm all for **NON**-mandatory licensing. However, telling midwives in Hawai'i - some who have been working for many years and 100s of births, to tell them that they can no longer practice as a midwife without leaving Hawai'i to attend school...no can! Don't make midwife licensing mandatory.

We should have licensed AND traditional midwives. This bill will criminalize traditional midwives in Hawai'i- which will result in fewer choices. I understand some midwives want to work in or with hospitals or be able to bill insurance companies, but many do not- so allow them the CHOICE and allow us as consumers the CHOICE.

This bill says to me, "Deborah, we don't think you can make an informed, educated choice about your birth team. So we are going to enact a law to make it illegal for you to use the midwife of your choice simply because she studied under different teachers than the brick and mortar ones on the continental US" This is unacceptable.

Please amend this bill for **licensing to be optional**.

What about birthing assistants who are not related to the mother and not training to be a midwife? What about doulas?

This bill is attempting to exclude cultural and spiritual midwives- you are telling them their training, wisdom and knowledge is not good enough to help me birth.

Mahalo for being open to my mana'o and I hope that you amend this bill. Birth is an empowering, spiritual, natural process. The state should not have the authority to dictate who is on my birth team. There should be no fines or penalties for being the western view of "non-licensed" midwife.

Deborah Mader
Maui

LATE

ichiyama2 - Naomi

From: Dana Ciacci <nbacknjibtokxcv@ujoin.co>
Sent: Tuesday, February 13, 2018 5:35 PM
To: CPCtestimony
Subject: Testimony in Support of HB 2126, HD1, Relating to Health Insurance

From: danaciacci@yahoo.com <Dana Ciacci>

Message:

I am writing in strong support of, with one requested amendment to, HB 2126, HD1. Hawaii has served as a leader in access to healthcare through pre-paid health insurance, and this measure would protect vulnerable communities in the event that the Affordable Care Act (ACA) is repealed by Congress. This will ensure that thousands of Hawaii residents, including many children, retain health insurance. Through this bill, Hawaii can continue to be a model for the rest of the US on how to best care for children's health.

While I strongly support this measure, I respectfully request that the Committee reinsert language extending dependent coverage to adult children up to 26 years of age. This important provision of the ACA has provided coverage to 6.1 million young adults ages 19-26 nationwide.

Dana Ciacci

LATE

2/14/18 House Committee on Consumer Protection & Commerce

Representative Roy Takumi, Chair
Representative Linda Ichiyama, Vice Chair
Hawaii State Capitol
415 South Beretania Street Conference Room 329
Honolulu, HI 96813

Time: Twenty-Ninth Legislature Regular Session of 2018
Wednesday, February 14, 2018 at 2:00pm

TESTIMONY IN STRONG SUPPORT OF HB2184_HD1, RELATING TO LICENSURE OF MIDWIVES

Aloha Representative Takumi, Representative Ichiyama and committee members. My name is Leah Hatcher. I'm a CPM living and working on Kaua'i. Thank you for the opportunity to testify in **support, with amendments, of HB2184_HD1**. I have a unique perspective on licensure. I learned the art of midwifery the old fashioned way, in an apprenticeship with an elder midwife; attending every consult, prenatal, birth and postpartum by her side. At the end of 4 years she gave me her blessing to be a midwife and I took her place in our rural community. I considered myself a "traditional midwife". All of my disclosure to families was verbal. This was in the late 1990s. I became a Certified Professional Midwife in 2005.

In 2006 the law passed to license midwives in my state. I had not been whole heartedly in favor of it because I was afraid, like many others, that licensing would over-regulate midwives and we wouldn't be able to help people anymore. Fortunately we had a good law. I was in the first wave of midwives to become licensed in 2007.

Midwives took me under their wings and got me up to date with all the changes I had to go through to be able to practice legally and up to the community standards. I learned a lot and became a much better midwife.

Some of the benefits I experienced from becoming licensed:

- the ability to contribute to society with my gifts and skills without the risk of being charged with practicing medicine without a license
- the ability to collaborate with other care providers because they recognized my license to practice

- Access to laboratory services, life-saving medications and insurance reimbursement.

The benefits that families experience with licensure are also very important:

- There will be established standards of skill level, education, record keeping and disclosure on the part of any potential licensed midwife they are considering.
- Improved access to care, financial assistance for the costs and a complaint process for unsafe practices in the community.

I provide to my couples at the onset of our working together: Orally and in writing I give them my Standards of Practice, Informed Disclosure of Midwifery Care, and informed consent documents about prenatal testing and procedures.

Collaborating physicians also see my standards of practice, which delineates when I have to consult, when I have to transport to a hospital, as well as prohibited practices that I will not do. These are all things 99 out of a 100 couples would never know to ask me, but which helps them to know exactly where I will draw the lines in our working relationship.

My Informed Disclosure of Midwifery Care document discloses my experience and training, my certifications, how many births I have attended and in what capacity; how many years I've been in practice, my protocol for handling medical emergencies, how many clients I have transferred to the hospital and how many caesarean sections resulted from those transfers, and also that I do not have malpractice liability insurance coverage.

The care I provide to women and their families now is by far much more complete, comprehensive and thorough. I do this voluntarily on Kaua'i, but it is the standard of care in the state where I hold my license.

I guarantee you that if we come out on the other side of this legislative process with a law that improves accessibility to midwife care as well as raises the level of competency of our midwives then we will all benefit from the improved birth outcomes and satisfied families that will result.

Informed Disclosure for Midwifery Care

Leah Hatcher CPM / Morning Glory Midwifery LLC

4865 G Nonou Rd
Kapaa, HI 96746
808-855-0207

Experience and Training

- Bilingual; my second language is French
 - Trained in hydrotherapy and massage therapy at Alpine Springs Lifestyle Educational Center 1992
 - Completed a midwifery apprenticeship in Northwestern WI from 1995 – 1999
 - Enrolled in Ancient Art Midwifery Institute from 1997 – 2004
 - Worked in Mandeville, Jamaica with the International School of Midwifery 04/1999
 - Became a Certified Professional Midwife in 2005
 - Licensed in the state of Wisconsin from 2007 to present
 - Worked in Haiti with Haiti Outreach Missions 02/2010 and Midwives for Haiti 10/2010 – 04/2016
 - Continued education in diverse topics relating to the practice of midwifery 1990 – present
 - Associates Degree in Direct Entry Midwifery from Southwest WI Technical College 2010
-

Certifications

- 1) Certified Professional Midwife
Certifying body: North American Registry of Midwives
5257 Rosestone Drive, Liliburn, GA 30047
CPM Date of certification: since 2005 - triennial renewal exp date 02/15/2021
 - 2) Neonatal Resuscitation Provider - American Heart Association exp date: 06/19/2018
 - 3) BLS/CPR/AED for healthcare providers - American Heart Association exp date: 3/2019
-

Experience as a Midwife

Total number of births attended: **547+**

Intended home births attended as primary/co-primary midwife: **337+**

Intended home births attended as primary assistant to the midwife: **156+**

Number of years in practice as a primary midwife: **20**

Number of births as doula/hospital support: **41**

Number of clients transferred to the hospital since the time of commencement of midwifery (37wks - 1 wk ppartum): **54**

Number of clients transferred to hospital during labor or immediately postpartum: **49** (resulting in 19 c-sections)

Informed Disclosure for Midwifery Care

Malpractice Liability Insurance Coverage:

None

Medical Emergencies

The following is my protocol for handling medical emergencies that you may have, including transportation to a hospital:

Common complications of labor, birth, post partum and transitional issues of the newborn will be handled by the midwife in the home setting. **In the event of a time critical emergency, EMS will be activated and we will transport to the closest hospital via ambulance.** If transfer to the hospital is indicated, but time is not a critical factor, the consulting physician (if any) will be contacted by telephone as will the hospital to which we plan to transfer. If mother and/or baby are stable, transfer to the hospital will be by private vehicle.

Vaginal Birth after a Cesarean Section (VBAC)

The following is my protocol for disclosure of risks associated with a vaginal birth after a cesarean section:

Any woman (and her partner) planning a VBAC at home will be given a detailed description of the risks involved to her and her baby. The VBAC informed consent will be modified to address any additional risks specific to the client's situation.

Disclosure Relating to Neonatal Resuscitations

Midwives who work in the out of hospital setting do not have the equipment, drugs, or personnel available to perform neonatal resuscitations that would normally be available in a hospital setting.

Copy of Department Rules Provided to Client

As required, I certify that on this date I provided a copy of the Hawaii Revised Statutes (HRS) S622-58: rules pertaining to the retention of medical records, as well as the rules pertaining to the practice of midwifery to _____.

Signature of Certified Professional Midwife

Date

Dr. Lauren Anderson

SACRED HEALING ARTS

LATE

REGULAR SESSION OF 2018

For Honorable House Chair John Mizuno, Vice Chair Bertrand Kobayashi
and Committee members Della Au Belatti, Andrea Tupola & Lei
Learmont

RE: HB 2184 Relating to the Licensure of Midwives

IN OPPOSITION

Aloha honorable chair and committee members,

My name is Dr. Lauren Anderson and I am a family physician who specializes in pediatrics and women's health. I am also an avid supporter of midwifery and freedom to birth practices.

Not only do I hope to experience a home birth as a healthy "high risk" (due to my age) individual should my husband and I have the privilege of starting a family, but I have seen firsthand the devastating effects a traumatic birth or birthing in a way that isn't consistent with one's personal beliefs can have on a family and the health of the mother and child for years to come.

Since moving to Hawaii I've worked side by side with a number of the amazing midwives in our community. With almost 20 years personal experience in the medical field (allopathic and naturopathic) I can honestly say that I have never had the honor of working with a more dedicated, hardworking and conscious group of professionals, licensed and unlicensed.

As a physician who chooses to treat the underserved and uninsured, it genuinely worries me that this population will be forced to make personal medical decisions out of fear of being criminalized or worse, will be put in a position where a bill that was supposed to keep them safe and prevent harm is the very thing causing it.

Dr. Lauren Anderson

SACRED HEALING ARTS

To me this is an issue of informed consent. If a woman understands the inherent risks associated with home birth and chooses to proceed, that should absolutely be her choice! While I'm in support of proper education and training, in my experience licensure does not always guarantee safety or better outcomes.

I think it's fair to say there are scary stories on both sides, as there always is, but this really is a human rights issue. Women have a right to choose where and with whom they birth. End of story.

For these reasons and I strongly oppose HB 2184 and ask that you do the same.

Thank you in advance for you time and consideration on this matter.

Sincerely,

A handwritten signature in black ink, appearing to be 'L. Anderson', with a long, sweeping horizontal line extending to the right.

Dr. Lauren Anderson ND

HB-2184-HD-1

Submitted on: 2/14/2018 1:36:31 PM

Testimony for CPC on 2/14/2018 2:00:00 PM

LATE

Submitted By	Organization	Testifier Position	Present at Hearing
Terez Amato Lindsey	Individual	Oppose	No

Comments:

This is a disgusting assault on women's reproductive rights and access to traditional and cultural birth practices. I strongly oppose this measure and ask that you oppose it also!

Thank you,

Terez Amato Lindsey, Kihe,i Maui

LATE

Aloha Legislature and HB2184 introducers Bellatti, Mizuno, and Takumi,

While I mahalo all who contributed to the writing of this bill, I respectfully oppose HB2184.

My name is Leilani Digmon. I am a resident of Lahaina, Maui. My husband Kapali Keahi and I have three children, Kaiao 6, Meleana`aipohaku 5, and Kamalu 3. We chose exclusive Midwifery Care with Midwives Tina Garzero, CPM, and Ki'inani Kahoohanohano for all three of our pregnancies and births. My first two were born at our family home within the Leiali'i Hawaiian Homes community in Lahaina. Our youngest was born at our Midwife Tina's house in Ha'iku, Maui.

If you are unsure about what Midwifery Care is or looks like, I encourage you to check out the Midwives Alliance of North America website www.mana.org. Tina and Ki'i were responsible for all of our prenatal care (10-12 prenatal visits, location varying from Tina's home, Ki'i's office, at the beach or next to a stream, or at my home) as well as being in charge of the labor, delivery, newborn exam and immediate postpartum exam, and up to 6 postpartum visits in the comfort of our own home. The high level of expert knowledge, care, love, respect, nurturing and thoughtfulness can not be put into words or into a monetary value.

The reasons I respectfully oppose this bill are simple: We cannot in one paragraph state how Midwifery care is an effective way of overcoming certain health care system barriers, especially for communities located in rural areas, and then in the next paragraph state how the purpose of this act is to regulate midwives engaged in the practice of Midwifery care, which would limit the Midwives who could legally practice in those rural and remote communities.

In Part I of HB2184, it clearly states, and I quote:

“PART I

SECTION 1. The legislature finds that one of the challenges faced by the country's health care system is providing quality care to segments of the population who do not have access to essential services because of geographic limitations. Further, the legislature finds that mothers have accessed midwifery services throughout history and that using midwifery care to deliver maternal child health care is an effective way of overcoming certain barriers to accessing care, particularly for communities located in rural and remote areas. This is especially important in Hawaii, where residents on the neighbor islands and in rural areas do not have the same level of access to maternal child health care as residents in urban areas of Oahu.”

This statement is a very true statement. However, it fails to mention a very important fact: there are several different types of Midwives who are serving these rural and remote areas RIGHT NOW, AS WE SPEAK, and have been for several decades, and if we fail to recognize their invaluable contributions to our health care system, and neglect to protect their services to our communities, by imposing mandatory licensure, you will further limit the choices of Hawaii's rural and remote communities and further limit their access to quality maternal care.

Besides being a homebirth mother of three, I am a current first year midwifery student at Birthwise Midwifery School in Bridgton, Maine, working towards becoming a Certified Professional Midwife. I am apart of their community program, which is a low-residency program that combines active

apprenticeship with a Preceptor in our home communities, with didactical training on campus every 6-8 weeks for two weeks at a time, for a total of 12 trips to Maine from Maui over three years. As an aspiring Midwife with the Certified Professional Midwife credential, of course I would like to see licensure for Certified Professional Midwives be established in Hawaii. I believe it will bring much needed autonomy to the profession and allow insurance to cover midwifery care and open up access to a large segment of our Hawaiian community who cannot otherwise afford the care.

However, I recognized the skills and service our community-based and traditional midwives have dedicated to our island home, and also recognize that this type of midwife is a recognized and respected type of midwife throughout the world. For a reference to the definition of community-based and traditional midwives, please see MANA's definition here: <https://mana.org/about-midwives/types-of-midwife>.

I strongly recommend the legislature doing an in depth, grass roots study on what Midwifery care looks like throughout our island chain before attempting to regulate and restrict the very communities the legislature wishes to help.

Ke Aloha,

Leilani Digmon

Student Midwife

Lahaina, Maui

LATE

HB-2184-HD-1

Submitted on: 2/14/2018 4:03:31 PM
Testimony for CPC on 2/14/2018 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Melissa Walsh-Chong	Individual	Support	No

Comments:

I support HB2184 HD1 with the amendments suggested by MAH. I am a mother of 3 children (born at home), a homebirth Midwife and an active memebwr of the community. The women of Hawaii deserve to have access to Midwifery care at its full scope. It is very hard for my clients to get 'best care' when there are obstacles to care such as no collaborative care setting, direct access to labs, a referral system, etc. i urge you to support this bill.

LATE

HB-2184-HD-1

Submitted on: 2/14/2018 4:45:58 PM

Testimony for CPC on 2/14/2018 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
adaure ezinne dawson	Individual	Oppose	Yes

Comments:

I oppose this bill because the midwives elders council is able to govern those who practice midwifery. I oppose this bill because it reduces accessibility to providers for clients. Specifically those seeking midwifery care. I oppose this bill because licensure will not ensure the safety of women seeking maternal care and this is supported by the maternal and fetal morbidity rates in the United States. I oppose this bill because of the inability for there to be adequate licensing bodies within the state of Hawaii. I oppose this bill because the community does not want it. I oppose this bill because this is a human rights issue and moms should be able to speak on where they have their babies and with whom they have their babies.

LATE

ichiyama2 - Naomi

From: Sheldon Galdeira
Sent: Wednesday, February 14, 2018 3:57 PM
To: ichiyama2 - Naomi
Subject: FW: HB 2184 Opposition of bill Re: Bill HB 2184

If she testified in person process, if not ignore.

-----Original Message-----

From: Rosalyn Shyu [mailto:rosalynshyu@gmail.com]
Sent: Wednesday, February 14, 2018 10:52 AM
To: Rep. Linda Ichiyama <repichiyama@capitol.hawaii.gov>
Subject: HB 2184 Opposition of bill Re: Bill HB 2184

Hi Linda,

As the only woman on this 10-member committee, please be our champion and recognize that this bill would restrict a woman's fundamental right to choose.

I understand it will be heard today. I hope you get this in time and understand that I have experienced a lot of tension from practitioners who have been regulated and had an easeful and wonderful delivery when I changed my mind about who to see my birth through with a few community members and midwife.

Thank you,
Rosalyn

Sent from my iPhone

LATE

HAWAII MIDWIFERY COUNCIL

‘A‘OHE HANA NUI KE ALU ‘IA.

EST. 2015

Aloha Honorable Vice Chair Linda Ichiyama,

The Hawai‘i Midwifery Council represents midwives and homebirthing parents across the state. I am writing you today to urge you to OPPOSE HB2184, relating to the licensure and regulation of midwives.

Women have been giving birth since the beginning of mankind. These women were attended by other women who held the wisdom and knowledge of the ancestors. These highly skilled women are called traditional midwives. It wasn't until 1995 that the first CPM (Certified Professional Midwife) certification was handed out.

In the last 100 years we have seen the medical establishment try to take what is an innate biological process and turn it into a medical procedure. While many women choose to have their babies in the hospital, there are many women who feel more comfortable birthing in their own homes. It is our advocacy that ALL women must retain the right to choose which type of midwife attends them during this deeply intimate time.

Passing non-inclusive legislation would make 100% of our state's traditional midwives illegal. Many of these are the elders of our community that predate the CPM certification. Still yet, as written, this bill makes most of the CPM midwives illegal unless they seek a very expensive additional certificate that is NOT available in Hawai‘i. There are no midwife schools in Hawai‘i and the distance learning programs are very expensive and require traveling to the mainland for completion.

I am a midwife exclusively trained in Hawai‘i. I was an apprentice with 2 elder midwives for 8 years before becoming a primary midwife. I have now been in practice on the Big Island as a primary midwife for 13 years. During my career I have had the great honor of attending over 300 moms as they gave birth to their children in their own homes. This bill would make me illegal. This bill would make our state's elders illegal. This bill would limit a woman's right to choose.

If legislation passes that makes our midwives illegal, where do the women in our rural communities turn? I hear many women say they would have an unassisted homebirth rather than go to the hospital. I feel we can all agree this is not a safer option.

Anytime there is a birth that has an unfavorable outcome, there is a vigorous investigation process conducted by local law enforcement. Sworn statements are taken by everyone in attendance. If a midwife was found to be negligent during this investigation, she would be held accountable.

Hawai‘i is and has always been a unique place where we honor so many cultures and their traditions. We owe it to every birthing parent to honor their culture and their ohana's birthing traditions. We owe it to our daughters to fight for their birth rights! Birth rights are WOMEN'S rights!

Please OPPOSE HB2184

Mahalo for your time,

Rachel Curnel Struempf, DEM

Hawai‘i Midwifery Council President

(808)990-8025

Hawaiimidwiferycouncil@gmail.com

LATE

ichiyama2 - Naomi

From: Sheldon Galdeira
Sent: Wednesday, February 14, 2018 3:58 PM
To: ichiyama2 - Naomi
Subject: FW: Home birth rights

Follow Up Flag: Follow up
Flag Status: Flagged

From: Maree H [mailto:mariffels@gmail.com]
Sent: Wednesday, February 14, 2018 9:48 AM
To: Rep. Linda Ichiyama <repichiyama@capitol.hawaii.gov>
Subject: Home birth rights

Dear Rep. Linda Ichiyama

I'm writing to you as the only woman on this 10 member committee, please be our champion and recognise that this would restrict a woman's fundamental right to choose how she births from her own body, her own child.

Never underestimate nature and a mothers intuition.

Kind regards
Mareé Hall