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

TO THE HOUSE COMMITTEE  
ON HEALTH AND HUMAN SERVICES

TWENTY-NINTH LEGISLATURE  
Regular Session of 2018

Tuesday, February 6, 2018  
8:30 a.m.

TESTIMONY ON HOUSE BILL NO. 2184  
RELATING TO THE LICENSURE OF MIDWIVES

TO THE HONORABLE JOHN MIZUNO, CHAIR, AND MEMBERS OF THE  
COMMITTEE:

The Department of Commerce and Consumer Affairs ("Department") appreciates the opportunity to testify on H.B. 2184, 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. 2294 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:

- 1) Amend § -9 (9) on page 18, lines 17 and 18 by deleting: "(9) Violating

any condition or limitation imposed on a license to practice midwifery by the director;" as it appears to provide the same basis for discipline as lines 15 and 16;

2) Amend §16- - (1) on page 22, lines 16-19 as follows:

(1) Submitting information to the director pursuant to an application [f]or licensure, renewal of licensure, or reinstatement of licensure which is fraudulent, deceitful, or contains misrepresentations ~~regarding the applicant's or licensee's educational background, passing of a certifying examination, pending disciplinary actions, or licensure status;~~

RICO believes that all submitted information that is fraudulent, deceitful or that contains misrepresentations should be defined as professional misconduct. RICO also believes the bill intended to reference "application *for* licensure."

3) Amend §16- - (3) on page 23, line 4, to read "a valid [and] current license," which RICO believes is more consistent with language found in other licensing chapters.

4) Amend §16- - (5) on page 23, lines 13-15 as follows:

(5) Failing to report to the director any revocation, suspension, or other disciplinary actions against the applicant or licensee by another state or jurisdiction of the United States ~~for any act or omission which would constitute unprofessional conduct in that jurisdiction;~~

RICO believes the licensing authority has an interest in receiving notice of any disciplinary action imposed by another state or jurisdiction. Information received from another state or jurisdiction would be evaluated under Hawaii's licensing laws and rules.

RICO additionally 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 page 26, lines 16 and 17 of the bill refers to "expedited partner therapy provided for in chapter 432 [Benefit Societies], HRS." We believe the bill

is intended to reference the definition of “expedited partner therapy” under HRS chapter 453 (relating to the practice of medicine).

RICO also 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 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 section 3 and section 4, as well as RICO’s requested additions from HRS chapter 457.

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

DAVID Y. IGE  
GOVERNOR



SARAH ALLEN  
ADMINISTRATOR  
MARA SMITH  
ASSISTANT ADMINISTRATOR

**STATE OF HAWAII  
STATE PROCUREMENT OFFICE**

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**LATE**

TESTIMONY  
OF  
SARAH ALLEN, ADMINISTRATOR  
STATE PROCUREMENT OFFICE

TO THE HOUSE COMMITTEE  
ON  
HEALTH & HUMAN SERVICES  
FEBRUARY 6, 2018 8:30 AM

HOUSE BILL 2184  
RELATING TO THE LICENSURE OF MIDWIVES

Chair Mizuno, Vice Chair Kobayashi and members of the committee, thank you for the opportunity to submit testimony on House Bill 2184. The State Procurement Office supports the intent of the bill but opposes the exemption language on page 38, lines 9 to 10 set forth below.

“Chapter 103D, Hawaii Revised Statutes, shall not apply to the contracting of the implementation coordinator or team;”

Contracting for an implementation coordinator and team can be accomplished through a best value request for proposals (RFP) where desired attributes and competencies can be defined in weighted evaluation criteria and minimum requirements. Further, full and open competition assists the state in pricing analysis and ensures transparency. Should the services not be procured, the agency should conduct a cost analysis (a somewhat lengthy procedure) to ensure costs are fair and reasonable.

The Hawaii Public Procurement Code (code) is the single source of public procurement policy to be applied equally and uniformly, while providing fairness, open competition, a level playing field, government disclosure and transparency in the procurement and contracting process vital to good government.

Public procurement's primary objective is to provide everyone equal opportunity to compete for government contracts, to prevent favoritism, collusion, or fraud in awarding of contracts. To legislate that any one entity should be exempt from compliance with



both HRS chapter 103D and 103F conveys a sense of disproportionate equality in the law's application.

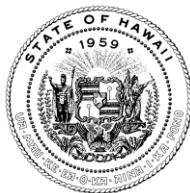
Exemptions to the code mean that all procurements made with taxpayer monies will not have the same oversight, accountability and transparency requirements mandated by those procurements processes provided in the code. It means that there is no requirement for due diligence, proper planning or consideration of protections for the state in contract terms and conditions, nor are there any set requirements to conduct cost and price analysis and market research or post-award contract management. As such, Agencies can choose whether to compete any procurement or go directly to one contractor. As a result, leveraging economies of scale and cost savings efficiencies found in the consistent application of the procurement code are lost. It also means Agencies are not required to adhere to the code's procurement integrity laws.

The National Association of State Procurement Officials state: "Businesses suffer when there is inconsistency in procurement laws and regulations. Complex, arcane procurement rules of numerous jurisdictions discourage competition by raising the costs to businesses to understand and comply with these different rules. Higher costs are recovered through the prices offered by a smaller pool of competitors, resulting in unnecessarily inflated costs to state and local governments."

When public bodies, are removed from the state's procurement code it results in the harm described above. As these entities create their own procurement rules, businesses are forced to track their various practices. Moreover, a public body often can no longer achieve the benefits of aggregation by using another public body's contract because different state laws and regulations may apply to the various public bodies making compliance more difficult.

Each year new procurement laws are applied to state agencies causing state agency contracts to become more complex and costly, while other public bodies, such as agencies with strong legislative influence, are exempted. Relieving some public bodies from some laws by exempting or excluding them from compliance with a common set of legal requirements creates an imbalance wherein the competitive environment becomes different among the various jurisdictions and the entire procurement process becomes less efficient and costlier for the state and vendors.

Thank you.



DAVID Y. IGE  
GOVERNOR

DOUGLAS S. CHIN  
LIEUTENANT GOVERNOR

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

TO THE HOUSE COMMITTEE ON  
HEALTH AND HUMAN SERVICES

TWENTY-NINTH LEGISLATURE  
Regular Session of 2018

Tuesday, February 6, 2018  
8:30 a.m.

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

TO THE HONORABLE JOHN M. MIZUNO, 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, Relating to the Licensure of Midwives. 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 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.

Should this measure advance, however, the DCCA would like to suggest the following clarifying amendments to align with PVL’s requirements in other licensing areas.

Page 11, Lines 18-20:

§ -7 **Application for license as a midwife.** (a) [~~The department shall issue a license under this chapter to an applicant if the applicant provides~~] To obtain a license under this chapter, the applicant shall provide the following:

- (1) An application for licensure;
- (2) The required application fees;
- (3) Any additional requirements adopted by the director;  
and
- (4) Evidence of qualifications for licensure.

Page 15, Lines 16-19:

§ -8 **Renewal of license.** (a) [~~All~~] [~~±~~]Licenses issued [under] pursuant to this chapter shall be [valid for three years from the date of issuance] renewed triennially on or before June 30, with the first renewal deadline occurring on June 30, \_\_\_\_. [~~and~~] Licenses shall be renewed upon the payment of a renewal fee within sixty days before the expiration of the license.

The Department respectfully submits that Part IV, section 4 of this bill, beginning on page 36, line 17, is unnecessary. While contracting for an implementation coordinator for at least a year seems like a reasonable request, PVL has never approached any new regulation in this manner.

In addition, 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 certified midwives will require regulation.

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.



An Independent Licensee of the Blue Cross and Blue Shield Association

February 6, 2018

The Honorable John M. Mizuno, Chair  
The Honorable Bertrand Kobayashi, Vice Chair  
House Committee on Health and Human Services

Re: HB 2184 – Relating to the Licensure of Midwives

Dear Chair Mizuno, Vice Chair Kobayashi, and Members of the Committee:

The Hawaii Medical Service Association (HMSA) appreciates the opportunity to provide comments on HB 2184, establishing the criteria for licensure of midwives by the Department of Commerce and Consumer Affairs (DCCA) and providing for interim rules for continuing education requirements, standards of professional conduct, prescriptive authority, and penalties for violations.

HMSA participated in the interim midwives licensure working group and we appreciate and commend the stakeholders for their diligence in working toward an outcome that all parties could accept. That being said, we do have some concerns and general comments.

While we believe the licensure for CPMs appropriate in certain circumstances, we believe protecting the consumer needs to extend beyond just the license; health plans bolster that layer of protection with credentialing standards for all providers we contract. Consequently, we continue to believe health plans are in the best position to determine whether a provider may appropriately be contracted with, based on each plan's credentialing standards.

HMSA currently pays for certain services rendered by a Certified Nurse Midwife (CNMs), a specific type of Advanced Practice Registered Nurse (APRN) who can render complete prenatal, intrapartum and post-partum care, as well as the diagnosis and treatment of the many common gynecological problems that affect women.

As an APRN, a CNM is subject to HMSA's credentialing requirements that include a master's degree in nursing or other advanced training through an accredited program, state licensure, and certification by a national professional organization. CPMs should be held to the same standards as other providers of health care services who provide maternal and fetal care.

Finally, we do have concerns with provision in Subsection 7(c)3 that would allow license reciprocity with Hawaii; it is our understanding that not all states which grant CPM licensure require certification from an accredited program and could be problematic from a quality control perspective.

We appreciate the work that has gone into this proposed legislation and we will continue to work with the stakeholders to find common ground. Thank you for allowing us to comment on HB 2184.

Sincerely,

Pono Chong  
Vice-President, Government Relations

**HB-2184**

Submitted on: 2/2/2018 9:42:18 AM

Testimony for HHS on 2/6/2018 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Leah Hatcher	Midwives Alliance of Hawaii	Support	No

Comments:

I am testifying in favor of the Midwives Alliance of Hawaii's position to support HB2184 with amendments.

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

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

Two sunrise audits, one in 1999 And one in 2017 concluded that Hawaii has a need to regulate the profession of midwifery.

I urge you to support this bill.

Thank you.

**HB-2184**

Submitted on: 2/2/2018 2:12:56 PM

Testimony for HHS on 2/6/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Melissa Walsh-Chong	Zen Den Midwifery	Support	No

Comments:

HB2184 Relating to the Licensure of Midwives

Health and Human Services Committee

2/6/2018

Melissa Walsh-Chong, MAH Maui Rep, Traditional Birth Attendant (TBA)

111 Kulanihakoi St Kihei, HI 96753

**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.

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 completed in 1999 and 2017 concluded that Hawaii should regulate the profession of midwifery.

I have personally used Midwifery care on island and was very pleased with the competent and safe care I was given. I am a mother and a traditional midwife working on island with families to provide safe competent care. I look forward to collaborative care for my clients and other consumers of midwifery in Hawaii. They deserve the opportunity to receive 'best care' while still valuing their choice of providers. It is difficult for midwives to offer 'best care' on Maui where the mainstream providers and system does not recognize our education, skill set or necessity to serve the community. This lack of continuity of care between providers doesn't serve our patients/ community best.

**I urge you to support this bill.**



TO: Representative John M. Mizuno, Chair – House Committee on Health & Human Services  
Representative Bertrand Kobayashi, Vice Chair – House Committee on Health & Human Services

DATE: Tuesday, February 6, 2018 (8:30AM)  
PLACE: Conference Room 329

FROM: Ronnie Texeira, MD OB-GYN

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

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.<sup>1</sup>
- 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.<sup>2</sup> 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 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.

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

<sup>2</sup> Global Standards for Midwifery Education (2010). International Confederation of Midwives.

[https://internationalmidwives.org/assets/uploads/documents/CoreDocuments/ICM%20Standards%20Guidelines\\_ammended2013.pdf](https://internationalmidwives.org/assets/uploads/documents/CoreDocuments/ICM%20Standards%20Guidelines_ammended2013.pdf). Accessed on February 1, 2018.



- HB2184 encourages such collaboration, responsibility, and accountability.

**Recommended amendment:**

- HB2184 currently states that licensing of midwives will be determined by a “Director”, advised by a committee whose membership does not 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. Therefore,
  - Under section II, Part 2, Number 5 “Powers and duties of the director”, the **membership of the advisory committee established to assist with the implementation of the licensure program should include an obstetrician-gynecologist.** 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 Hawaii 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**

Submitted on: 2/2/2018 9:52:54 PM

Testimony for HHS on 2/6/2018 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Randon Guerpo	pure motion physical therapy	Support	No

Comments:

HB2184 Relating to the Licensure of Midwives

Health and Human Services Committee

2/2/2018

Randon Guerpo, DPT

**4141 Puaole Street**

Lihue, HI, 96766

**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.

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 completed in 1999 and 2017 concluded that Hawaii should regulate the profession of midwifery.

I urge you to support this bill.

**Thank you.**

**HB-2184**

Submitted on: 2/2/2018 9:22:45 PM

Testimony for HHS on 2/6/2018 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
natasha boone		Support	No

Comments:

I am in support of this bill. I believe it is so important for woman to have choice in where they can and cannot have a baby & be provided care by someone who has been trained. If midwifery is legalized and woman can get health insurance to provide for a home birth or have a birthing center for the state of Hawaii where they can have the choice to birth as nature intended. Naturally & unassisted with a trained midwife or nurse present I find it being of such value for the mother & Baby to enter into their new relationship & world peacefully. In the way they intended. Hospitals tend to push for C sections which can turn into postpartum depression & unattached mother's. The hospital is great for an emergency. Birth is not an emergency situation & when you have a trained professional present can be avoided completely. With no risk to mom or baby. I am an example of a safe home birth that was successful. I would love to see this bill passed. Mahaalo

**HB-2184**

Submitted on: 2/3/2018 7:55:05 AM

Testimony for HHS on 2/6/2018 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
haley ferguson		Support	No

Comments:

**HB-2184**

Submitted on: 2/3/2018 8:13:31 AM

Testimony for HHS on 2/6/2018 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Mercy Kraft		Support	No

Comments:

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.

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 completed in 1999 and 2017 concluded that Hawaii should regulate the profession of midwifery.

I urge you to support this bill.

Thank you.

Mercy Kraft

**HB-2184**

Submitted on: 2/3/2018 9:16:45 AM

Testimony for HHS on 2/6/2018 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Matt McDonald		Support	No

Comments:

HB2184 Relating to the Licensure of Midwives  
Health and Human Services Committee  
2/6/2018  
Matt McDonald  
690 Haiku Road

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.

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 completed in 1999 and 2017 concluded that Hawaii should regulate the profession of midwifery.

I urge you to support this bill.

Thank you.

TO: Representative John M. Mizuno, Chair – House Committee on Health & Human Services  
Representative Bertrand Kobayashi, Vice Chair – House Committee on Health & Human Services

FROM: Dr. Danielle Ogez, Resident OB/GYN Physician

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

As an OB/GYN Resident Physician, I have dedicated my life and education to improving health care for women. Even though I am only in my first years in this profession, I have witnessed the full range of obstetric outcomes, from the ideal normal low-risk deliveries to obstetric emergencies and neonatal and maternal mortality. I, along with many other OBGYNs in this state, work tirelessly every day to reduce the number of poor outcomes, and help provide the safest maternity care and help child birth to be the safe and joyous occasion that most patients envision.

And even in my limited years of practice, I have also seen the impact of lay-midwifery. I have taken care of several patients transferred to our high-volume labor and delivery unit after attempting home births, and have seen complications or poor outcomes that could have been prevented with the proper risk-stratification, health care, and counseling. I have seen women allowed to labor at home for days after their amniotic sac has broken, placing the patient and her child at great risk for sepsis. I have seen other patients come into the hospital after laboring at home, only to find out that their infant was in the breech position the entire time, making vaginal delivery an extremely risky endeavor. In one instance, we were able to offer the patient like this Cesarean section, and both patient and baby left the hospital without serious complication. In another instance in which the labor had progressed much further, a lay midwife tried to deliver an infant in the breech position at home. However, she was unable to deliver the infant, and when the patient arrived to the hospital the infant remained only partially delivered, and had demised.

With these patients in mind, I give my **support to HB2184** and other legislative proposals that **increase access to safe, high-quality maternity care** for Hawai'i's women and infants. I am also a Junior Fellow of ACOG, and support my ACOG section's position on this matter.

**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.<sup>1</sup>
- 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.<sup>2</sup> 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 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.

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

<sup>2</sup> Global Standards for Midwifery Education (2010). International Confederation of Midwives.

[https://internationalmidwives.org/assets/uploads/documents/CoreDocuments/ICM%20Standards%20Guidelines\\_ammended2013.pdf](https://internationalmidwives.org/assets/uploads/documents/CoreDocuments/ICM%20Standards%20Guidelines_ammended2013.pdf). Accessed on February 1, 2018.

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

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- 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.

**Recommended amendment:**

- HB2184 currently states that licensing of midwives will be determined by a “Director”, advised by a committee whose membership does not 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. Therefore,
  - Under section II, Part 2, Number 5 “Powers and duties of the director”, the **membership of the advisory committee established to assist with the implementation of the licensure program should include an obstetrician-gynecologist.** 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.

**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 Hawaii so they can choose for themselves who will care for them in this important time of their lives. For these reasons, I, Dr. Danielle Ogez, support HB2184.

Thank you for your time and consideration of this written testimony.



**HB-2184**

Submitted on: 2/3/2018 3:09:45 PM

Testimony for HHS on 2/6/2018 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Samantha Young		Support	No

Comments:

**I am testifying in support of HB2184.**

I gave birth at my home on Maui 2 months ago under the guidance of 2 midwives. They are both licensed in other states. Thanks to their expertise, my baby and I had a great birthing experience and have recovered perfectly. Our costly insurance didn't cover any of our prenatal care, birth, or post partum visits, like it may have in another state.

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

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 completed in 1999 and 2017 concluded that Hawaii should regulate the profession of midwifery.

I urge you to support this bill.

**Thank you,**

Samantha Young

**HB-2184**

Submitted on: 2/3/2018 3:33:51 PM

Testimony for HHS on 2/6/2018 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Richard Chong	Self	Support	No

Comments:

HB2184 Relating to the Licensure of Midwives

Health and Human Services Committee

[2/6/2018](#)

Richard Chong

111 Kulanihakoi St.

Kihei, HI 96753

**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.

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 completed in 1999 and 2017 concluded that Hawaii should regulate the profession of midwifery.

I urge you to support this bill.

Thank you.

**HB-2184**

Submitted on: 2/3/2018 4:24:55 PM

Testimony for HHS on 2/6/2018 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Patrick Chong		Support	No

Comments:

Allowing midwifery as an alternative for mothers to birth their children should be allowed and certified in the State of Hawaii. Families, especially women, should have the right to choose what form of birthing makes them the most comfortable in the most intimate time of their lives.

certify midwifery!

**HB-2184**

Submitted on: 2/4/2018 5:26:58 AM

Testimony for HHS on 2/6/2018 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Mary Whispering Wind	Patients Without Time	Support	No

## Comments:

I OPPOSE HB2184. The Center for Disease Control (CDC) titled "New Study Shows Lower Mortality Rates for Infants Delivered By Certified Nurse Midwives" and the "Home Births in the United States, 1990–2009" {NCHS Data Brief No. 84 January 2012} home-births usually lead to fewer deaths, complications and interventions. I fear this bill will limit the access to midwife services, especially on the neighbor islands.

**HB-2184**

Submitted on: 2/4/2018 7:08:48 PM

Testimony for HHS on 2/6/2018 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Sallie Moore		Support	No

Comments:

HB2184 Relating to the Licensure of Midwives

Health and Human Services Committee

2/6/2018

Sallie Moore

POB 883

Hanalei, HI

96714

**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.

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 completed in 1999 and 2017 concluded that Hawaii should regulate the profession of midwifery.

I urge you to support this bill.

Thank you.

**HB-2184**

Submitted on: 2/4/2018 5:07:20 PM

Testimony for HHS on 2/6/2018 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Sarah "Sky" Connelly		Support	No

Comments:

HB2184 Relating to the Licensure of Midwives

Health and Human Services Committee

2/5/2018

Sky Connelly LM, CPM

346 Kaiolohia Street

Kihei, HI 96753

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.

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 completed in 1999 and 2017 concluded that Hawaii should regulate the profession of midwifery.

I urge you to support this bill.

Thank you.



**HB-2184**

Submitted on: 2/4/2018 6:08:59 PM

Testimony for HHS on 2/6/2018 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Susan Sims		Support	No

Comments:

HB2184 Relating to the Licensure of Midwives

Health and Human Services Committee

2/6/2018

Susan Sims CNM, MSN

1516 Paina St

Honolulu

**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.

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 completed in 1999 and 2017 concluded that Hawaii should regulate the profession of midwifery.

I urge you to support this bill.

Thank you.

**LATE**

**HB-2184**

Submitted on: 2/5/2018 11:24:14 AM

Testimony for HHS on 2/6/2018 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Jennifer Chin		Support	Yes

Comments:

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 with a few amendments.

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 8 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.

We understand that not every women 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.

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.

We know that the future of healthcare depends on collaborative, well organized teamwork. A physician is unable to take care of a patient without the aid of a nurse, just as a nurse is unable to care for a patient without a physician. Thus, I believe that the advisory committee should include an obstetrician gynecologist. We are the main recipients of high risk transfers from midwives and are trained to recognize and treat high risk pregnancy conditions. The committee would thus be incomplete without the input of an obstetrician gynecologist physician.

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.

**LATE**

**HB-2184**

Submitted on: 2/5/2018 10:37:04 PM

Testimony for HHS on 2/6/2018 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Jodie Dresel		Support	No

Comments:

I believe in evidence based healthcare is best for all of us. I feel health care providers who are educated in evidence based practices provide the best and safest healthcare to mothers and babies. I believe CNM's are a huge asset to our community and should be valued for all of their hard work and dedication.

Thank you,

Jodie Marie Jensen Dresel

**LATE**

**HB-2184**

Submitted on: 2/5/2018 3:51:50 PM  
Testimony for HHS on 2/6/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Mary Tschann		Support	No

Comments:

I write to share my support of HB2184. HB2184 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. These standards are aligned with all other medical specialities. 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. It will **not** limit women's options for where and with whom they deliver their infants, but it will ensure that those providing professional healthcare services meet standards for providing safe and competent care. This act protects consumers (women and their families) by requiring professionals who indicate they are qualified to provide midwifery services meet minimum qualifications for the profession. This kind of certification is required for **every other** medical professional, from medical assistants to surgeons, and is a major gap in our healthcare oversight in Hawaii.

As a women's healthcare researcher, I appreciate and support the full autonomy of women and families to choose the system of care that suits them best, but also see that it is the State's responsibility to ensure that all those entrusted with the care of women and newborns are prepared to do so to the highest possible standards. 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. In 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. It will also ensure that consumers have a mechanism to confirm that their healthcare provider, whomever they choose it to be, is adequately trained and prepared to provide the medical care they may require. In order to enhance consumer protection I support requiring midwives to have documented education, national certification and meet the definition of "midwife"(per the International Confederation of Midwives).

I also believe that midwives should participate in data collection and peer review to ensure a process for quality improvement is in place. Midwives, like all other medical professionals, 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.).

Thank you,

Mary Tschann, PhD MPH



**LATE**

49 South Hotel Street, Room 314 | Honolulu, HI 96813  
www.lwv-hawaii.com | 808.531.7448 | voters@lwv-hawaii.com

COMMITTEE ON HEALTH & HUMAN SERVICES

Tuesday, February 6, 2018, 8:30 A. M., 328  
HB 2184, Relating to the Licensure of Midwives

**TESTIMONY**

Joy A Marshall, Legislative Committee, League of Women Voters of Hawaii

Chair Mizuno, Vice-Chair Kobayashi and Committee Members:

**The League of Women Voters of Hawaii per its position related to health care that provides access to a basic level of quality care of all Hawaii residents and control health care costs supports HB2184 relating to the licensure of licensed Midwives.**

As a Registered Nurse in Hawaii for 40 years prior to my retirement I personally have observed skilled and compassionate nurses perform many duties including delivering babies safely.

I know that Midwife services assure access to safe care in our rural areas as well as on the neighborhood Islands of our State

Assuring that these health professionals meet minimum professional standards we support HB 2184

Thank you for the opportunity to submit testimony.



**LATE**

**HB-2184**

Submitted on: 2/5/2018 11:18:53 PM

Testimony for HHS on 2/6/2018 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Brittany Harris		Support	Yes

Comments:

I am testifying in support of HB2184

Brittany Harris

2747 S Kihei Rd C107 Kihei, HI 96753

The legalization and licensing of professional midwives, will aid in ensuring families will have fair, safe and unmonopolized options for reproductive healthcare, birth, postpartum, newborn and lactation care. Enacting concise guidelines in accordance with national guidelines for education, practices and experience, ensures the well being of the public, professionals and state entities. This is inherently respectful of and in alignment with a multitude of cultural and religious beliefs and practices and allows for a greater spectrum of care. There is currently extensive evidence-based research conclusively stating the safety, efficacy, ethicality and rising desire for proficient licensed midwives.

Hawai'i and it's diverse families, cultures, beliefs, experiences and businesses can greatly benefit from diverse birth options!

**LATE**

**HB-2184**

Submitted on: 2/5/2018 9:45:46 AM

Testimony for HHS on 2/6/2018 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Lana Shea		Support	No

Comments:

Midwives are an asset

**LATE**

**HB-2184**

Submitted on: 2/5/2018 9:52:20 PM

Testimony for HHS on 2/6/2018 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Ashtin Hart		Support	No

Comments:

**LATE**



**HAWAII MATERNAL & INFANT  
HEALTH COLLABORATIVE**

COMMITTEE: Health and Human Services  
BILL: HB2184 Relating to Licensure of Midwives  
DATE: Tuesday, February 6, 2018  
TIME: 8:30am  
PLACE: Conference Room 329

Rep. John M. Mizuno, Chair and Rep. Bertrand Kobayashi, Vice Chair

The Hawaii Maternal and Infant Health Collaborative is in support of HB2184. HB2184 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.).

**HB-2184**

Submitted on: 2/5/2018 6:56:37 AM

Testimony for HHS on 2/6/2018 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
mary jewell		Support	No

Comments:



**ACOG**  
The American College of  
Obstetricians and Gynecologists

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

TO: Representative John M. Mizuno, Chair – House Committee on Health & Human Services  
Representative Bertrand Kobayashi, Vice Chair – House Committee on Health & Human Services

DATE: Tuesday, February 6, 2018, 8:30AM  
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 WITH AMENDMENTS**

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.<sup>1</sup>
- 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.<sup>2</sup> 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.

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

<sup>2</sup> Global Standards for Midwifery Education (2010). International Confederation of Midwives.

[https://internationalmidwives.org/assets/uploads/documents/CoreDocuments/ICM%20Standards%20Guidelines\\_ammended2013.pdf](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.

**Recommended amendment:**

- HB2184 currently states that licensing of midwives will be determined by a “Director”, advised by a committee whose membership does not 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. Therefore,
  - Under section II, Part 2, Number 5 “Powers and duties of the director”, the **membership of the advisory committee established to assist with the implementation of the licensure program should include an obstetrician-gynecologist.** 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.





P.O. Box 4270 Kaneohe, HI 96744  
[www.breastfeedinghawaii.org](http://www.breastfeedinghawaii.org)

TO: Representative John M. Mizuno, Chair  
Representative Bertrand Kobayashi, Vice Chair  
Members of Health and Human Services Committee

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

RE: HB 2184 Relating to the Licensure of Midwives

DATE: Tuesday, February 6, 2018 8:30 AM Room 329

Good Morning Representative Mizuno, Representative Kobayashi and Members of the Health and Human Services Committee. I thank the Committee for hearing HB 2184. I speak on behalf of Breastfeeding Hawaii and myself in voicing our STRONG SUPPORT of the Licensure of Midwives bill. We also applaud the authors of the bill for thoroughly addressing the important components of the issue.

Breastfeeding Hawaii is a non profit organization who supports, promotes and protects breastfeeding in the State of Hawaii. We further work to educate health professionals in our State on general breastfeeding and the importance of early contact between mother and infant immediately after birth to initiate the infant's human microbiome. Therefore we are very interested in birth practices at home or in the hospital that keep mother and infant together and encourage early breastfeeding.

I have been an advanced practice nurse in the State of Hawaii for 42 years. Over the years I've worked in the maternity field at the Queen's Medical Center, Kapiolani Medical Center for Women and Children, Kaiser Medical Center and Clinics, and Wahiawa out of hospital Birth Center. During these times I often worked with families who wished to have more relaxed, comfortable, familiar surroundings as they birthed their infant. These families also wished to have their older children and other family members around them at this very special time, and not be in a regulated and interventionist hospital environment. Of course in 2018 many of the above restrictions have been removed in hospitals.

Yet even with the changes in hospitals, doctors offices and clinics, some families chose



P.O. Box 4270 Kaneohe, HI 96744  
[www.breastfeedinghawaii.org](http://www.breastfeedinghawaii.org)

home birth as an option. These families contract with community, sometimes uncredentialed birth attendants who have non-formal education and unclear connections with medical backup if complications arise. If it happened that a mother and/or infant were transferred to a hospital for additional care, the mother could still be subjected to discrimination for her home birth choice. Additionally, the communication of the events that led to the hospital transfer are not always adequately conveyed. Luckily, the Midwives Alliance of Hawaii has assisted in this birth attendant communication by providing a form that could be used to document circumstance and condition of mother and/or infant if a transfer was necessary.

In the late 70's, there was an outcry of women in Hawaii to make changes in birthing practices in the hospitals, and an increase in home births by birth attendants. I supported a legal change in our State to have licensed, certified nurse midwives be involved with hospital and in home births. Today most certified nurse midwives primarily practice in clinics and hospitals in our State. This leaves a gap for those who wish a home birth. Hence a mixture of certified and uncertified birth attendants continue to provide prenatal, intrapartum, postpartum and newborn care with potential risks to families.

We feel having midwives who are certified by the American Midwifery Certification Board or North American Registry of Midwives is needed. Adding the licensure component lends further credibility and assures families of both professional midwife standards and DCCA oversight.

We as a community need to maintain a safe option for women to birth in their homes if they wish. We can do this by licensing nationally certified midwives.

We ask your support of HB2184.





**HB-2184**

Submitted on: 2/5/2018 6:45:27 AM

Testimony for HHS on 2/6/2018 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Kate Butler		Support	No

Comments:

HB2184 Relating to the Licensure of Midwives

Health and Human Services Committee

2/6/2018

Kate Butler

**64-5233 Puu Nani Drive**

**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 had 2 homebirths with Certified Professional Midwives here in Waimea. During my first pregnancy I also did concurrent care with the Waimea Women's center so I was able to observe the difference in the prenatal care offered to women who were preparing to birth at the hospital versus the prenatal care for a homebirth. Our prenatal care done by our CPMs was much more thorough in terms of the time that was taken to address and guide us on things such as exercise, nutrition, preparation for birth and baby and attending to my physical, emotional and informational needs. Our CPMs thorough training and preparation allowed for them to keep me safe during the birth of each of my children. I suffered a post partum hemorrhage with the birth of my first daughter and my midwives extensive knowledge and training allowed them to quickly stop the bleed and keep me safe. Their attention to their training and education I believe was critical in their ability to keep me safe.

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 completed 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**

Submitted on: 2/5/2018 8:05:18 AM

Testimony for HHS on 2/6/2018 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Keith Hatcher		Support	No

Comments:

Keith Hatcher

4865 G Nonou Rd Kapaa, HI 96746

I support the licensing of professional midwives. I'm an elementary school educator and principal in my community. I work with families and children. Licensing midwives creates more access to quality women's healthcare, prenatal care, safe birthing options, postpartum care, breastfeeding support and reproductive care.

I urge you to support this bill.

Thank you!

2/5/18

To: House Committee on Health & Human Services  
Representative John Mizuno, Chair  
Representative Bertrand Kobayashi, Vice Chair  
Conference Room 329  
Hawaii State Capitol  
415 South Beretania Street  
Honolulu, HI 96813

From: Midwives Alliance of Hawaii

Time: Twenty-Ninth Legislature Regular Session of 2018  
Tuesday, February 6, 2018 at 8:30am

**TESTIMONY IN STRONG SUPPORT OF HB2184, RELATING TO LICENSURE OF MIDWIVES**

Dear Representative Mizuno, Representative Kobayashi and committee members:

Thank you for the opportunity to testify in **strong support, with amendments, of HB2184**. We support both State Auditor's Reports No. 99-14 and No.17-01 findings that the midwifery profession should be regulated. 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 "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.

Sunrise Analysis No. 99-14 recommended the regulation of midwives to protect the health and safety of consumers due to the potential harm incompetent practice can cause, and to improve the availability of midwives to consumers. Regulation of midwifery was not able to be achieved over the years and in 2017 a second Sunrise Analysis, No. 17-01, was published. The State Auditor's report supported "mandatory licensure of the entire midwifery profession."

In accordance with the findings of the Sunset Evaluation Report on the Regulation of Midwives, the two Sunrise Analyses on the Regulation of Midwives and the history of regulation of midwifery in Hawai'i, we urge you to support HB2184 to establish a regulatory program for the practice of midwifery.

HB2184 utilizes the International Confederation of Midwives definition of a midwife. This definition is not only accepted throughout the world but also by all 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.

We believe that women and families in Hawai'i deserve the opportunity to access a midwife who has been certified as having demonstrated nationally recognized minimum competencies. We believe and support women in their choice of whom they wish to seek care from and birth with, and where they choose to birth. We believe that a regulatory midwife program provides women and families with the basic knowledge that licensed midwives have met the minimum nationally accepted educational and clinical competency requirements. We believe that licensing midwives will increase access to midwifery care across Hawai'i, especially in rural communities and neighbor islands. The majority of midwives in Hawai'i who are nationally certified and not nurse-midwives 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.

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. Last, 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.

In order to improve the effectiveness of HB2184 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).

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.

2. **§ -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.

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. Further we are aware that some OBGYNs feel a member of ACOG should be appointed to the advisory committee. We do not believe that the advisory committee should designate a position for an ACOG OBGYN as the purpose of an advisory committee is to advise the director on matters related to midwifery. Midwives operate in a multidisciplinary health care system and as independent providers we are not under the supervision of OBGYNs, nor other health professionals, though we collaborate and often share clients with other health care 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. 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, should they wish.

3.

#### PART V

SECTION 9. This Act shall take effect upon its approval; provided that Part II and Part III be enacted January 1, 2020 and Part III of this Act shall sunset on January 1, 2025.

We believe that the DCCA should have time to set up the program and that mandatory licensure should not go into effect until access to a license is available to midwives according to licensure requirements defined by this bill.

We ask for your **support, with amendments, of HB2184**. Thank you for the opportunity to testify and your consideration in this important health care matter.

Mahalo,

Le‘a Minton, MSN, APRN, CNM, IBCLC

Board President, Midwives Alliance of Hawaii

**HB-2184**

Submitted on: 2/5/2018 12:49:20 AM

Testimony for HHS on 2/6/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Merrily Daly	Daly Birth Maternity Services	Support	No

Comments:

HB2184 Relating to the Licensure of Midwives

Health and Human Services Committee

2/6/2018

Merrily Daly RN, CPM

165 Mokuahi Street, Makawao, HI. 96768

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 am an RN (1976) and also a Certified Professional Midwife (1995) in Hawaii and through my personalized experience, it is clear to me that we provide a service much needed by women who are in their childbearing years.

Not only are we providing the services listed above, we also provide emotional support and education that helps couples choose the best path for them and the birth of their baby. Doctors are short staffed and allowed minimal time with patients, whereas midwives take time to work holistically with patients and get their questions answered.

**Here on the island of Maui...if you mention to the doctor you are considering a home birth, they will stop your care.**

**If you arrive on Maui and are 20 weeks pregnant and try to get into see a doctor.....Good luck! Kaiser is the only provider that will see you, but you must be on Kaiser to do so.**

**If a pregnant mother gets risked out by a midwife, there is no OB on Maui that will see her. They say “Go to the hospital for your care”**

**Midwives pick up their phones to answer calls from frantic pregnant moms, needing a certain question answered immediately. Doctors do not do this.**

**Because of the status of midwifery in Hawaii, there is NO communication between the midwife and the OB therefore information slips through the cracks regarding patient care.**

Midwives do fill many gaps in the health care system here on Maui and in this state.

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.

It will provide a link between doctor and midwife for continuity of care.

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

I urge you to support this bill.

Thank you.

**HB-2184**

Submitted on: 2/5/2018 7:07:00 AM

Testimony for HHS on 2/6/2018 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Pauline Manijo		Support	No

Comments:

**HB-2184**

Submitted on: 2/4/2018 9:14:48 PM

Testimony for HHS on 2/6/2018 8:30:00 AM

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

Comments:

HB2184 Relating to the Licensure of Midwives

Health and Human Services Committee

2/6/2018

Dani Dougherty CPM

68-3604 Pakanu Pl. Waikoloa, HI 96738

**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.

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 completed in 1999 and 2017 concluded that Hawaii should regulate the profession of midwifery. I have been a resident of Hawaii for 8 years, and was a Licensed Midwife in Idaho before moving here. I look forward to the opportunity to obtain a license for my profession in the State of Hawaii, which is now my home.

I urge you to support this bill, both as a Certified Professional Midwife, and as a mother who has utilized midwifery care to birth my own 3 children.

**Thank you.**





**HB-2184**

Submitted on: 2/5/2018 7:56:05 AM

Testimony for HHS on 2/6/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Coral		Support	No

Comments:

**Coral Dunbar**  
**395B Miulana PI Kapaa Hi 96746**

**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 moved to Kauai 6 months pregnant, and my best option for giving birth was to hire a CPM. Because of Hawaii's laws, she was unable to work hand in hand with my OB (unable to order labs or be seen as an entity to the medical community). Even though I had good insurance, I had to pay her in cash for her services. She was extremely adept and by far the best option for my birth plans.

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 completed in 1999 and 2017 concluded that Hawaii should regulate the profession of midwifery.

I urge you to support this bill.

**Thank you.**



## Ann S. Freed

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COMMITTEE ON HEALTH & HUMAN SERVICES  
Rep. John M. Mizuno, Chair  
Rep. Bertrand Kobayashi, Vice Chair



DATE: Tuesday, February 6, 2018  
TIME: 8:30am  
PLACE: Conference Room 329

Aloha Chair Mizuno, Vice Chair and members,

I am writing as an individual to support the State Auditor's Report No.17-01 findings that the midwifery profession should be regulated. The regulation of the midwifery profession is important to ensure that all persons who receive maternity and women's health services have access to safe and competent care.

Hawaii has a long history of recognizing the midwifery profession through registration and licensure. From 1931 through 1999 the Department of Health provided licenses to midwives who met approved educational requirements. In 1999, when the Department of Health repealed the midwifery law due to certified nurse midwives licensure moving to the board of nursing, the State allowed for anyone to provide maternity care services to women and families.

Without licensure in Hawaii nationally certified midwives are not able to practice to their fullest scope, provide services where women can utilize their own health insurance, nor work within a collaborative health care system. **Lack of licensing protections and procedures penalizes the practicing midwife and their patients alike. Please pass this bill.**

Mahalo,

Ann S. Freed

**LATE**

**HB-2184**

Submitted on: 2/6/2018 10:42:37 AM

Testimony for HHS on 2/6/2018 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Me Fuimaono-Poe	Malie Cannabis Clinic	Support	Yes

Comments:

Traditional midwives need to remain protected, I see this bill allows for that

**LATE**

**HB-2184**

Submitted on: 2/6/2018 10:17:57 AM

Testimony for HHS on 2/6/2018 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Lisa Kimura	Healthy Mothers Healthy Babies	Support	Yes

Comments:

**HB-2184**

Submitted on: 2/4/2018 11:12:11 AM

Testimony for HHS on 2/6/2018 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Andrea Durante		Support	No

Comments:

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

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.

My personal experience with midwifery and a homebirth is one of ongoing and holistic health support as well as thorough and personalized care.

I urge you to support this bill.

Thank you.

**Hearing Date:** February 6, 2018 (0830 AM)

**To:** Representative John M. Mizuno, Chair – House Committee on Health & Human Services  
Representative Bertrand Kobayashi, Vice Chair – House Committee on Health & Human Services

**From:** Shandhini Raidoo, MD, MPH

**Re:** HB 2184 - **Relating to Licensure of Midwives**

**Position:** Support with amendments

Dear Representative Mizuno, Representative Kobayashi, and Members of the House Committee on Health and Human Services,

I am a physician working at the University of Hawaii, John A. Burns School of Medicine, Department of Obstetrics, Gynecology, and Women's Health. I provide comprehensive obstetrics and gynecology services. I am writing in support of HB 2184 with amendments.

I have worked extensively with certified nurse-midwives over the course of my career, and midwifery is a valuable and important aspect of pregnancy-related care for women. Women have the autonomy to choose their healthcare providers, and having licensed healthcare providers available to women allows them to make the best decisions for themselves and their families while ensuring that they are medically safe and the care that they receive meets the standards for quality care. The Sunrise Analysis published in January 2017 addressed this issue and determined that the licensure of practice of midwifery in the state of Hawaii should be mandatory, as is licensure for most other professions, and certainly all other professions engaged in human health and well-being. The International Confederation for Midwives has outlines requirements for education and training, and these are readily available to inform the licensure process. Licensure of the practice of midwifery also has the opportunity to encourage collaboration between healthcare professionals and encourage mutual respect and education. As a physician I learned valuable lessons throughout my training from the certified nurse-midwives with whom I worked, and I would appreciate the opportunity to work alongside licensed midwifery professionals in the future.

Although this proposed bill would make valuable and necessary changes, it is imperative to consider the need for additional care and consultation for women with complex medical conditions and pregnancies with complications. Obstetrician-gynecologists provide care for women with both low-risk pregnancies and high-risk pregnancies, and would be a valuable addition to the advisory committee to assist with outlining the standards for licensure and addressing complex medical considerations.

For these reasons outlined above, **I support HB 2184 with the addition of an obstetrician-gynecologist to the advisory committee for licensure.**

I stand ready to provide you with factual information on women's health issues that come before the Legislature and I hope you will contact me at any time.

Please protect the health of women in Hawaii and their families by supporting HB 2184.

Mahalo for your time and consideration,

Shandhini Raidoo, MD, MPH  
1319 Punahou St. Ste. 824  
Honolulu, HI 96826  
[sraidoo@hawaii.edu](mailto:sraidoo@hawaii.edu)



**HB-2184**

Submitted on: 2/4/2018 11:55:52 AM

Testimony for HHS on 2/6/2018 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Stephanie Austin	citizen	Support	No

Comments:

Please support his well thought out bill, ensuring  
a path to licensure for licenses professional midwives.

**HB-2184**

Submitted on: 2/2/2018 9:21:16 AM

Testimony for HHS on 2/6/2018 8:30:00 AM

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

Comments:

**HB-2184**

Submitted on: 2/2/2018 9:22:52 AM

Testimony for HHS on 2/6/2018 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
brendan donnelly		Oppose	No

Comments:

**HB-2184**

Submitted on: 2/2/2018 2:14:21 PM

Testimony for HHS on 2/6/2018 8:30:00 AM

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

Comments:

Aloha honorable chair and committee members,

My name is Nicole D. Floyd, I am a mother, teacher, and business woman.

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

# HAWAII MIDWIFERY COUNCIL

‘A‘OHE HANA NUI KE ALU ‘IA.

EST. 2015

Honorable Chair Mizuno and House Committee members, Health and Human Services

Hearing date Tuesday, February 6, 2018. 8:30am, room 329

Testimony in OPPOSITION to HB2184

As an inclusive state midwifery organization which represents direct entry midwives from a diversity of training backgrounds in districts all over the islands (including but not limited to districts 1, 4, 5, 13, 20, 40) we strongly oppose this bill because of the vast health impacts that it will have on families in Hawaii, especially for those in our rural communities. Listed below are our main concerns.

- There are no midwifery schools in Hawaii. Many of the trained and experienced midwives who are currently providing skilled care to their communities have no access to the requirements set forth for licensure in HB2184.
- Loosing access to the midwives mentioned above will reduce care options for women in Hawaii. This will be especially impactful to neighbor island communities who don't have easy access to hospitals with birth facilities. Many rural families must travel 45 minutes or more to reach the hospital.
- Recent studies show that homebirth leads to fewer complications and interventions than hospital births.
- HB2184 has multiple cultural impacts that are not adequately addressed by the Heath, Consumer Protection and Finance committees. This bill needs to be referred to the OMH committee in order to properly address these issues.
- Papa Ola Lokahi is not currently set up to oversee midwives as there is no kupuna council in place for traditional Hawaiian birth practices. A strong framework must be created and implemented before HB2184 can depend upon it. Passing HB2184 before this is done equates to denying Hawaiians their cultural practices.

Signed,

Rachel Curnel-Streumpf, President

Tara Compehos, Co-President

Hawaii Midwifery Council

**HB-2184**

Submitted on: 2/2/2018 2:29:04 PM

Testimony for HHS on 2/6/2018 8:30:00 AM

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

Comments:

As a licensed Naturopathic Doctor and former Certified Nurse Midwife from the state of California, I oppose the radical restraints this bill puts on mothers and their families.

The choice of where and how one birth's their baby is a choice which the 'Bill of Rights' as American Citizens protects and supports the decision to have a baby at home.

This is not a political nor legal issue.

Midwifery is one of our oldest professions and traditional midwives have been trained through apprenticeship programs throughout the ages. Certification as a competent midwife is achieved through many different types of programs and should be recognized according to academic and practical hours of education.

Mahalo for understanding the Midwifery profession and support of mother's and father's choices on who/where they will birth their children.

Dr. Bonnie Marsh

**HB-2184**

Submitted on: 2/2/2018 7:04:11 PM

Testimony for HHS on 2/6/2018 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Elizabeth Rueda		Oppose	No

Comments:

Parents deserve the right to choose where, with whom, and how they will birth, and this bill clearly restricts these choices.

The medical hospital model does not represent the different models of home birthing. The bill is trying to regulate a profession without a true understanding of everything that is involved with birthing at home. The Hawaii Home Birth Elders Council has responsibly regulated births since its creation. the authority of births must be left in the hands of the people, not the government.



**HB-2184**

Submitted on: 2/3/2018 7:28:22 AM

Testimony for HHS on 2/6/2018 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Ramona Hussey		Oppose	No

## Comments:

I urge you not to pass this bill 'regulating' midwives. I find this regulation is an infringement on my rights as a woman to choose what is best for my body, my child, and my health. I am an educated, professional woman (retired), who made an informed, rational choice to have all three of my children born at home with the help of lay midwives. This was in the State of Hawaii. Under this bill, those wonderful midwives would be criminalized, and my choice would be compromised. If you pass this bill, women like me will have to go underground to exercise our right to choose our own births. Please vote no on this bill.

My name is Babatunji Heath,

I oppose HB 2184 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 imposing restrictions on how one births. Birth sovereignty must be left to the individual.

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.

The proposed legislation will not make home births safer nor will it 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. Each year that midwifery regulation comes up in legislation the home birth community makes it clear they do not support control by outside forces and will simply go underground if any such legislation is passed. In response to pressures from outside the home birth community to formally regulate, The Hawaii Home Birth Elders Council has been created. This council represents the variety of practices that exist in Hawaii and all combined they have over 200 years of home birth experience. If the doctors, hospitals and government health officials who have expressed concerned and are calling for regulation are genuinely concerned for the wealth fair of babies and their mothers they should reach out to this community. They should seek to learn from them so as to improve all births, hospital births and home births. They should also work to make it easier for mothers who do choose to birth at home to transport to a hospital in the rare circumstances that the birth involves dangerous medical complications that may be better handled in a hospital. There are many reasons that parents choose to birth at home, some of them are the nature and the quality of care they might get or have gotten in a hospital.

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,

Babatunji Heath

**HB-2184**

Submitted on: 2/3/2018 10:06:49 PM

Testimony for HHS on 2/6/2018 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Kat Culina		Oppose	No

Comments:

**HB-2184**

Submitted on: 2/4/2018 6:29:12 AM

Testimony for HHS on 2/6/2018 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Angela Schmidt		Oppose	No

Comments:

**HB-2184**

Submitted on: 2/4/2018 11:51:08 AM

Testimony for HHS on 2/6/2018 8:30:00 AM

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

Comments:

REGULAR SESSION OF 2018

For Honorable House Chair John Mizuno, Vice Chair Bertrand Kobayashi and Committee members Della Au Belatti, Andria Tupola & Lei Learmont

Hearing date 2-6-18, 8:30 am Rm 329

RE: HB 2148 Relating to the Licensure of Midwives

IN OPPOSITION

Aloha honorable chair and committee members,

My name is Ben Kinsey, I am opposed to this bill.

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,  
Ben Kinsey

**HB-2184**

Submitted on: 2/4/2018 11:16:54 AM

Testimony for HHS on 2/6/2018 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
wyonette wallett		Oppose	No

Comments:

This bill should not go through. Our future generation should decide where, how and what practices our babies come into this world. Indigenous cultures have had their own science of birthing for millenia which is still successfully being practiced today, this can not be lost like everything else we have thrown to the side. Our next generation now should be able to utilize both paths, if need be on their own terms and what see fit for their family. Would you deny your daughter or granddaughter their female and cultural rights?

Wyonette Wallett



**HB-2184**

Submitted on: 2/4/2018 11:41:20 AM

Testimony for HHS on 2/6/2018 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Jennifer Noelani Ahia		Oppose	No

Comments:

Aloha,

My name is Jennifer Noelani Ahia and I am a Licensced Acupuncturist in Hawaii. I hold a Masters in Science in Traditional Oriental Medicine.

I am reaching out to you to voice my strong opposition to HB2184. This legislation would actually REDUCE access to care by limiting who can practice and essentially alientating Cultural Practitioners. Women have been giving birth since the dawn of humanity and every culture has their own protocal and practices that are a natural part of the landscape of that place. Having access to these traditional, cultural practices increaces positive outcomes for birth and lifelong wellness of mother and child.

To require cultural practitioners of midwifrey, who have extensive, sometimes lifelong lineage training, to be legislated to get licensure in Hawaii is in conflict with the United Nation Declaration on the Rights of Indigenous People Artice 24, Section 1.

"Indigenous peoples have the right to their traditional medicines and to maintain their health practices."

I have had the opportunity to treat many patients in my ten years of practice who have used Traditional, cultural midwives to give birth and I can say without a doubt that the experiences these families have with birth is so much stronger, more empowered and more connected than some of the other options.

Some people prefer hospital births for a variety of reasons and that is absolutly o.k., but families should be able to choose how they want to experience childbirth and with whom as their healthcare provider. If this bill passes it will severely limit the CHOICES expectant families have.

Please, I urge you to oppose HB218

Most Sincerely,

Jennifer Noelani Ahia, L.Ac., MSTOM

Ahia Acupuncture & Wellness

1949 Kahekili Hwy.

Wailuku, HI 96793

**HB-2184**

Submitted on: 2/4/2018 12:33:29 PM

Testimony for HHS on 2/6/2018 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Autumn Ness	Hawai'i Center for Food Safety	Oppose	No

Comments:

**HB-2184**

Submitted on: 2/4/2018 1:10:31 PM

Testimony for HHS on 2/6/2018 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Makalani Franco-Francis		Oppose	No

Comments:

Aloha

As a Hawaiian, Homebirth mother of 3,  
and Pale Keiki ("midwife")student apprentice I oppose  
oppose HB2184 & any companion bills in reference to regulations  
of midwifery.

\*This bill will not protect Traditional Hawaiian and other  
indigenous midwives.

\* will take away a woman's right to choose care most beneficial  
for her and child.

\*certification/licensing is not available in Hawai'i  
making it very costly/difficult to obtain.

\* A violation of cultural, religious and women's rights.

Mahalo,

Makalani Franco-Francis

Hawai'i Midwifery Council Maui Chapter



**HB-2184**

Submitted on: 2/4/2018 1:24:07 PM

Testimony for HHS on 2/6/2018 8:30:00 AM

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

Comments:

Aloha honorable chair and committee members,

My name is Audrey Alvarez, I am a Honolulu resident and a home birth 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.

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

Sincerely,

Audrey Alvarez

REGULAR SESSION OF 2018

For Honorable House Chair John Mizuno, Vice Chair Bertrand Kobayashi and Committee members Della Au Belatti, Andrea Tupola & Lei Learmont

Hearing date 2-6-18, 8:30 am Rm 329

RE: HB 2184 Relating to the Licensure of Midwives

IN OPPOSITION

Aloha honorable chair, vice chair and committee members,

My name is Dr. Lori Kimata, I am a fourth generation Hawaii resident., attended Punahou for 13 years, UCLA for 4 and received by medical degree from National College in 1988. I have been a licensed naturopathic physician and a home birth midwife for over twenty nine years, and have been assisting mothers in having their babies at home since 1985. I am the co-founder of Sacred Healing Arts LLC and a member of the Hawaii Home Birth Elders Council.

I oppose HB 2184 and feel strongly there are too many problematic areas to make amendments at this time.

**1) First, IS there a problem? And IF so, what IS the true problem? And IF there is one, is THIS form of regulation going to solve it? Who is really going to be served or benefited by this regulation?**

I have sincere empathy for lawmakers who are trying their very best to understand what truly is the issue here? After 30 years in this field I believe it boils down to one primary thing, we have forgotten the Aloha Spirit Law, Hawai'i Revised Statutes, section 5-7-5, passed in 1986 which was presented to the people of Hawai'i as a gift by the late Aunty Pilahi Pahi who wrote it because she foresaw a twenty-first century world in deep strife that would look to Hawai'i for healing. Aloha would be the remedy. Can we begin with Hawai'i births? Can we mutually respect, value and appreciate the diversity of how different people choose to birth without needing to control or impose our beliefs on them? **Birth is as varied as the people who come in through it, and so are the attendants who serve them.** This bill imposes a medical model onto a home birth community. I am asking the home birth community and the hospital community, will this regulation bring us together or divide us further? Are we all willing to embody the Aloha Spirit Law and truly treat each other with aloha?

Every year that midwifery regulation comes up, hearings are flooded with the home birth community and home birth midwives who come to testify, sharing their strongest concerns regarding regulation and why they must oppose the bill. **This year 100% of the home birth midwives on Oahu do not want this regulation,**



**and the majority of home birth midwives on the outer islands are also opposed.**

The government is here to serve the people, and I hear the people clearly saying this legislation does not serve or benefit them. The auditor's report has inherent biases and problems. In addition, according to the Hawaii Regulatory Licensing Reform Act in this specific case there are both reasons to regulate and specific reasons regulation must be avoided. We must find a better way.

In the 2017 Auditors report on p. 33 under "methodology", he states that he interviewed the stakeholders in the proposed legislation: midwives, physicians, midwifery organizations and health insurers. What about the most important people?? What about the consumers who could be or would have been or will be affected by proposed legislation? Why weren't they consulted?

## **2) This bill will NOT increase safety, availability or quality.**

In the 2017 Auditors report also on p. 33 under "probable effects" he confides that it is likely that a number of midwives will decline to seek licensure for religious, personal, philosophical or financial reasons which **will reduce options for mothers interested in a midwife-assisted home birth**. Again there is a complete lack of understanding as to what this effect will look like. **If consumer safety is the issue, then reducing legal options will not make birth safer for the consumer!** People will be forced to go underground to preserve their cultural, philosophical, religious or personal beliefs. This will shut down further communication and further divide us, again, this is not in the spirit of aloha.

As for quality, who is judging quality here? As you will see in point #3, how can the state regulate a field without understanding it? **This bill is addressing quality from a medical standard that does not always relate to how people choose to birth at home.**

Although HB 2184 says its intent is to increase safety, improve quality and enhance availability it clearly will do none of these things.

## **3) This bill seeks to regulate a field it does not understand.**

The auditor keeps mentioning regulating the "midwifery profession" without a full understanding of what "midwifery", not "professional midwifery" truly is, and how the community values the service of "midwifery" as well as "professional midwifery". Midwifery bills try to regulate a field without an in depth understanding of the various practitioners, professionals, 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.**

#### **4) Does the state of Hawaii really want to regulate birth?**

If you regulate the people who serve birth, you regulate birth. Regulating how, with whom and where someone gives birth interferes with reproductive rights, birth autonomy, privacy rights and birth traditions. **When we had a public meeting at the department of Health last month with representative from all the “stakeholders,” everyone (100% of attendees) agreed that women deserve the choice.**

#### **5) There are many specific problematic sections, exemptions being only one of them**

The exemption section is 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.

#### **6) Possible alternative solutions**

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 about comprehensive solutions to existing concerns. One concern is accountability. The practice of midwifery has been responsible, accountable and informally regulating itself since its conception. However, 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. I am confident that practitioners in both the home birth and hospital birth fields can embrace the Aloha Spirit Law and work together to find good solutions. We are making progress. **Birth sovereignty must be left in the hands of the people, not the government.**

My primary concern is for the welfare and empowerment of mothers and babies and the preservation of culture, tradition and people’s choices.

For these reasons and more I strongly oppose HB 2184

Sincerely,  
Dr. Lori Kimata  
Naturopathic Physician, midwife  
Sacred Healing Arts  
Hawaii Home Birth Elders Council

REGULAR SESSION OF 2018

For Honorable House Chair John Mizuno, Vice Chair Bertrand Kobayashi and Committee members Della Au Belatti, Andria Tupola & Lei Learmont

Hearing date 2-6-18, 8:30 am Rm 329

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 stricture 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  
(808) 312-2334  
Kisitu@hawaii.edu

**HB-2184**

Submitted on: 2/4/2018 2:46:44 PM

Testimony for HHS on 2/6/2018 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Barbara Barry		Oppose	No

Comments:

Aloha,

Please do not allow this bill to proceed. There are many things that are wrong about it and it will cause more harm than good.

Midwifery is culturally important and having women be able to choose how to have their babies is a right that should never be removed from their choice.

Hands off restricting Midwifery!

Mahalo,

Ms. Barbara Barry

Ha'iku

**HB-2184**

Submitted on: 2/4/2018 3:07:19 PM

Testimony for HHS on 2/6/2018 8:30:00 AM

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

Comments:

I oppose this Bill as do many others.

My his doesn't support all midwives and cultures.

Please deny.

Thank you

## **kobayashi2 - Kevin**

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**From:** Olivia Rose <breathingbirth@gmail.com>  
**Sent:** Friday, February 2, 2018 4:08 PM  
**To:** hhstestimony  
**Subject:** I support HB 2184!

HB2184 Relating to the Licensure of Midwives

Health and Human Services Committee

2/6/2018

Ashley Olivia Rose  
71 Hooahale Street  
Kihei, HI 96753

### **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.

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 completed in 1999 and 2017 concluded that Hawaii should regulate the profession of midwifery.

I urge you to support this bill.

Thank you.

Olivia Rose



## kobayashi2 - Kevin

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**From:** Yvonne Gray <yvonne.gray.2006@gmail.com>  
**Sent:** Friday, February 2, 2018 8:06 PM  
**To:** hhstestimony  
**Subject:** Opposition to HB2148

Aloha honorable chair and committee members,

My name is Yvonne Gray, I am mother of 4 children and military spouse. My last child Elias Kelani Gray was born at home in Kailua, HI on July 11, 2015.

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. My own last birth was supposed to be a cesarean based on fear by the medical doctors but no medical reason. They wanted it to be scheduled even without my husband who was deployed at the time present. Only under the care of a home birth Midwife was I able to birth my child at home in a loving environment surrounded by his brothers. In the hospital I would have been alone and possibly even separated from my child.
- 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,

Yvonne Gray

Sent from my iPhone

## kobayashi2 - Kevin

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**From:** info@plumblossomclinic.org  
**Sent:** Saturday, February 3, 2018 12:33 PM  
**To:** hhstestimony  
**Subject:** HB 2148

REGULAR SESSION OF 2018

For Honorable House Chair John Mizuno, Vice Chair Bertrand Kobayashi and Committee members Della Au Belatti, Andria Tupola & Lei Learmont

Hearing date 2-6-18, 8:30 am Rm 329

RE: HB 2148 Relating to the Licensure of Midwives

IN OPPOSITION

Aloha honorable chair and committee members,

My name is Michael Hamilton.

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,  
Michael Hamilton

## kobayashi2 - Kevin

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**From:** Kyra Glover <kyra.r.glover@gmail.com>  
**Sent:** Saturday, February 3, 2018 4:50 PM  
**To:** hhstestimony  
**Subject:** Testimony regarding HB2184

Aloha,

My name is Kyra and I am a Maui resident. I am writing to you in response to the companion bills HB2184 (introduced on 1/22/18 by Belatti, Mizuno & Takumi ) and SB2294, (introduced 1/19/18 by Senator Baker) I am concerned that these bills will not fully protect or serve the diverse cultural communities of Hawai'i, myself included, or the Traditional Midwives who practice in these islands. It is my hope that the pushes for increased outside regulation and blanket certification identified in these bills be reconsidered and cease for the reasons I've detailed below.

Naturally occurring events including birth, aging and death are all conditions of being alive that, when given the chance, can teach us to be a part of the larger living world. They are the instructors of humanity. It is through diverse and complexly layered histories and ancestry that traditions surrounding these events have accompanied generations of families throughout time and across borderlines. Every participant in life, from those living today to the vast majority of those peoples who once lived and who are now dead have experienced birth in some way or another. It is easily recognized that in all of human history the majority of these births have been facilitated by un-certified family members, birth attendants, and practicing midwives. While exact practices vary worldwide it's also widely acknowledged that skillful cultural assistance, support and appropriate intervention given at the time of pregnancy and labor can greatly enhance the overall safety and emotional, psychosocial, spiritual and physiological experiences of the mother, child and family experiencing birth.

Given the biologically inherent and instinctive nature of birth, it is one of the remaining aspects of our humanity largely governed by generational knowledge, wisdom and practice. Birthing traditions are an inheritance not only shared between family members but widely put to use within the over-arching culture they arise from. Birthing practices vary in as many and more ways as there are unique families and cultures. Around the world, Traditional Midwives are the vestiges of in-tact cultural and generational wisdom in a rapidly globalizing world that threatens it's very extinction. As a resident of Hawai'i, who's state legislative powers are in place to ensure the safety and justice of its' people and the protection of its' lands, but also to regulate industry for the sake of a thriving economy, I see this as a time when cultural identity and our rights as human beings need the utmost attention. Yes, there are certain industries that benefit from state governance and regulation but Traditional Midwifery is not one of them. Despite what some diaper and pharmaceutical companies might have you to believe, birth is not an industry. In one of many understandings, it's the unregulated ushering in of life from one realm into another.

Midwives and traditional birth attendants aren't simply women who show up to a birth, wing it, and send the bill in the mail. Many are not even driven by visions of a thriving business and clientele, but rather, by educated and empowered families and their healthy babies. These professional practitioners, much like the hospital based doctor educated in western schooling traditions, have gone through intense educations, often spanning multi-generations and rigorous testing. Midwifery learned in a traditional setting offers hands- on experience to practitioners that often a regulated classroom just doesn't have access to. Traditional teaching methods surrounding birth are meticulous because they deal with life and death. Over time, practices that did not routinely result in healthy outcomes were not passed along because the very aim of midwifery is to safely guide healthy babies into the arms of their parents. To think that Western medical practices and certification bodies are the highest form of medical care and education is an outrageous assumption that can be disputed time and time again by reports of patient dissatisfaction, fleeting patient-doctor interaction times, medical staff's overwhelming workloads, an over abundance and misuse of surgical intervention and instances of medical malpractice by trained and certified personnel. The point here is not that regulation and western medicine are without value, but that it is not the only marker of trained excellence and should not be deemed the undisputed standard when it comes to healthcare. **The proposed bills would criminalize practices that have been sought out and safely conducted for ages. It does not take into account the human right to choose the route and administration of care most relevant to those involved.**

In the case of traditional practices it is the families serviced and the practitioners themselves who should be governing the discipline. In regards to issues of liability it is up to those persons involved to take responsibility for their health and actions. This might include, but is not limited to, asking thorough questions, seeking second opinions, doing one's own research and protecting oneself and the services they offer through written agreements. Because this is a matter concerning the natural processes of ones' own body, if a family decides to seek traditional care via a midwife it should be their right to plan when, where, and how they want to bring life into the world. Especially on islands where diverse populations have a limited number of resources, to take valid options away from pregnant women and their families would be to put added stress on hospital staffs and the communities they service. **Because many believe cultural matters of birth and death are outside of the governments jurisdiction, passing a law that criminalizes a traditional form of family support would also create a further divide amongst the community of health providers who often need to work together.**

We live in a time when there is continuous movement across state and country borders so it's important to recognize that ethnic populations in the State of Hawai'i are more diverse than ever before. **Just as Native Hawaiians should be allowed the ability to conduct cultural practices in the lands of their ancestors, so too should non-Hawaiian women and families who choose to live their lives in a manner traditional to their ancestry and to human-kind. Although this bill attempts to address Traditional Hawaiian practitioners it excludes everyone, myself included, who would be negatively impacted by its' ruling. In addition, it's not even guaranteed that OHA**

would be equipped to adequately support these populations because it is not specifically outlined in the bill's verbiage. Yes this issue is part native rights, but it is also part of the larger issues of women's and human rights. It is no surprise that native rights often align themselves with human rights in a larger sense given that the aim or result of in-tact indigenous cultures is the very crafting of our humanity... a humanity that feeds living communities both seen and unseen, human and non-human. I mention this because in the case of policies regarding birth, human rights need to be protected for all of Hawai'i's diverse populations. Whether they be native to these islands or another place in the world.

**It may be argued within sub-systems and cultures that certain standardizations can help to bring cohesion to like minded practitioners but blanket implementation that requires specific and often inaccessible certification across huge communities assumes that everyone under that law wants the same thing in the same way for the same reasons. This is wildly intolerant of differing viewpoints surrounding health and sanity. Should there be certifications in place for those who wish to learn and utilize them? Yes. Should people also be able to walk down other valid pathways of learning, living, birthing, dying and caring for one another? Yes! Requiring certification of all Midwives and Traditional Womens' Health Practitioners marginalizes all who are currently valid professionals and those who wish to seek out what is now ironically referred to as 'alternative care' for their health needs. It should be noted that the certification requirements proposed by these bills is not currently attainable in-state and would require most Hawai'i midwives to leave the state to acquire such a credential. This inflicts enormous costs (monetary, time...etc) on individuals, families and the communities left behind and would be flat-out impossible for many.**

Certification can be a valuable tool, but it is also one of many pathways. One that should not be required of everyone. Just because one group of people don't require or seek out the expertise of another it doesn't mean that they are unnecessary or inconsequential. Just because some people don't understand the complexities and brilliance of traditional and ancestral health care, much of which cannot simply be quantified, recreated and tested in a lab or classroom, doesn't mean they need to step in to regulate what is unknown to them. Quite the opposite. It's times like these that we need to distinguish between what we can control and what needs to remain a living and breathing human practice. It's times like these that the rights of women and their families who choose to walk an ancestral path of study and motherhood be upheld, celebrated, and protected.

My name is Kyra Roxanne Glover Ka'alekahi and I am a woman descended from West African, Native American, and Northern European ancestry, among others. I was born and raised in Hawai'i on the islands of O'ahu and Maui. I currently reside in Kula, Maui and am a student and practitioner of Native Hawaiian cultural practice. My husband and I do not have children but, should I one day become pregnant, we intend to seek out the guidance of Traditional Midwives and birth doulas in the context of a home birth. I write this testimony as someone who has studied to become a birth doula, who has worked in both hospital and healthcare settings as a Child Life Assistant and Occupational Therapist (OTR/L), and who has witnessed firsthand a healthy home birth facilitated by Traditional Midwives and Midwife Apprentice here in Hawai'i.

P.O. Box 901334  
Kula HI 96790

808-271-3570

## kobayashi2 - Kevin

---

**From:** Nicole Patterson <NPatterson@johnsonbrothers.com>  
**Sent:** Saturday, February 3, 2018 7:00 PM  
**To:** hhstestimony  
**Subject:** Hb2184

Aloha,

I am writing in support of HB2184. As a mother in Hawaii I have benefited greatly from the midwife community here. We are pregnant with our second child and have a desire to have a midwife supported birth and would benefit greatly from our state helping to make that happen.

Aloha  
Nicole

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Thank you

## **kobayashi2 - Kevin**

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**From:** Martha Landt <gentlebirthheals@icloud.com>  
**Sent:** Sunday, February 4, 2018 12:24 PM  
**To:** hhstestimony  
**Subject:** Bill HB2184

This is a testimony that I am FOR this Bill  
Hb2184

and its contents.

Thank you

Women and family need

The choice for Midwifery care .

Thank you

Martha L Landt, CPM

Sent from my iPhone



**HB-2184**

Submitted on: 2/4/2018 3:39:12 PM

Testimony for HHS on 2/6/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Tara Compehos		Oppose	No

Comments:

Honorable Chair Mizuno and Committee Members,

I OPPOSE HB2184

By limiting the requirements for licensure to accredited schools and the CM, CPM, and CNM training criteria, this bill will make it inaccessible for most of Hawaii's midwives. Please carefully consider the repercussions of this on our rural communities.

I am the only midwife who lives and works in the district of Ka'u on Hawaii Island (House Districts 3 and 5). We have only one hospital in this large district but it does not have a labor and delivery unit in it. This means that women in labor have to drive for at least an hour and a half to access either Hilo or Kona hospitals. Many women in our community give birth in their cars, in the parking lot of the hospital or in an ambulance.

As the only midwife in this community I have completed an apprenticeship, attended a midwifery school, achieved NRP and CPR certification and complete continuing education training and workshops every year. Because my preceptor was not NARM approved and my school was not MEAC accredited, I would not be able to qualify for licensure under HB2184. The cost to attain the educational pathways stipulated in HB2184 will be approximately \$40,000, not including travel costs and loss of wages. Because I am supporting a family I will not be able to complete this process. This will leave our community devoid of a skilled birth attendant. Even if I did find a way to pursue this RE-Education process, the Ka'u community would be left without a skilled attendant for several years as I did so. Women are having babies every day. The babies won't wait.

If the State is going to require a specific pathway to licensure it is beholden to provide access to that pathway for it's constituents. Passing HB 2184 without first setting up in-state midwifery training infrastructure is irresponsible.

There are many possible solutions: a multi-fold, inclusive path to licensure, a state-administered test, a grandfather clause, a midwifery council made up of the most experienced midwives in the state, a vocational program at a community college. These things must be looked into before a bill like HB2184 can be passed. I

propose creating a task force to examine the possibilities before putting regulation into place.

Sincerely,

Tara Compehos, DEM

House District 3

Senate District 2

Current bills being introduced use language similar to that used during the beginning of medicalized birth where midwives and other birth attendants were demonized and criminalized for being "uneducated", "uncredentialed", "backwards" and "dirty". Your introduction states that women and families home birth and midwifery care because of geographic location and therefore lack of access to medical prenatal and birth care. This is simply false. While it may be true for some parts of the homebirth population, most, if not all, the women and families I have spoken with choose midwifery care and homebirth because they feel safer, more respected, and empowered through this type of care. You claim that because of "lack of access" in rural areas we must regulate midwifery to ensure the safety of these populations, implying that midwifery care by an unlicensed midwife or birth attendant is unsafe unless we do so. This is simply false. Communal midwifery care and homebirth have been the standard of care for pregnant women for thousands of years. Only in the last century have we seen birth moved into hospitals with disastrous results. The US now has the highest infant and mother mortality rates (and that's without accounting for racial disparities, which show black and brown women suffering even more than white women) in the industrialized world, including the highest rate of C-section, one two times higher than recommended by ACOG and WHO. And yet no audit, bill or any other measure has been taken to ensure the safety of mothers and babies in hospitals at the hands of licensed professionals. You seem to think that licensure is the answer to ensure better outcomes for homebirth families, but I believe the exact opposite to be true. Women, midwives, birth attendants and practitioners who do not conform to this standard of licensure will be criminalized, their clients forced to choose between an "illegal" care option, a hospital, or licensed option that may be unaffordable, unavailable or just not what they are looking for. Additionally, you offer no pathways for birth workers who already live and work here, simply stating that they would have to comply with NARM and MEAC standards and certification without saying HOW. Will a midwifery school be opening at UH or any other college here? Will there be a compiled list of preceptors accepting apprenticeship? If things like this are not taken into account you are putting the cart before the horse and only encouraging more people to come from the mainland who already have these qualifications (which already happens for birth worker workshops that they get to write off as a tax break) displacing local workers, or forcing aspiring local birth workers to go to the mainland before being able to practice in their home communities. I believe that you need to hear from the people using and providing these services, not those outside of it or part of a narrow definition of midwifery. To define midwifery as a practice that can only be acknowledged or valued through licensure is inherently racist. If you provide no alternative pathways for learning or acknowledgement for already experienced cultural practitioners, you are part of the problem. To only provide an exception for Hawaiian practitioners through Papa Ola Lokahi is still a narrow definition of midwifery and fails to acknowledge the immense diversity of cultures in our communities. This bill is not helpful and I fear will only have the opposite effect of its intent. Listen to homebirth families and listen to homebirth practitioners. Then we can work on building bridges between birth communities to ensure the safety of birthing people and babies in all settings with all practitioners.

**HB-2184**

Submitted on: 2/4/2018 5:17:18 PM

Testimony for HHS on 2/6/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
clare Ioprinzi	Birth Sovereignty	Oppose	No

Comments:

aloha kakou

This bill is devastating to the health and welfare of pregnant mothers and babies...the CPM status is changing as NARM is in a big place of change as there is a merger coming about in 2020 so this is a not a stable situation for CPMs. There is just a few CPMs that support this and this is costly. there is a good solution the CPM can go under the ACNM organization as the US MERA merge is already uniting ACNM, NARM and ACOG. It is too costly to have a board for just a few midwives.

1) This 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 will 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.

Clare Loprinzi Traditional Midwife

**HB-2184**

Submitted on: 2/4/2018 5:38:05 PM

Testimony for HHS on 2/6/2018 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Carlton York		Oppose	No

Comments:

Traditional birth practices should be allowed to continue , choice is important to a healthy outcome for many !

February 4, 2018

I am writing in opposition of the bill HB2184. I am a mother who has birthed my healthy baby boy at home with the support of two midwives. HB2184 will greatly affect my cultural rights and practices. This bill will not support my family and our moral decisions, nor will it give us the freedom of choice to choose who we want to use as our midwife in the future. We have always trusted our traditional midwife.

This bill disregards traditional midwives who are and have been significant members serving our mothers and babies in our communities for a very long time. Traditional midwives have always had a place in our communities and they always should. It is proven that home births lead to fewer complications and interventions. These midwives were at the forefront during births allowing these statistics to be evident. This bill also leaves no room for cultural practitioners despite the cultural exemption mentioned in the bill.

Under bill HB2184, cultural practitioners will be required to report to the Office of Hawaiian Affairs, Papa Ola Lokahi, Kupuna Council. The Kupuna Council, which does not have any board members, would be designated to oversee Native Hawaiian midwives. Cultural practitioners would be required to trace their genealogy to Native Hawaiian origin and lineages that practiced midwifery. This is unrealistic as many cultural practitioners have acquired knowledge through various kumu. As the 'olelo no'eau says, "a'ohe pau ka 'ike I ka halau ho'okahi," all knowledge is not learned in one halau. Cultural practitioners are also limited to Native Hawaiians, this abandons other midwives in our very diverse island chain including Filipino, Micronesian, Samoan, Tongan people etc. who utilize their own cultural practices to assist in birth practices in Hawaii.

HB2184 will also affect student midwives and require that CPM midwives be MEAC accredited. This licensure is not available in the state of Hawaii which will require midwifery to be a distant goal for residents especially considering costs associated with a MEAC accreditation.

HB2184 will not contribute to the betterment of Hawaii and its future. I strongly oppose HB2184.

Me ka 'oia'i'o,

Kayla H.K. Shaw  
Hawaii Midwifery Council Member  
(808) 281-8003  
kaylamaui.hi@gmail.com

**HB-2184**

Submitted on: 2/4/2018 7:45:45 PM

Testimony for HHS on 2/6/2018 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Ainoa Shaw		Oppose	No

Comments:

I Ainoa Ka'ae Shaw, am against this Bill, which would have it illegal for women to give birth at home or with a birth team of mothers choosing. This Bill goes directly against our Hawaiian Rights to practice our culture that was passed down to us. This Bill would strip another seam to our intricately woven hawaiian culture and would send a biased message to the future generation that women are not strong enough to give birth without sitting in the backseat to a relentless industry thats soul mission is to make the people be less perceptive and submissive.

This testimony comes from a father of a son who was homebirthed, being there to see the strength of my wife and knowing that we had chosen to take a more organic approach to birth. I write with a belief that I could never see my children being born in a hospital. It would take away from my wifes reliance, not only her choice of how, when and where. The training women take to give birth with extensive research. With this Bill, you basically condemn my family, we know what is right and natural. To you would take my child away because it goes against agendas to fuel the medical industry is not only ludacris, but also an act of war. To pay harm to families by taking away babies from mothers and fathers, is a direct threat. This goes against our beliefs as human beings not only our Hawaiian background.



**HB-2184**

Submitted on: 2/4/2018 7:51:42 PM

Testimony for HHS on 2/6/2018 8:30:00 AM

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

Comments:

I am writing to **oppose HB 2184** on behalf of myself and my two young children - both born at home with the support of midwives (one licensed and the other 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 shown to be 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 powerful 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. This bill would criminalize many women who have given their lives to serve their community with knowledge passed on to them--much of which unattainable in classrooms.

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.

Because I always believe that I should never oppose anything without offering a suggestion for a better alternative, I will say that I think a remedy to this bill would be to make legislation and licensure optional. This would not criminalize anyone but 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 do hope you think of the well-being of *everyone* when sorting through this bill.

**HB-2184**

Submitted on: 2/4/2018 7:55:07 PM

Testimony for HHS on 2/6/2018 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Tamara Paltin		Oppose	No

Comments:

Aloha Representatives,

I am opposed to midwifery regulation because:

-it reduces access to care - especially on the outer islands

-there currently are no midwife training schools in Hawaii

-studies have shown that homebirths usually lead to fewer complications and interventions

-homebirth is not for everyone, but it should be up to each ohana to make that decision for themselves not for the state to step in and regulate given the current limitations we face in Hawaii

Mahalo,

Tamara Paltin

808-870-0052

**HB-2184**

Submitted on: 2/4/2018 8:42:51 PM

Testimony for HHS on 2/6/2018 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Stacey Moniz	Hawaii State Coalition Against Domestic Violence	Oppose	No

Comments:

Aloha Representatives,

As the loving grandmother of two very healthy and vibrant grandsons who were born at home with experienced midwives and trusted doula, I VERY STRONGLY OPPOSE HB2184. My mother was a nurse and very invested in the traditional western models of medicine so both of my own children were born in the hospital. That's just what we did in the 80s, but home birth has happened since the beginning of time. We've gotten confused over time and have been taught that hospital births are "natural" and that home birthing is "abnormal" and "dangerous." Nothing could be further from the truth. In my experiences I have seen unnecessary interventions happen with hospital births as opposed to home births.

If there is to be licensure it should be OPTIONAL so that those midwives who wish to be licensed can do so. I am a strong believe in a woman's RIGHT TO CHOOSE on all levels, including how and where she wants to deliver. Home birth is just one more option on the birthing continuum and I urge you to support choice.

Mahalo for your consideration.

Peace be the journey,  
Stacey Moniz

**HB-2184**

Submitted on: 2/4/2018 8:46:12 PM

Testimony for HHS on 2/6/2018 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Erika Lechuga Disalvo		Oppose	No

Comments:

Aloha,

I am opposed to this bill because it does not recognize traditional midwife practices that take place here in Hawaii. This bill criminalizes traditional birth practices which should be honored. Thank you for opposing this bill.

Sincerely,

Erika Lechuga DiSalvo

**HB-2184**

Submitted on: 2/4/2018 8:48:45 PM

Testimony for HHS on 2/6/2018 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Luanna Peterson	Papahana Kuaola	Oppose	No

Comments:

This measure would impinge upon a birthing person's right to select the birth attendant of their choice. I do not support this corrosion of bodily sovereignty; I can not support this bill.

Protecting birthing freedoms is an issue of especial significance to woman of black heritage. Adverse birth statistics are consistently abysmal within our community. Unfortunately the state of Hawaii is no exception. Though we comprise only a small demographic in this state some of our birth related statistics are the worst in the nation, right here in this land.

The midwifery model, and homebirth care specifically, provide some of the most practical, accessible, effective and proven solutions to this national and local crisis. This was true in 1950s America, when records indicate that 88% of births were occurring in hospitals, but history tells us that 14 years prior to the enactment of the Civil Rights Act, black women were barred from hospital birthing. It was homebirth midwives who bridged the gap in our communities, delivering competent and culturally sound care. It is true now, as contemporary programs across the country providing less interventive, more culturally relevant care are creating small pockets of optimism for black birth outcomes. Though hard numbers aren't currently available, 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; a small but significant sampling of community opinion.

African American mothers are the second largest group of respondents, following white mothers. We are choosing care providers that we feel safest with. We are combatting overwhelmingly bleak statistics. We are reclaiming an important piece of our heritage. And our intuition has been correct. To legislatively undermine our efforts, and their positive outcomes, would be unconscionable.

Happy Black History Month.

**HB-2184**

Submitted on: 2/4/2018 9:16:46 PM

Testimony for HHS on 2/6/2018 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Felicia	Self	Oppose	No

Comments:

This measure would impinge upon a birthing person's right to select the birth attendant of their choice. I do not support this corrosion of bodily sovereignty; I can not support this bill.

Protecting birthing freedoms is an issue of especial significance to woman of black heritage. Adverse birth statistics are consistently abysmal within our community. Unfortunately the state of Hawaii is no exception. Though we comprise only a small demographic in this state some of our birth related statistics are the worst in the nation, right here in this land.

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Happy Black History Month.

**HB-2184**

Submitted on: 2/4/2018 9:17:24 PM

Testimony for HHS on 2/6/2018 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Dii Karng		Oppose	Yes

Comments:

This measure would impinge upon a birthing person's right to select the birth attendant of their choice. I do not support this corrosion of bodily sovereignty; I can not support this bill.

Protecting birthing freedoms is an issue of especial significance to women of black heritage. Adverse birth statistics are consistently abysmal within our community. Unfortunatly the state of Hawaii is no exception. Though we comprise only a small demographic in this state some of our birth related statistics are the worst in the nation, right here in this land.

The midwifery model, and homebirth care specifically, provide some of the most practical, accessible, effective and proven solutions to this national and local crisis. This was true in 1950s America, when records indicate that 88% of births were occurring in hospitals, but history tells us that 14 years prior to the enactment of the Civil Rights Act, black women were barred from hospital birthing. It was homebirth midwives who bridged the gap in our communities, delivering competent and culturally sound care. It is true now, as contemporary programs across the country providing less interventive, more culturally relevant care are creating small pockets of optimism for black birth outcomes. Though hard numbers aren't currently available, 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; a small but significant sampling of community opinion.

African American mothers are the second largest group of respondents, following white mothers. We are choosing care providers that we feel safest with. We are combatting overwhelmingly bleak statistics. We are reclaiming an important piece of our heritage. And our intuition has been correct. To legislatively undermine our efforts, and their positive outcomes, would be unconscionable.

Happy Black History Month.



**HB-2184**

Submitted on: 2/4/2018 9:29:00 PM

Testimony for HHS on 2/6/2018 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Sierra Dew		Oppose	Yes

Comments:

I am writing in opposition of bill HB2184. I want to say first off that giving birth to our son at home was the most beautiful and empowering experience of my life, and that was absolutely because I was able to have a skilled midwife and that I was able to be in the place that I feel safest in.

I am one who feels a lot of anxiety in a hospital setting. The whole environment and inaccessibility to nature makes me feel on edge. I mean once you check into the hospital you aren't even allowed out past the ward to walk and gather yourself and connect inwards. Being outside is crucial to humans for feeling in their relaxed state. Birth happens naturally when the mother is feeling relaxed, nurtured, safe and respected. I feel none of these things in a hospital. Giving birth is an incredibly intimate experience. If you are a mother you know this. If you are a man, trust that in the hospital up to a dozen unfamiliar people will be looking, prodding and poking into your vagina, and many times without consent! How relaxed and safe would that make you feel? Also with the number of women who have experienced sexual trauma, having someone you know and trust touching you intimately is absolutely crucial for not triggering and inflicting more trauma.

Birth is a human rights issue and I absolutely believe that every women should have the right to choose how they give birth. In fact, women should be given every opportunity and education around their choices for giving birth, including home birth. Instead home birth is criticized and ridiculed in the doctor's office. They make it really obvious that they feel the mother/family must not care for the health of their baby. When I tried to talk to a doctor about the option of home birth they tried to make me feel reckless and that modern technology was a much safer choice. I was questioned over and over every visit I made about my choice. I honestly felt bullied. Many doctors won't even see a women who wants to choose a home birth option because of liability. This is so ridiculous!!

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.

Mahalo,

Sierra

**HB-2184**

Submitted on: 2/4/2018 9:30:47 PM

Testimony for HHS on 2/6/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Cassandra Kugle		Oppose	Yes

Comments:

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

**HB-2184**

Submitted on: 2/4/2018 9:32:28 PM

Testimony for HHS on 2/6/2018 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Norman Berg		Oppose	Yes

Comments:

REGULAR SESSION OF 2018

For Honorable House Chair John Mizuno, Vice Chair Bertrand Kobayashi and Committee members Della Au

Belatti, Andria Tupola & Lei Learmont

Hearing date 2-6-18, 8:30 am Rm 329

RE: HB 2148 Relating to the Licensure of Midwives

IN OPPOSITION

Aloha honorable chair and committee members,

My name is Norman C. Berg, I am a Parent, whose child was delivered by a MidWife.. 9 years ago. My daughter was delivered without any issues...she is a beautiful and glowing child and an example of a beautiful birth process. Please give this process due consideration for the position stated below.

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,

Norman C. Berg

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**HB-2184**

Submitted on: 2/4/2018 9:33:34 PM

Testimony for HHS on 2/6/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Alohi Aea		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



**HB-2184**

Submitted on: 2/4/2018 9:41:24 PM

Testimony for HHS on 2/6/2018 8:30:00 AM

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

Comments:

This measure would impinge upon a birthing person's right to select the birth attendant of their choice. I do not support this corrosion of bodily sovereignty; I can not support this bill.

Protecting birthing freedoms is an issue of especial significance to women of black heritage. Adverse birth statistics are consistently abysmal within our community. Unfortunately the state of Hawaii is no exception. Though we comprise only a small demographic in this state some of our birth related statistics are the worst in the nation, right here in this land.

The midwifery model, and homebirth care specifically, provide some of the most practical, accessible, effective and proven solutions to this national and local crisis. This was true in 1950s America, when records indicate that 88% of births were occurring in hospitals, but history tells us that 14 years prior to the enactment of the Civil Rights Act, black women were barred from hospital birthing. It was homebirth midwives who bridged the gap in our communities, delivering competent and culturally sound care. It is true now, as contemporary programs across the country providing less interventive, more culturally relevant care are creating small pockets of optimism for black birth outcomes. Though hard numbers aren't currently available, 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; a small but significant sampling of community opinion.

African American mothers are the second largest group of respondents, following white mothers. We are choosing care providers that we feel safest with. We are combatting overwhelmingly bleak statistics. We are reclaiming an important piece of our heritage. And our intuition has been correct. To legislatively undermine our efforts, and their positive outcomes, would be unconscionable.

**HB-2184**

Submitted on: 2/4/2018 9:45:04 PM

Testimony for HHS on 2/6/2018 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
semba umoja		Oppose	No

Comments:

This measure would impinge upon a birthing person's right to select the birth attendant of their choice. I do not support this corrosion of bodily sovereignty; I can not support this bill.

Protecting birthing freedoms is an issue of especial significance to women of black heritage. Adverse birth statistics are consistently abysmal within our community. Unfortunatly the state of Hawaii is no exception. Though we comprise only a small demographic in this state some of our birth related statistics are the worst in the nation, right here in this land.

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**HB-2184**

Submitted on: 2/4/2018 9:47:38 PM

Testimony for HHS on 2/6/2018 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Candice Roberts		Oppose	No

Comments:

**HB-2184**

Submitted on: 2/4/2018 9:50:26 PM

Testimony for HHS on 2/6/2018 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Marion McHenry		Oppose	No

Comments:

This bill does not allow for traditional Hawaiian cultural practices. I strongly oppose this bill.

**HB-2184**

Submitted on: 2/4/2018 9:52:17 PM

Testimony for HHS on 2/6/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
juli schwartzenberg		Oppose	No

Comments:

This measure would impinge upon a birthing person's right to select the birth attendant of their choice. I do not support this corrosion of bodily sovereignty; I can not support this bill.

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African American mothers are the second largest group of respondents, following white mothers. We are choosing care providers that we feel safest with. We are combatting overwhelmingly bleak statistics. We are reclaiming an important piece of our heritage. And our intuition has been correct. To legislatively undermine our efforts, and their positive outcomes, would be unconscionable.

**HB-2184**

Submitted on: 2/4/2018 10:07:37 PM

Testimony for HHS on 2/6/2018 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Kim Todd	four women radicals	Oppose	No

Comments:

This measure would impinge upon a birthing person's right to select the birth attendant of their choice. I do not support this corrosion of bodily sovereignty; I can not support this bill.

Protecting birthing freedoms is an issue of especial significance to women of black heritage. Adverse birth statistics are consistently abysmal within our community. Unfortunately the state of Hawaii is no exception. Though we comprise only a small demographic in this state some of our birth related statistics are the worst in the nation, right here in this land.

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African American mothers are the second largest group of respondents, following white mothers. We are choosing care providers that we feel safest with. We are combatting overwhelmingly bleak statistics. We are reclaiming an important piece of our heritage. And our intuition has been correct. To legislatively undermine our efforts, and their positive outcomes, would be unconscionable.

Happy Black History Month.

**HB-2184**

Submitted on: 2/4/2018 10:08:37 PM

Testimony for HHS on 2/6/2018 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
John O Ozoa-Sioson	1978	Oppose	No

Comments:

Honorable House Chair John Mizuno, Vice Chair Bertrand Kobayashi and House and Human Services Committee members Della Au Belatti, Andria Tupola and Lei Learnmont

Selena M. Green Tuesday, February 6, 2018

**IN OPPOSITION** HB 2184 and companion bill SB2294, Relating to the Licensure of Midwives

My name is Selena Green. I am a Certified Professional Midwife who graduated from a MEAC accredited school. I am also one of a few NARM preceptors in this state.

I **oppose** HB 2184 and its companion bill, SB2294 for the following reasons and feel strongly that there are too many problematic areas to make amendments:

- 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 consider 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 previous years, I have supported the licensure of Certified Professional Midwives, however, in discussion with midwives and consumers, I have come to understand state regulation is not what the people of Hawai'i want. 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. I am honored to be one of these elders on the Council. 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 consider cultural observances other than Hawaiian, and as we know Hawaii is made up of many strong cultural traditions that deserve to be honored.

As policymakers, you **MUST** honor the deep and informed investment women make in their health and in their choices to birth with whom and where.

For these reasons and more I strongly oppose HB 2184 and companion bill SB2294.

Sincerely,

Selena M. Green, CPM, RP



**HB-2184**

Submitted on: 2/4/2018 10:16:09 PM

Testimony for HHS on 2/6/2018 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Valerie Brown		Oppose	No

Comments:

REGULAR SESSION OF 2018

For Honorable House Chair John Mizuno, Vice Chair Bertrand Kobayashi and Committee members Della Au Belatti, Andria Tupola & Lei Learmont

Hearing date 2-6-18, 8:30 am Rm 329

RE: HB 2184 Relating to the Licensure of Midwives

IN OPPOSITION

Aloha honorable chair and committee members,

My name is Valerie L Brown, I am a community midwife supporter. I was previously in support of Licensure of Certified Professional Midwives, but have since changed my position that this proposed State Legislation would criminalize our home birth community Midwives and jeopardize the welfare of mothers and babies that our Midwives care for.

I oppose HB 2184 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.

As policy makers you **MUST** honor the deep and informed investment women make in their health and in their choices to birth with whom and where.

For these reasons and more I strongly oppose HB 2184

Sincerely,

Valerie L Brown



**HB-2184**

Submitted on: 2/4/2018 10:35:26 PM

Testimony for HHS on 2/6/2018 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Felecia Aldrich		Oppose	No

Comments:

This measure would impinge upon a birthing person's right to select the birth attendant of their choice. I do not support this corrosion of bodily sovereignty; I can not support this bill.

Protecting birthing freedoms is an issue of especial significance to women of black heritage. Adverse birth statistics are consistently abysmal within our community. Unfortunately the state of Hawaii is no exception. Though we comprise only a small demographic in this state some of our birth related statistics are the worst in the nation, right here in this land.

The midwifery model, and homebirth care specifically, provide some of the most practical, accessible, effective and proven solutions to this national and local crisis. This was true in 1950s America, when records indicate that 88% of births were occurring in hospitals, but history tells us that 14 years prior to the enactment of the Civil Rights Act, black women were barred from hospital birthing. It was homebirth midwives who bridged the gap in our communities, delivering competent and culturally sound care. It is true now, as contemporary programs across the country providing less interventive, more culturally relevant care are creating small pockets of optimism for black birth outcomes. Though hard numbers aren't currently available, 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; a small but significant sampling of community opinion.

African American mothers are the second largest group of respondents, following white mothers. We are choosing care providers that we feel safest with. We are combatting overwhelmingly bleak statistics. We are reclaiming an important piece of our heritage. And our intuition has been correct. To legislatively undermine our efforts, and their positive outcomes, would be unconscionable.

Happy Black History Month.

sincerely,

Felecia Aldrich



**HB-2184**

Submitted on: 2/4/2018 10:32:06 PM

Testimony for HHS on 2/6/2018 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Takejia Jackson		Oppose	No

Comments:

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**HB-2184**

Submitted on: 2/4/2018 10:57:40 PM

Testimony for HHS on 2/6/2018 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Patrice Conyers		Oppose	No

Comments:

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**HB-2184**

Submitted on: 2/4/2018 11:03:53 PM

Testimony for HHS on 2/6/2018 8:30:00 AM

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

Comments:

This measure would impinge upon a birthing person's right to select the birth attendant of their choice. I do not support this corrosion of bodily sovereignty; I can not support this bill.

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Happy Black History Month.

-Nicole M Woo



**HB-2184**

Submitted on: 2/4/2018 11:10:22 PM

Testimony for HHS on 2/6/2018 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Martha Jenkins		Oppose	Yes

Comments:

I voice opposition to House Bill 2184 on the grounds that the state of Hawai'i is not currently equipped to regulate midwifery in any way that works in favor of the health of mothers and children. The midwifery field is small in our archipelago as is and, as I understand it, the qualifications required to meet the licensing standards listed in this bill must be sought outside of Hawai'i. This is troubling, not only for many respectable midwives with years of experience and hundreds of births attended, but also for any state entity deemed able to regulate the complex practice of midwifery; would licensing agents be trained midwives themselves? At what cost to taxpayers would such a program exist?

I strongly oppose this bill on a personal level. My son was born last March in our family's home in Kaimukā. I opted for a natural birth out of a hospital setting, assisted by two seasoned and extremely capable midwives; now I feel so lucky to have had that option; one of those midwives, who I sought strength and a great deal of expertise and care from, would not have been qualified under HB2184. I would put our lives in their hands time and time again, and I am not alone.

This bill is being touted as a measure to protect clients when in reality, it would significantly restrict access to birthing alternatives. If the bottom line of HB2184 truly is the health and safety of makuahine and our keiki, there are surely much better ways to support us.

**HB-2184**

Submitted on: 2/4/2018 11:19:44 PM

Testimony for HHS on 2/6/2018 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Mitsuko Hayakawa		Oppose	No

Comments:

Aloha Members of the Health and Human Services Committee,

I am strongly opposed to HB2184. Requiring midwives to acquire license to practice midwifery limits women's choices on how they would like to give birth. It criminalizes midwives who practice traditional or religious birthing. Laws that regulate midwives poses a threat to licensed midwives as well as many licensed midwives in California that I personally know have been placed under investigation. It causes undo stress on licensed midwives.

As a woman who has had multiple home births with midwives in California and Arizona, I know that the wisdom of midwives that have been passed down for thousands of years are lost due to regulations that impose restrictions based on limited Western ideology. I would choose to have another home birth with a midwife who knows how to perform breech and VBACs safely at home than to risk a higher possibility of a c-section in a hospital.

I implore you to not regulate midwives. Birth is a NATURAL process that does not need government intervention.

Sincerely,

Mitsuko Hayakawa

**HB-2184**

Submitted on: 2/4/2018 11:32:08 PM

Testimony for HHS on 2/6/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
mieko		Oppose	No

Comments:

To Committee on HHS,

Mieko Aoki, CPM **opposes HB2184** (and companion bill SB2294).

Hearing date on Tues. Feb 6, 8:30am.

HB2184/SB2294 creates NEGATIVE IMPACTS:

- When you limit midwives, you limit access to midwifery care!
- reduces/limits access to midwifery care (Approximately 22% of women in the United States live in rural areas with limited access to obstetric care. **Midwifery care at home and in free standing birth centers is available in many rural communities.** We need to keep midwifery care accessible! Among this sample of low-risk women who planned midwife-led community births, no increased risk was detected by rural vs nonrural status; <http://onlinelibrary.wiley.com/doi/10.1111/birt.12322/abstract>)
- no midwife training schools in Hawai'i, (must leave their families, caring for grandparents, home, etc. and is expensive!)
- no accessible ways for currently practicing midwives to get certified, the NARM pathway to be discontinued in 2019
- Multiple cultural impacts that are not adequately addressed in HHS, CPC, FIN
- Studies show that home births have fewer interventions (Planned home birth for low risk women in North America using certified professional midwives was associated with lower rates of medical intervention; <http://www.bmj.com/content/330/7505/1416>)
- Papa Ola Lokahi does not currently oversee midwives nor certify them

Our solutions:

- We are capable of self-governing through our community's own recommendations
- Councils are in place to hold each other accountable

Remember: Birth is about the BIRTHING PERSON'S CHOICE, and here in Hawai'i, rights & CULTURAL SOVEREIGNTY must be observed.



Rachel L. Curnel Struempf, DEM

Gentle Beginnings Midwifery

73-1001 Ahulani St.

Kailua-Kona, Hawaii 96740

[Kaloko4@aol.com](mailto:Kaloko4@aol.com)

(808)990-8025

Honorable Chair Mizuno and House Committee members of Health and Human Services

Hearing date Tuesday, February 6, 2018. 8:30am, room 329

Testimony in OPPOSITION to HB2184

I am a traditional direct entry midwife, I have been serving the women of Hawai'i island for over 13 years. I strongly OPPOSE HB2184. The women in our state deserve access to skilled midwifery care. This is a critical issue that must be deeply considered when voting on a bill that will make such a serious impact on the health and welfare of our states women and children. If this bill passed, it would create a huge shortage of skilled midwifery care for our states rural and low-income mothers. Many of these mothers live 45 minutes or more from their nearest hospital birthing unit. Here are some of my main issues with this bill:

\*This bill would create a serious shortage of knowledgeable midwives serving rural and underprivileged areas

\*Locally trained and currently practicing traditional midwives are not included in this bill and there is NO legal way for them to seek licensure under this bill

\*Most of the mainland trained CPM midwives do not currently hold the credentials required to seek licensure

\*This bill does not adequately provide cultural or Hawai'ian midwives protection as Papa Ola Lokahi has no Kupuna council to oversee them

\*This bill includes Certified Nurse Midwives who are already licensed and governed under the state's nursing board.

I respectfully urge you to OPPOSE HB2184, the women in this state deserve more than this poorly written bill.

Mahalo for your time,

Rachel Curnel Struempf, DEM

**HB-2184**

Submitted on: 2/4/2018 8:45:27 AM

Testimony for HHS on 2/6/2018 8:30:00 AM

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

Comments:

Oppose. Let women decide their own health care.

**HB-2184**

Submitted on: 2/4/2018 11:35:17 PM

Testimony for HHS on 2/6/2018 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
William Newton		Oppose	No

Comments:

I oppose this bill. It's restricting my choices of how my wife and I want our children born. We have had two successful births to two very healthy children with the assistance of a midwife.

REGULAR SESSION OF 2018

For: Honorable House of Representative HHS Committee Members,

Hearing date 2-06-18, 8:30 a.m., Rm 329

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

Dear Madams and Sirs,

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

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. 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. We do not support this bill. I 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 chose unassisted births, as I would have. Unassisted births are much riskier than a birth attended by a skilled attendant.

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 was a midwife who, after my birth, went onto 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 doesn't allow anyone to receive fair compensation for their services in emergencies.

If it is necessary to move forward on this bill, please add full exemptions for traditional midwives, direct entry midwives, lay midwives, community midwives, cultural practitioners of birth and midwifery students of all midwives. Please allow midwives to receive fair compensation so that they have a means of making a living. It is your responsibility to ensure safe access to birth. It is a woman's right.

Thank you,

Suzanna Kinsey

suzannakinsey@gmail.com

**HB-2184**

Submitted on: 2/4/2018 11:42:49 PM

Testimony for HHS on 2/6/2018 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
adaure ezinne dawson	hale kealaula	Oppose	Yes

Comments:

For Honorable House chair John Mizuno, Vice Chair Bertrand Koayashi and committee members Dell Au Belatti, Andria Tupola & Lei Learmont

Hearing date 2-6-18 8:30am Rm 329

Re: HB2184 Relating to the Licensure of Midwives.

In Opposition

Aloha honorable chair and committee members, My name is Adaure Ezinne Dawson. I am a student midwife and apprentice midwife training through the NARM PEP program. I am also a consumer or homebirth mom and my last 2 children were born under the care of a trained certified midwife and with the support of her midwife apprentices/students. I recognize the womans right to her choice of who she wants to attend to the birth of her baby and this bill is not conducive to the basic human right of womens choice to birth how she wants and with whom she wants.

I oppose HB 2184 for the following reasons and feel strongly that there are too many problematic areas to make amendments at this time.

Regulating how, where, with whom someone gives birth interferes with reproductive rights, birth autonomy, privacy rights AND birth traditions.

This bill is trying to create regulation without understanding the profession and the length the practionioners go to to be responsible care providers for these women. It does not take into account the desires of the homebirth population it is trying to regulate and it does not accurately represent the different models of homebirthing.

Every year this bill for licensure of midwifery comes but the community has consistently made it clear that they do not want governmental interference or control because that would and could lead to more unsafe birth practices. Many moms have experienced tremendous disservice with their hospital birth experiences in contrast to their home

birth experience and do not want to lose that option to safely birth in the secure space of their home with their chosen, loving, birth attendant.

The Hawaii Home birth Elders council has been created and reflects 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.

I do not want to lose the ability to train with some of these elders and very respected midwives they have proven over and over again that they are more than capable at supporting a mother and her babies in a homebirth and I do not want to have to go through the more modern medical models that are less sensitive to a womans needs and not as supportive to the midwifery care model.

For these reasons and more I strongly oppose HB2184

sincerely,

Adaure Ezinne Dawson

**HB-2184**

Submitted on: 2/4/2018 11:51:48 PM

Testimony for HHS on 2/6/2018 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Grace Alvaro Caligtan		Oppose	No

Comments:

REGULAR SESSION OF 2018

Honorable House Chair John Mizuno, Vice Chair Bertrand Kobayashi and Committee members Della Au Belatti, Andria Tupola & Lei Learmont

Hearing date 2-6-18, 8:30 am Rm 329

RE: HB 2184 Relating to the Licensure of Midwives

IN OPPOSITION

Aloha honorable chair and committee members:

My name is Grace Alvaro Caligtan and I am parent and a reproductive justice advocate. I also served as a former full spectrum doula for 10 years and midwife apprentice who studied under a CPM and worked in an O'ahu home birth practice for two years. While I applaud the underlying movement forward in acknowledging that midwives can and do a lot to address health disparities through early detection of complications, higher standards of personal care, and preventing expensive interventions in an ailing health-care system, I oppose HB 2184 for the following reasons:

· 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 vastly different models of home birthing.

- Regulating how, with whom and where someone gives birth interferes with one's birth autonomy, reproductive choice and birth traditions. The human rights and dignity of birthing people must rest on trusting and respecting ultimately the birthing person's ability to discern and choose for themselves who can best meet their needs. In Oregon for example, a "Traditional Midwife Information Disclosure" form is used when obtaining informed consent from clients. The form includes statements up front that the midwife is not licensed and that their qualifications were not reviewed by the state, but by a self-regulating body of birth practitioners and established teachers. Such a form could also disclose their hospital transport policy as well as medical professionals that they might refer and collaborate with in the event that they determined home-birth was no longer feasible.

· Every year that midwifery regulation comes up in legislation the community of consumers and practitioners makes it clear they do not support governmental oversight. There is consensus that legislation will not make births safer, nor will it improve quality or enhance the chances of more home-grown trained birth providers for the increasing number of local families who seek home birth as a preferred choice. In fact, such legislation perhaps will have the opposite effect of wearing thin those who must leave the islands for costly professional study, alternative forms of recognition, and licensure.

- 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 those who are called and skilled to continue this ancient art, 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 Hawai'i is made up of many strong cultural traditions that also deserve to be honored.

For these reasons and more I strongly oppose HB 2148

Sincerely,

Grace Alvaro Caligtan

**HB-2184**

Submitted on: 2/5/2018 12:14:26 AM

Testimony for HHS on 2/6/2018 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Anastasia "Ho'oheno" Chase		Oppose	Yes

Comments:

I Anastasia "Ho'oheno" Chase oppose HB 2184. I am kanaka Hawaii and a birth worker. This bill threatens women's choices and violates their rights to choose who attends their birth. The bill threatens Native Hawaiians cultural and birthing traditions. By regulating midwifery will potentially criminalize mothers and birth workers and will decrease safe, affordable, culturally, spiritually, and religiously sensitive care. I Anastasia "Ho'oheno" Chase do not support HB 2184.

**HB-2184**

Submitted on: 2/5/2018 12:27:20 AM

Testimony for HHS on 2/6/2018 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Nicole Struempf		Oppose	No

Comments:

Aloha Honorable Chair Mizuno and Committee Members,

I strongly oppose HB2184. This bill would limit access to experienced midwifery care, it doesn't allow the currently practicing traditional midwives to be legally licensed, and it doesn't address many sensitive cultural issues. Please protect my birth autonomy!

Mahalo,

Nicole Struempf



**HB-2184**

Submitted on: 2/5/2018 12:27:53 AM

Testimony for HHS on 2/6/2018 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Rocio Bueno		Oppose	Yes

Comments:

For Honorable House Chair John Mizuno, Vice Chair Bertrand Kobayashi and Committee members Della Au

Belatti, Andria Tupola & Lei Learmont

Hearing date 2-6-18, 8:30 am 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 HB2184. This bill restricts freedom

of choice for the people. There are different cultures with their own set of needs, values and practices living on the Hawaiian islands who rely on midwives that will not be able to legally practice if this bill passes into law. Midwifery knowledge and experience is varied and rich; please protect its valuable place in our state and vote no on HB2184.

For this and many other reasons, I oppose HB2184.

Sincerely,

Rocio Bueno

Aloha

**HB-2184**

Submitted on: 2/5/2018 12:39:34 AM

Testimony for HHS on 2/6/2018 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Paolo Morgan		Oppose	No

Comments:

Honorable Chair Mizuno and House Committee Members,

I strongly oppose HB2184. This bill does not allow for the grandfathering in of our states elder traditional midwives. There is no legal way for them to seek licensure. Hawai'i cannot afford to lose the eldest and most experienced midwives in the state. By limiting which type of midwives may seek licensure, this bill would greatly restrict access to care for many rural and low-income women. Please oppose HB2184.

Sincerely,

Paolo Morgan

**HB-2184**

Submitted on: 2/5/2018 1:26:45 AM

Testimony for HHS on 2/6/2018 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Tiffany Mahon		Oppose	No

## Comments:

As a mother expecting her first child I oppose HB2184. The method of birth should inherently be reserved for the mother and family. The state should have no business removing or limiting those choices or placing barriers to access to home birth options. The way that this Bill regulates the home birth and midwifery professions places restrictions on the people who work in this field without providing added value. In addition, by regulating in this manner there will be a reduction in choice and quality health care options for all mothers and families in Hawaii. More traditional and non-hospital birth environments are desired by many families of different cultures, beliefs, socioeconomic statuses, and so on. The regulations, as proposed, would force a more medicalized model and greatly reduce the safe, traditional options many families seek. According to the Sunrise Analysis (JAN 2017), it was discovered that women are choosing planned home birth options approximately 200% more now than in 1996. At a time when women are relying on this level of personal service, support, and guidance; it makes little sense to legislate these support systems without first laying out the foundation for how the people who are currently working in this field can continue to provide such important and valuable services and allow others, including midwife assistants, to continue to develop their expertise. Moreover, it would be beneficial to our state legislators to discover why women are migrating away from institutional healthcare and are choosing to have their babies in the home. It is unacceptable to have the options of so many women and families reduced down to one singular method of care that does not allow for the continuation of traditional home based care that has already proven to be safe for and desired by the public.

**HB-2184**

Submitted on: 2/5/2018 1:03:35 AM

Testimony for HHS on 2/6/2018 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Robin Garrison	Women Who Care Inc.,	Oppose	No

Comments:

Dearest State Legislatures,

Regarding HB2184 on Homebirth Midwives,

This measure would impinge upon a birthing person's right to select the birth attendant of their choice. I do not support this corrosion of bodily sovereignty; I can not support this bill.

Protecting birthing freedoms is an issue of especial significance to women of black heritage. Adverse birth statistics are consistently abysmal within our community. Unfortunatly the state of Hawaii is no exception. Though we comprise only a small demographic in this state some of our birth related statistics are the worst in the nation, right here in this land.

The midwifery model, and homebirth care specifically, provide some of the most practical, accessible, effective and proven solutions to this national and local crisis. This was true in 1950s America, when records indicate that 88% of births were occurring in hospitals, but history tells us that 14 years prior to the enactment of the Civil Rights Act, black women were barred from hospital birthing. It was homebirth midwives who bridged the gap in our communities, delivering competent and culturally sound care. It is true now, as contemporary programs across the country providing less interventive, more culturally relevant care are creating small pockets of optimism for black birth outcomes. Though hard numbers aren't currently available, 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; a small but significant sampling of community opinion.

African American mothers are the second largest group of respondents, following white mothers. We are choosing care providers that we feel safest with. We are combatting overwhelmingly bleak statistics. We are reclaiming an important piece of our heritage. And our intuition has been correct. To legislatively undermine our efforts, and their positive outcomes, would be unconscionable.

Happy Black History Month.

Robin Garrison, RN BSN MSN CHPN and Homebirth Mother

**HB-2184**

Submitted on: 2/5/2018 1:31:47 AM

Testimony for HHS on 2/6/2018 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Danielle Chambers	Midwifery Profession	Oppose	Yes

Comments:

I received half of my prenatal care with an OBGYN and the other half with a group of midwives. The care that I received from the midwives was like no other. There is this common misconception that midwives are not competent or are not practicing in the right manner. I must say that as a student midwife, I have never seen a group of people put so much effort into HIPAA, universal precautions, client-provider relationship, shared-decision making, informed consents, and client education. Midwives are trained and they are equipped to handle medical situations pertaining to low risk births in the home setting. The training is very detailed and extremely professional, and competent. By putting limitations on midwives, you are robbing the community of freedom to birth wherever they choose. Birth is sacred, and we have to remember that it started with midwives. Yes, the practice is different in the sense that it strives off of holistic care of a more client integrated process. Research shows that mothers who are LOW RISK actually have better outcomes than hospital births. By limiting midwives, we are limiting culture and community. We are limiting the birthing community. We are taking away women's rights. We are others to decide how a women chooses to birth? When I first was seeing an OBGYN I was appauled at how impersonal, and robotic the interaction was. I waited in a waiting room for over an hour and seen my OBGYN for 10 minutes while she took my blood pressure, pulse, fundal height, weight, temperature, position, and fetal heart rate and asked me if I had any questions. This is exactly why women are not getting proper care. Cesareans, high risk, and suboptimal birth outcomes are increasing in the United States because the personal interaction and the true human assessment is gone. Every time I went to see my midwife, I was seen right away. The appointments were anywhere from an hour to 2 hours. We assessed lab results, nutrition, lifestyle, family history, gynecological history, obstetrical history, sexual history, social history, etc. We assessed fundal growth, fetal heart tones, temperature, pulse, blood pressure, etc. I was actually asked how I was doing emotionally, physically. I wanted to open up. The midwife offered guidance to put baby in the right position instead of trying to scare me into saying I might just have a cesarean. I was encouraged that my body knows how to birth and that I had to find the inner strength and stay healthy. My OBGYN never ONCE asked me how I felt. How is it that maternity care is turning to this? Yes, not all midwives can be licensed due to financial situations, and lack of funds in the system. Midwives whether through apprenticeship or through a scholarly program have the ability and competence to manage birth in the home setting. Midwives who have the skill should be allowed to perform twin, breech, and VBAC in the home setting. I started my training in Las Vegas, NV. My preceptor has perform

breech birth, twins, and VBAC. Many of these women had beautiful, uncomplicated home births. When there was transfers, they were made with enough time. Can you imagine a women in the hospital being told she could never have a baby vaginally because she had a cesarean, or because shes pregnant with twins, or because baby is breech? Yet, many women who have these situations in the home setting birth their baby absolutely fine and have their vaginal birth. What does this say? This shows that hospitals and care providers are giving false information to vulnerable mothers. Maybe a physician does not feel equipped to handle it, but midwives do it all the time? We are robbing mothers of their birthing options and this is not okay. Midwives are competent and truly have a personal connection with their clients. It is humanly, natural, safe, and of quality care. Taking this away is turning birth into a strictly medical practice when in reality this is a cultural practice. What would our ancestors say? Women have had babies since the beginning of time, why would you take away midwives? The ones who are truly there to help mothers. We are not in it for the money, since there is no money in midwifery. We struggle everyday against the state to try to care for women and to serve the community. It is driven out of desire to serve the community and not profit driven. We are steering everything into the direction of profit, big organizations, and impersonal protocols. This is not okay and we must stand against this inhumane act.



**HB-2184**

Submitted on: 2/5/2018 1:49:38 AM

Testimony for HHS on 2/6/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Alamanda	Bayly	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.

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 kÄ• naka 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 hÄ• pai, 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'Ä• u 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 butthole 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 hÄ• 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**

Submitted on: 2/5/2018 2:23:12 AM

Testimony for HHS on 2/6/2018 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Louisa DiGrazia	private citizen	Oppose	No

Comments:

To whom it may concern:

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

Three of my daughters have had successful, healthy home births. No problem occurred in 4 births. One chose to go to a birthing center after she labored at home. This was her plan and her choice. My children, and all women, have the right to choose to birth at home. Women have every right to birth in a hospital or in the privacy of their own homes if they wish. This is an issue of women's right to choose. Regulating how, with whom and where someone gives birth interferes with reproductive rights, birth autonomy, privacy rights and birth traditions. Hospitals are not necessarily the best place to birth. The community does not support this bill. The Hawai'i Home Birth Elders Council is self-defined and self-regulated. We would all benefit from their wisdom and council. People for millennia have birthed without regulation. The medical model is not the only way. The government should respect bonafide, proven observances.

I have read that more people die from Dr. drugs than die from car crashes or guns.

It seems to me to cut off a woman's rights is a direct intrusion on her freedom. Why would anyone oppose this choice, unless they did not see or understand the significance of being able to birth at home? Qualified Mid-wives are a blessing to our culture.

There is a responsible council of elders that has been formed to regulate itself, and is doing a fantastic job. My mother was born at home. She lived to be 84 years old. Jesus was born in a manger.

Please uphold a woman's right to her sovereign human right to birth at home if she chooses. For these reasons and more I strongly oppose HB 2148

Sincerely, Louisa DiGrazia

RE: HB 2148 Relating to the Licensure of Midwives

IN OPPOSITION

Aloha honorable chair and committee members,

My name is Louisa DiGrazia, I am concerned citizen, mother, grandmother.

**HB-2184**

Submitted on: 2/5/2018 4:44:23 AM

Testimony for HHS on 2/6/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Brandie Kertho		Oppose	No

## Comments:

As a mother of two, a Registered Nurse, and a Certified Lactation Counselor, I oppose HB 2184. Individuals have a right to choose what type of medical care they receive, but for some reason when it comes to a woman giving birth often times in this country her choices are stripped away or limited. I experienced this with the birth of my children. My first child was born via cesarean section after a failed induction which was forced upon me. My OB/GYN was not accepting or open to the decisions I made regarding my prenatal care and labor/delivery. I struggled with understanding what had happened to me for over a year. I delved into research regarding unnecessary and unwanted medical interventions in childbirth. I researched my options for a vaginal birth after cesarean (VBAC), the risks, and the benefits. I shed many tears due to fear and anxiety of the same scenario happening again with my future children. When I found I was expecting my second child, I was determined to be heard and have the birth experience I wanted. I looked into my options for a provider. I thought about home birth versus hospital birth versus birthing at a birth center. I completely changed providers and health systems. I knew my options and advocated for them. My second child was born via a successful VBAC without any medical interventions; just the way I wanted. Of course as a RN, I know that situations arise where interventions are necessary, but most providers push interventions onto their patients so that their birth fits within the providers schedule. This should not be happening. My daughters' pediatrician even asked me to compare my birth experiences and noted that the health system which I birthed my first child at relies heavily on medical interventions. Women often feel forced or coerced into doing what the provider wants rather than what they want. This is why giving women all the options possible for childbirth is necessary. The use of midwives has been going on for centuries. After considering becoming a midwife myself, I know the rigorous coursework that goes into practicing midwifery. Midwives are just as qualified as OB/GYNs to be present during childbirth. The differences between midwives and OB/GYNs are many. The main differences are midwives allow the woman to decide how she wants to birth. Midwives honor women's decisions. Midwives create a calm and comfortable environment for their patients. Midwives honor the very personal, emotional, even sacredness of childbirth. In addition, there are many different cultures in the United States which practice varying childbirth traditions. Midwives are often included in those traditions. The use of and option for having a midwife attend a birth should not be taken away from women. Please reconsider passing HB 2184. Allow women to have all childbirth options available. Allow women to make educated

decisions regarding the birth of their children. Allow women to be respected as they welcome their children. Thank you for your consideration.

**HB-2184**

Submitted on: 2/5/2018 3:31:03 AM

Testimony for HHS on 2/6/2018 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Olivia Watkins		Oppose	No

Comments:

This measure would impinge upon a birthing person's right to select the birth attendant of their choice. I do not support this corrosion of bodily sovereignty; I can not support this bill.

Protecting birthing freedoms is an issue of especial significance to women of black heritage. Adverse birth statistics are consistently abysmal within our community. Unfortunatly the state of Hawaii is no exception. Though we comprise only a small demographic in this state some of our birth related statistics are the worst in the nation, right here in this land.

The midwifery model, and homebirth care specifically, provide some of the most practical, accessible, effective and proven solutions to this national and local crisis. This was true in 1950s America, when records indicate that 88% of births were occurring in hospitals, but history tells us that 14 years prior to the enactment of the Civil Rights Act, black women were barred from hospital birthing. It was homebirth midwives who bridged the gap in our communities, delivering competent and culturally sound care. It is true now, as contemporary programs across the country providing less interventive, more culturally relevant care are creating small pockets of optimism for black birth outcomes. Though hard numbers aren't currently available, 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; a small but significant sampling of community opinion.

African American mothers are the second largest group of respondents, following white mothers. We are choosing care providers that we feel safest with. We are combatting overwhelmingly bleak statistics. We are reclaiming an important piece of our heritage. And our intuition has been correct. To legislatively undermine our efforts, and their positive outcomes, would be unconscionable.

Happy Black History Month.

**HB-2184**

Submitted on: 2/5/2018 7:05:50 AM

Testimony for HHS on 2/6/2018 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Debra Koonohiokala Norenberg		Oppose	No

Comments:



**HB-2184**

Submitted on: 2/5/2018 7:06:46 AM

Testimony for HHS on 2/6/2018 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Nancy Gibbs		Oppose	No

Comments:

Hawaii birth testimony 2018Feb5

RE: HB 2184 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.

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) for the following reasons:

- \* it reduces access to care (especially on neighborhood islands);
- \* there are no midwife training schools in Hawaii or accessible ways for experienced midwives to get licensed (The NARM experienced midwives pathway is set to be discontinued in 2019);
- \* 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;
- \* Papa Ola Lokahi is not currently set up to oversee midwives, there is no Kupuna council;
- \* 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**

Submitted on: 2/5/2018 7:09:48 AM

Testimony for HHS on 2/6/2018 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
imani altemus-williams		Oppose	No

Comments:

This measure would impinge upon a birthing person's right to select the birth attendant of their choice. I do not support this corrosion of bodily sovereignty; I can not support this bill.

Protecting birthing freedoms is an issue of especial significance to woman of black heritage. Adverse birth statistics are consistently abysmal within our community. Unfortunatly the state of Hawaii is no exception. Though we comprise only a small demographic in this state some of our birth related statistics are the worst in the nation, right here in this land.

The midwifery model, and homebirth care specifically, provide some of the most practical, accessible, effective and proven solutions to this national and local crisis. This was true in 1950s America, when records indicate that 88% of births were occurring in hospitals, but history tells us that 14 years prior to the enactment of the Civil Rights Act, black women were barred from hospital birthing. It was homebirth midwives who bridged the gap in our communities, delivering competent and culturally sound care. It is true now, as contemporary programs across the country providing less interventive, more culturally relevant care are creating small pockets of optimism for black birth outcomes. Though hard numbers aren't currently available, 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; a small but significant sampling of community opinion.

African American mothers are the second largest group of respondents, following white mothers. We are choosing care providers that we feel safest with. We are combatting overwhelmingly bleak statistics. We are reclaiming an important piece of our heritage. And our intuition has been correct. To legislatively undermine our efforts, and their positive outcomes, would be unconscionable.

**HB-2184**

Submitted on: 2/5/2018 7:20:53 AM

Testimony for HHS on 2/6/2018 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Tasia Y		Oppose	No

Comments:

Aloha mai-

I am writing to strongly oppose HB 2184. This measure would impinge upon a birthing person's right to select the birth attendant of their choice.

Personally, I will probably be having a child in the next couple of years and intend on giving birth at home with a midwife and pale keiki (doula). Homebirth midwives are able to deliver competent and culturally-sound care. Though hard numbers aren't currently available, 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; a small but significant sampling of community opinion. These preliminary findings are in line with my opinions as well. I should have the right to choose whom I want to assist me in the special act of giving birth. It is not the government's place to dictate decisions that affect our bodies as women/mothers(-to-be).

Mahalo for considering this testimony in your decision. I strongly urge you to oppose HB2184.

**HB-2184**

Submitted on: 2/5/2018 7:30:03 AM

Testimony for HHS on 2/6/2018 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Maegan Hartman		Oppose	Yes

Comments:

**HB-2184**

Submitted on: 2/5/2018 7:34:35 AM

Testimony for HHS on 2/6/2018 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Sara DiGrazia	none	Oppose	Yes

Comments:

For Honorable House Chair John Mizuno, Vice Chair Bertrand Kobayashi and Committee Members Della Au Belatti, Andria Tupola & Lei Learmont

Hearing date 2-6-18, 8:30 am Rm 329

RE: HB 2184 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 2184. 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 would 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.

**HB-2184**

Submitted on: 2/5/2018 7:39:16 AM

Testimony for HHS on 2/6/2018 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
jenny hudson		Oppose	No

Comments:



**HB-2184**

Submitted on: 2/5/2018 7:52:07 AM

Testimony for HHS on 2/6/2018 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Ashly Vida		Oppose	No

Comments:

**REGULAR SESSION OF 2018**

**For Honorable House Chair John Mizuno, Vice Chair Bertrand Kobayashi and Committee members Della Au Belatti, Andria Tupola & Lei Learmont**

**Hearing date 2-6-18, 8:30 am Rm 329**

**RE: HB 2184 Relating to the Licensure of Midwives**

**IN OPPOSITION**

**Aloha honorable chair and committee members,**

**My name is Ashly Vida, I am a mother of four. I have given birth to my first three children by cesarean section and not by choice. My first birth was an emergency c-section and during my other two pregnancies I was not given a choice to give birth vaginally. I felt very striped of my rights as a woman. During my fourth pregnancy I made a very conscious decision to do it differently. I did a vaginal home birth after three cesarean sections with no complications. And I was able to do it because of my midwife.**

**I oppose HB 2184 for the following reasons and feel strongly that there are too many problematic areas to make amendments at this time:**

**â™™ 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.**

**â^™ 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.**

**â^™ 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.**

**As policy makers you MUST honor the deep and informed investment women make in their health and in their choices to birth with whom and where.**

**For these reasons and more I strongly oppose HB 2148**

**Sincerely,**

**Ashly K. Vida**

**HB-2184**

Submitted on: 2/5/2018 7:54:40 AM

Testimony for HHS on 2/6/2018 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Carmen Golay		Oppose	No

Comments:

Dear Committee Members,

I'm a mother of two and advocate for birth choice. There are no midwife training schools in Hawaii and no accessible ways for experienced midwives to get licensure. This would seriously impact birth choices for women, particularly on neighbor islands. It should also be noted that the midwife community as a whole does not have consensus on this issue. Even with language pertaining to cultural practices, it is still lacking. Women have a right to birth choices and this bill seems to seek medicalization of birth when that is not what many women choose. I oppose HB2184. Thank you.

**HB-2184**

Submitted on: 2/5/2018 8:01:58 AM

Testimony for HHS on 2/6/2018 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
henry kisu		Oppose	Yes

Comments:

I oppose this bill for 3 reasons:

1. It violates women's rights
2. it violates cultural and religious rights
3. it violates consumer rights and choice

**HB-2184**

Submitted on: 2/5/2018 8:12:53 AM

Testimony for HHS on 2/6/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
daniela		Oppose	No

Comments:

The following are three 3 main reasons I oppose HB 2184:

1. This bill violates 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 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**

Submitted on: 2/5/2018 8:15:18 AM

Testimony for HHS on 2/6/2018 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Joe Ritter		Oppose	No

Comments:

PLEASE Let women control their own bodies!

Don't take away womens rights, cultural rights, and over regulate. Support midwifery, not some industry sponsored notion of forced medical care.

Dr. Joe Ritter, Maui



**HB-2184**

Submitted on: 2/5/2018 8:17:00 AM

Testimony for HHS on 2/6/2018 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Terez Amato Lindsey		Oppose	No

Comments:

Aloha Chair and committee members. I'm testifying in opposition to HB2184. This measure is an assault on women's reproductive health and cultural rights. This will endanger women by reducing access to affordable healthcare and damage the cultural heritage of women across Hawai'i . Please stand with the cultural practitioners and the women of Hawai'i in opposing HB2184. Thank you.

Sincerely,

Terez Amato Lindsey, Kihei

**HB-2184**

Submitted on: 2/5/2018 8:16:47 AM

Testimony for HHS on 2/6/2018 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Maria Arroyo		Oppose	No

Comments:

Aloha, my name is Maria Arroyo and I am a pregnant mother choosing to birth at home and I am opposed to HB2184.

Please help keep my birth options. No one should have to decide how my baby is born. Peace begins with birthing at home. Birthing at home has been proven to be safe as long as the mother is healthy. I support Birth at home with a certified and experienced midwife.

How I birth as a woman is my Choice.

Thank you!

**HB-2184**

Submitted on: 2/5/2018 8:18:23 AM

Testimony for HHS on 2/6/2018 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Marissa Pettus		Oppose	No

Comments:

This measure would impinge upon a birthing person's right to select the birth attendant of their choice. I do not support this corrosion of bodily sovereignty; I can not support this bill.

Protecting birthing freedoms is an issue of especial significance to women of black heritage. Adverse birth statistics are consistently abysmal within our community. Unfortunately the state of Hawaii is no exception. Though we comprise only a small demographic in this state some of our birth related statistics are the worst in the nation, right here in this land.

The midwifery model, and homebirth care specifically, provide some of the most practical, accessible, effective and proven solutions to this national and local crisis. This was true in 1950s America, when records indicate that 88% of births were occurring in hospitals, but history tells us that 14 years prior to the enactment of the Civil Rights Act, black women were barred from hospital birthing. It was homebirth midwives who bridged the gap in our communities, delivering competent and culturally sound care. It is true now, as contemporary programs across the country providing less interventive, more culturally relevant care are creating small pockets of optimism for black birth outcomes. Though hard numbers aren't currently available, 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; a small but significant sampling of community opinion.

African American mothers are the second largest group of respondents, following white mothers. We are choosing care providers that we feel safest with. We are combatting overwhelmingly bleak statistics. We are reclaiming an important piece of our heritage. And our intuition has been correct. To legislatively undermine our efforts, and their positive outcomes, would be unconscionable.

Happy Black History Month.

**HB-2184**

Submitted on: 2/5/2018 8:19:02 AM

Testimony for HHS on 2/6/2018 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Jaymie Lewis		Oppose	No

Comments:

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](tel:808-783-0361)

Kailua, Oahu, Hawai'i

**HB-2184**

Submitted on: 2/5/2018 8:27:50 AM

Testimony for HHS on 2/6/2018 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Nancy Holbrook		Oppose	Yes

Comments:

REGULAR SESSION OF 2018

For Honorable House Chair John Mizuno, Vice Chair Bertrand Kobayashi and Committee members Della Au

Belatti, Andria Tupola & Lei Learmont

Hearing date 2-6-18, 8:30 am Rm 329

RE: HB 2148 Relating to the Licensure of Midwives

IN OPPOSITION

Aloha honorable chair and committee members,

My name is Nancy Holbrook, I am home birth mother and the child of a homebirth as well.

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. In your very effort to make birth safer for mother's and babies you are instead making it less safe by criminalizing their birth attendants forcing some parents to instead have unattended births. This community has for many different reasons decided to birth outside of the traditional medical model of care and by limiting our caregiver options parents will decided to have trained attendants at their birth.

As a mother who had her babies at home, I did not take this decision lightly and did much research. I am not a uneducated hippie but a conservative and concerned consumer. Do not further limit our choice of birth attendants where due to geography and being on an island in the middle of the pacific our options are already limited.

- 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,

Nancy Holbrook

**HB-2184**

Submitted on: 2/5/2018 8:28:32 AM

Testimony for HHS on 2/6/2018 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Daniel Moe		Oppose	No

Comments:

Aloha, my name is Daniel Moe and I am a home birth father of 2 kids and one to come. I am opposed to HB2184.

Please help keep our birth options.

it has been proven that home births are actually safer, more peaceful, and less traumatic than hospital births. Birth trauma is the number one cause of psychological and emotional issues in children and adults. A peaceful world starts with a peaceful birth.



**HB-2184**

Submitted on: 2/5/2018 8:29:50 AM

Testimony for HHS on 2/6/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Kaliko Amona		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 hospitals and homes in multiple capacities—as a doula, friend, sister, and as a student midwife.

**While I am a strong supporter of midwifery care and optional licensure of Certified Professional Midwives, I oppose this bill (HB2184).**

This is an extremely complex matter and there are several problems with this bill. My brief testimony only outlines a few.

This bill limits the birthing choices available to women/families by making it illegal for many of Hawai'i's currently practicing midwives to practice. Families need to be free to choose their caregivers and where they will receive that care. For Native Hawaiian families who are choosing to revitalize their birthing traditions, this often requires the assistance of non-Kanaka Maoli birth attendants, who are not eligible for protection by any facet of this law.

**Hawaiian cultural practices are NOT adequately protected in this bill.** Even with exemption (5)(b), there is no existing KÅ«puna Council that covers birthing practice under Papa Ola LÅ• kahi, no guarantee that such a council would be accepted, and no guarantee that if it were, it would protect practitioners, Hawaiian and non-Hawaiian, if legally pressed.

There are also other cultural groups in Hawai'i who rely on their traditional midwives and birthing attendants. This bill would also likely put those families at risk by criminalizing their birth attendants.

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

**HB-2184**

Submitted on: 2/5/2018 8:30:14 AM

Testimony for HHS on 2/6/2018 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Dr. Ye Nguyen		Oppose	Yes

Comments:

**REGULAR SESSION OF 2018**

**For Honorable House Chair John Mizuno, Vice Chair Bertrand Kobayashi and Committee members Della Au Belatti, Andria Tupola & Lei Learmont**

**Hearing date 2-6-18, 8:30 am Rm 329**

**RE: HB 2184 Relating 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 reproductive rights.**

**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.**

**3. It is our community, our mothers, our parents and the midwives that self regulates our birthing community. 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, as well as the medical community. It will eliminate the many midwives who have been practicing for many, many years as traditional midwives. The home birthing community will suffer a great loss 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.**

**Mahalo for your time and energy. This is a very complex subject and I have compassion for all those involved. At the end of the day, we all want what is best for our mothers and babies**

**Respectfully,**

**Dr. Ye Nguyen**

**HB-2184**

Submitted on: 2/5/2018 8:30:18 AM

Testimony for HHS on 2/6/2018 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Lori Love Bilbrey		Oppose	No

Comments:

To whom it may concern,

I am a mother, midwife, doula, healer, teacher, and advocate for women and their families. I as well as many others in the community are opposing this legislation with expressive and true concern for reproductive rights, cultural sensitivity, and encouraging and honoring a self-regulating body within the midwifery community of Hawaii, the Hawaii Home Birth Elders Counsel. Thank you for your time.

Lori Love Bilbrey

**LATE**

**HB-2184**

Submitted on: 2/5/2018 8:31:16 AM

Testimony for HHS on 2/6/2018 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Piper Lovemore		Oppose	Yes

Comments:

Greetings distinguished Representatives. Thank you for your time and attention .

This measure would impinge upon a birthing person's right to select the birth attendant of their choice. I do not support this corrosion of bodily sovereignty; I can not support this bill.

Protecting birthing freedoms is an issue of special significance to women of black heritage. Adverse birth statistics are consistently abysmal within our community. Unfortunatly the state of Hawaii is no exception. Though we comprise only a small demographic in this state some of our birth related statistics are the worst in the nation, right here in this land.

The midwifery model, and homebirth care specifically, provide some of the most practical, accessible, effective and proven solutions to this national and local crisis. This was true in 1950s America, when records indicate that 88% of births were occurring in hospitals, but history tells us that 14 years prior to the enactment of the Civil Rights Act, black women were barred from hospital birthing. It was homebirth midwives who bridged the gap in our communities, delivering competent and culturally sound care. It is true now, as contemporary programs across the country providing less interventive, more culturally relevant care are creating small pockets of optimism for black birth outcomes. Though hard numbers aren't currently available, 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; a small but significant sampling of community opinion.

African American mothers are the second largest group of respondents, following white mothers. We are choosing care providers that we feel safest with. We are combatting overwhelmingly bleak statistics. We are reclaiming an important piece of our heritage. And our intuition has been correct. To legislatively undermine our efforts, and their positive outcomes, would be unconscionable.

Happy Black History Month.

**LATE**

**HB-2184**

Submitted on: 2/5/2018 8:35:35 AM

Testimony for HHS on 2/6/2018 8:30:00 AM

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

Comments:

REGULAR SESSION OF 2018

For Honorable House Chair John Mizuno, Vice Chair Bertrand Kobayashi and Committee members Della Au

Belatti, Andria Tupola & Lei Learmont

Hearing date 2-6-18, 8:30 am Rm 329

RE: HB 2184 Relating to the Licensure of Midwives

IN OPPOSITION

Aloha honorable chair and committee members,

My name is Donna Marie Kaleihomaimakealoha Bareng from 'Aiea, and I strongly oppose HB2184.

I am extremely grateful for the freedom to make informed, cultural choices that is best for myself and my family in regards to birth. My children, grandchildren, as well as all mothers and families are entitled to these rights. Regulating how, with whom and where someone gives birth completely 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. It is my body, and my right to choose where, how, and with whom I bring my children into this world.

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 Hawai'i Home Birth Elders Council has been created, reflecting the variety of practices that exist in Hawai'i 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 Hawai'i is made up of many strong cultural traditions that deserve to be honored.

For these reasons and more I strongly oppose HB 2184. Thank you for your time.

Me ka ha'aha'a,

Donna Marie Kaleihomaimakealoha Bareng

'Aiea, Hawai'i

**HB-2184**

Submitted on: 2/5/2018 8:37:46 AM

Testimony for HHS on 2/6/2018 8:30:00 AM

**LATE**

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Marissa Abadir	Kala Roots	Oppose	No

Comments:

This measure would impinge upon a birthing person's right to select the birth attendant of their choice. I do not support this corrosion of bodily sovereignty; I can not support this bill.

**LATE**

**HB-2184**

Submitted on: 2/5/2018 8:46:50 AM

Testimony for HHS on 2/6/2018 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Roxanne Estes		Comments	No

Comments:

Aloha honorable legislators,

I am writing as a long standing Home Birth Midwife in Hawaii of nearly 30 years, I have practiced as a Direct Entry Midwife, Certified Professional Midwife and now a licensed Certified Nurse Midwife. I neither oppose nor support HB 2184 I do however desire to add comments. Licensing CPMs and CMs is a good idea for the very limited number of CPMs in the state; however there seem to be only 6 CPMs that meet criteria as evidenced by the Midwives Alliance of Hawaii registry of midwives. While the proposed legislation opens access to future midwives and licensed midwives from other states who chose to relocate here, it makes the majority of Hawaii's experienced home midwives whom have practiced in this state for many years, illegal. This legislation may serve to remove the most experienced midwives from our communities with a loss of their valuable knowledge and skills. My concern is that with inexperienced midwives practicing in larger numbers Hawaii may see more adverse effects in the Home Birth settings not less. I would suggest that there is a grandmother's clause or something to that effect to allow the Elder Midwives (most experienced midwives) to continue to practice legally.

Sincerely, Roxanne Estes, CNM, MSN, APRN -RX

**LATE**

**HB-2184**

Submitted on: 2/5/2018 8:53:06 AM

Testimony for HHS on 2/6/2018 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Lee Yen Anderson		Oppose	No

Comments:

I oppose this bill. Midwives and homebirths have been existence ever since human civilisation started. It should be the choice of the parents on where they want to have their birth experience. Labor is not a disease and should not be treated as such. It is a beautiful moment in a woman's life that require strength and inner peace in order to bring forth new life into the world. Thank you.

**HB-2184**

Submitted on: 2/5/2018 8:53:26 AM

Testimony for HHS on 2/6/2018 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Jenna Scanlan		Oppose	No

Comments:

**REGULAR SESSION OF 2018**

**For Honorable House Chair John Mizuno, Vice Chair Bertrand Kobayashi and Committee members Della Au Belatti, Andria Tupola & Lei Learmont**

**Hearing date 2-6-18, 8:30 am Rm 329**

**RE: HB 2148 Relating to the Licensure of Midwives**

**IN OPPOSITION**

**Aloha honorable chair and committee members,**

**My name is Jenna Scanlan, I am a direct descendant of traditional Hawaiian pale keiki(midwives).**

**I oppose HB 2184 for the following reasons and feel strongly that there are too many problematic areas to make amendments at this time:**

**â<sup>TM</sup> 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.**

**â^™ 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.**

**â^™ 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.**

**As policy makers you MUST honor the deep and informed investment women make in their health and in their choices to birth with whom and where.**

**For these reasons and more I strongly oppose HB 2148**

**Sincerely,**

Jenna Scanlan

**HB-2184**

Submitted on: 2/5/2018 9:06:00 AM

Testimony for HHS on 2/6/2018 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Jennifer Noelani Goodyear-Kaopua		Oppose	No

Comments:

Aloha,

I am a mother of three and have worked with midwives in all three of my births. Two were at Castle hospital and one was a homebirth. In each case, the midwives I worked with were amazing caregivers. During my homebirth, my child was born and did not breathe right away. The two midwives were incredibly responsive and capable, reviving my child with infant CPR while the other called emergency responders. By the time the firetruck and ambulance came, my baby was breathing and warming herself on my chest. I am so grateful for their care all the way through my pregnancies and birth.

I oppose this bill because

The following are the 3 main reasons I am opposing this bill because I strongly believe that mothers, or parents, have the right to decide where, with whom, and how we give birth. This is a human right. It is also the cultural right of Kanaka Maoli (Native Hawaiians) like myself to recover and practice our birthing traditions. I do not want the state regulating Hawaiian birthing practitioners because the state has no knowledge or expertise in this area.

Instead of the state regulating midwifery, you should look to the Hawai'i Home Birth Elders Council as a potential body that could confirm and support midwives and other birth workers.

Mahalo.

**LATE**

**HB-2184**

Submitted on: 2/6/2018 11:00:52 AM

Testimony for HHS on 2/6/2018 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Tulsi Greenlee		Oppose	No

Comments:

Please oppose this bill. Thank you Tulsi Greenlee



**LATE**

**HB-2184**

Submitted on: 2/5/2018 9:07:38 AM

Testimony for HHS on 2/6/2018 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
natasha sky		Oppose	No

Comments:

**LATE**

**HB-2184**

Submitted on: 2/5/2018 9:12:55 AM

Testimony for HHS on 2/6/2018 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
joe kassel		Oppose	No

Comments:

Families have a right to choose and midwifery has an ancient tradition of women helping women withiut external interference

**LATE**

**HB-2184**

Submitted on: 2/5/2018 9:17:03 AM

Testimony for HHS on 2/6/2018 8:30:00 AM

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

Comments:

Greetings distinguished Representatives, and mahalo for taking care with this sensitive matter.

I am writing today as a father of seven beautiful children, and a concerned community member.

For the past several years, this legislature has heard bills regarding the regulation of Midwifery care in the state of Hawaii. Each year, the measures presented seem to become more explicitly restrictive. While I support the efforts of certified midwives to gain state recognition, if that is their preference, I do not agree with the unnecessary maligning of midwives who do not choose such credentialing.

I have had a full gamut of birth experiences; my eldest were born in a hospital setting, my youngest five children were born at home, into my hands. While we eventually chose the least interventive pathway, not availing ourselves of any professional birth attendants, the support and information offered by midwives in our community was invaluable.

Their care and insight offers so much more than clinical information and scientific measurement.

I am among the testifiers who have weighed in each time this issue has come to the fore, and I will continue to voice my dissent for any measure that restricts the practice of community based traditional midwives, as long as is necessary. I have sons and daughters for whom I intend to preserve the freedom of choice, and more importantly, the bodily sovereignty being collaterally impacted by measures such as this one.

For us, birth is not a medical event. It is a sacred family celebration. My children are healthy, happy, and whole.

Please do not regulate away our access to advice and support in fulfilling our cultural imperatives. Please, instead, approach this important issue with reverence for the diversity of philosophies in these islands, and respect for the choices of birthing families.

Thank you.

**LATE**

**HB-2184**

Submitted on: 2/5/2018 9:42:14 AM

Testimony for HHS on 2/6/2018 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Shamal Mason		Oppose	No

Comments:

I do not support the notion of the State restricting a birthing person's right to choose their birth attendant. This is a blatant encroachment on cultural freedom and physical autonomy.

**LATE**

**HB-2184**

Submitted on: 2/5/2018 9:55:50 AM

Testimony for HHS on 2/6/2018 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Brian Pawlikowski		Oppose	No

Comments:

This bill should be criminal. Forcing midwives to attain license only complicates the process and makes it more difficult to help their clients. Criminalizing unlicensed midwives is also a disgusting practice. Forcing them to pay \$1000 per offense is outrageous. But the option to go to court to force them to pay is also abhorrent. Forcing them to conform to unnecessary and generally worthless standards, and then taking their homes from them because they practiced without license is one of the dumbest things I've ever heard. The state should not be forcing this type of mandate. My wife and I chose Selena Green as our primary care provider and were absolutely thrilled with our decision. We didn't decide based on the licensure or level of certification. As a client, the decision is based more on the level of experience, knowledge, and practice. If we're not comfortable with a midwife, we're not comfortable. That doesn't change if she has a state license. Anybody looking for a midwife already has an idea that the current medical system leaves a lot to be desired when it comes to birthing. They also likely have a good idea of what they're looking for and what type of questions to ask. It is a pretty informed individual that decides homebirth is preferable to hospital care.

You should let the clients choose who they see. Forcing midwives to conform to unnecessary standards only convolutes the matter and complicates the decision-making.

**LATE**

**HB-2184**

Submitted on: 2/5/2018 10:27:55 AM

Testimony for HHS on 2/6/2018 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Lucia You		Oppose	No

Comments:

**LATE**

**HB-2184**

Submitted on: 2/5/2018 10:52:17 AM

Testimony for HHS on 2/6/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Leilani Digmon		Oppose	No

Comments:

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 Kahooahanohano 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](http://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, love, respect, nurturing, thoughtfulness and care 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 ability to provide services to those 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 also a current first year midwifery student at Birthwise Midwifery School in Bridgton, Maine, working towards becoming a Certified Professional Midwife. I am apart of the 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 working toward 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, allow insurance to cover midwifery care, which will open up access to Midwifery Care to a large segment of our Hawaiian community who cannot otherwise afford the care.

However, I recognize and appreciate 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 legitimately recognized and respected type of midwife throughout the world, a type of midwife our community members continually choose to be their midwife. When someone choses a Traditional or Community-based midwife, they know exactly what type of midwife they are choosing and why. Maybe they appreciate the experiential knowledge or the philosophy of care. What ever the reason, women have been, and will continue to choose, this type of midwife. 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 do 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. Talk to the various Midwives. Talk to the various communities whom they serve.

The Midwives Alliance of Hawaii has been clear that they do not speak for those who identify as Traditional Midwives, even though many of these Traditional Midwives are MAH members. Therefore, please use this opportunity to listen especially to those voices.

I also strongly recommend that if this bill should move forward, an amendment be made to exempt Traditional Midwives as defined by the Midwives Alliance of North America (MANA) in any bills regarding licensure of Midwives in Hawaii, and a Hawaii Homebirth Kupuna or Elders Council be formed with every moku on every island being represented if possible, with the guidance of the homebirth community, which would serve as a peer-review, community accountability platform, among other duties to be decided upon by the greater homebirth community.

I am very confident that together we can create licensure for Midwives that empowers the community, while also protecting all who safely and responsibly serve the community.

Ke Aloha,

Leilani Digmon  
Student Midwife  
Lahaina, Maui

**LATE**

**HB-2184**

Submitted on: 2/5/2018 11:34:37 AM

Testimony for HHS on 2/6/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Misha kassel		Oppose	No

Comments:

Aloha honorable chair and committee members,

My name is Misha Kassel, I am a board certified emergency medicine physician practicing here on Oahu and I oppose this bill. My wife (also a physician) and I choose to have a homebirth after seeing both homebirths and hospital births in the past. It was such a beautiful and amazing experience. I oppose this bill for the following reasons.

1) This 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. Of course there are risks with home births just as there risks with hospital births. Ideally birth attendants whether its a traditional midwife, ob/gyn, certified nurse midwife or CPM, should all be collaborating more as all bring something that would help improve our embarassing infant and mother morbidity and mortality numbers (compared to similar countries around the world, we rank quite poorly).

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 (having multiple isalnds, each with much different resources). Making some midwives illegal and desired care unavailable will 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. The bill states that licensing will "reduce access disparities, enhance provider availability, and improve quality of maternal child health care" but there does not seem to be any 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.

In the medical field, wheter it be internal medicine, emrgency medicine, their has been significant recent pushback by physicians against our current regulation/conituing

education requirements, which have done little to protect patients but just cost physicians more money and significant amount of time jumping through hoops. Making similar changes to our midwifery care in Hawaii will only lead to increased cost for the families who choose homebirths, which does not increase access or choices. Sincere Mahalo for your continued contribution to birth sovereignty and human rights!

Dr. Misha Kassel MD, Emergency Medicine Physician

**LATE**

**HB-2184**

Submitted on: 2/5/2018 12:01:58 PM

Testimony for HHS on 2/6/2018 8:30:00 AM

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

Comments:

Aloha honorable chair and committee members,

My name is Sara Kahele and I am a mother of 5. Shortly after graduating from Iolani, I became a doula, student midwife and childbirth educator.

I oppose HB 2184 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 2184

Sincerely,

Sara Kahele

**LATE**

**HB-2184**

Submitted on: 2/5/2018 1:11:49 PM

Testimony for HHS on 2/6/2018 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Melissa Danielle Haile		Oppose	No

Comments:

As a woman of childbearing age, as a sister, friend, descended from USAmerican slavery, and a beneficiary of the civil rights movement, I can not support this bill.

I carry the legacy of colonialist, supremacist, racist and discriminatory practices that barred women of African descent and women of color from giving birth in hospitals, practices that continue today through mistreatment and mishandling of care within the maternal health care spaces. At a time where USAmerican women are more likely to die within a year of giving birth due to medical error, do not have full access to comprehensive health, maternal care, and continuity of care, it does not seem reasonable or rational to pass this bill.

Birthing persons and their families deserve to have the bodily autonomy and sovereignty given to all persons when choosing their plan of care, and have the right to choose the environment and the attendants of their choosing, to ensure they have the experience they desire.

To restrict a birthing person's right to the birthing experience of their choice also restricts their access to culturally relevant and safe spaces.

Mahalo for reading.

**LATE**

**HB-2184**

Submitted on: 2/5/2018 1:19:53 PM

Testimony for HHS on 2/6/2018 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Patreece Thomas Ross		Oppose	No

Comments:

This measure would impinge upon a birthing person's right to select the birth attendant of their choice. I do not support this corrosion of bodily sovereignty; I can not support this bill.

Protecting birthing freedoms is an issue of especial significance to women of black heritage. Adverse birth statistics are consistently abysmal within our community. Unfortunatly the state of Hawaii is no exception. Though we comprise only a small demographic in this state some of our birth related statistics are the worst in the nation, right here in this land.

The midwifery model, and homebirth care specifically, provide some of the most practical, accessible, effective and proven solutions to this national and local crisis. This was true in 1950s America, when records indicate that 88% of births were occurring in hospitals, but history tells us that 14 years prior to the enactment of the Civil Rights Act, black women were barred from hospital birthing. It was homebirth midwives who bridged the gap in our communities, delivering competent and culturally sound care. It is true now, as contemporary programs across the country providing less interventive, more culturally relevant care are creating small pockets of optimism for black birth outcomes. Though hard numbers aren't currently available, 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; a small but significant sampling of community opinion.

African American mothers are the second largest group of respondents, following white mothers. We are choosing care providers that we feel safest with. We are combatting overwhelmingly bleak statistics. We are reclaiming an important piece of our heritage. And our intuition has been correct. To legislatively undermine our efforts, and their positive outcomes, would be unconscionable.



**LATE**

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,



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

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, 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 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 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

**LATE**

**HB-2184**

Submitted on: 2/5/2018 6:21:31 PM

Testimony for HHS on 2/6/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Lala		Oppose	No

Comments:

This measure would impinge upon a birthing person's right to select the birth attendant of their choice. I do not support this corrosion of bodily sovereignty; I can not support this bill.

Protecting birthing freedoms is an issue of especial significance to women of black heritage. Adverse birth statistics are consistently abysmal within our community. Unfortunately the state of Hawaii is no exception. Though we comprise only a small demographic in this state some of our birth related statistics are the worst in the nation, right here in this land.

The midwifery model, and homebirth care specifically, provide some of the most practical, accessible, effective and proven solutions to this national and local crisis. This was true in 1950s America, when records indicate that 88% of births were occurring in hospitals, but history tells us that 14 years prior to the enactment of the Civil Rights Act, black women were barred from hospital birthing. It was homebirth midwives who bridged the gap in our communities, delivering competent and culturally sound care. It is true now, as contemporary programs across the country providing less interventive, more culturally relevant care are creating small pockets of optimism for black birth outcomes. Though hard numbers aren't currently available, 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; a small but significant sampling of community opinion.

African American mothers are the second largest group of respondents, following white mothers. We are choosing care providers that we feel safest with. We are combatting overwhelmingly bleak statistics. We are reclaiming an important piece of our heritage. And our intuition has been correct. To legislatively undermine our efforts, and their positive outcomes, would be unconscionable.

Happy Black History Month.

**LATE**

**HB-2184**

Submitted on: 2/5/2018 8:35:06 PM

Testimony for HHS on 2/6/2018 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
rosalyn	self	Oppose	No

Comments:

I am a homebirth mother on Hawaii island and I oppose HB2184. Please protect and respect my birthing options and support in times of huge life and family changing transition.

thank you!

**LATE**

**HB-2184**

Submitted on: 2/5/2018 8:36:45 PM

Testimony for HHS on 2/6/2018 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Juliana Koo		Oppose	No

Comments:

**LATE**

**HB-2184**

Submitted on: 2/5/2018 10:51:09 PM

Testimony for HHS on 2/6/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Connie Conover		Oppose	No

Comments:

Feb 5, 2018

**Re: HB2184**

Dear Representatives au Belatti, Mizuno, Takumi, and the Hawaii congress:

I am writing to oppose HB2184, which attempts to address continuing concerns about the assortment of “midwives” who are not Certified Nurse-Midwives (CNMs).

While I agree unreservedly that ALL people who are practicing medicine in the State of Hawaii should be licensed, and should have an agreed-upon minimum standard of education, this particular bill does not provide the proper solution. In fact, it may be more dangerous than helpful.

Here are some of the areas of concern that must be addressed before this bill can be advanced:

Definitions in the bill are very hard to understand ( and I am in the midwifery business - I could not follow) - as there are different practitioners that call themselves midwives

**Certified Nurse-Midwives** - receive a bachelors in nursing followed by a 2 years masters degree in midwifery - certified by the American Midwifery Certification Board after passing board exams. American College of Nurse - Midwives is the professional association that represents the CNMs and Certified Midwives ( similar graduate education without the nursing degree) in the United States. Here in Hawaii, CNMs are licensed by the state Board of Nursing. **CNMs most commonly practice in clinics and have hospital privileges to attend births although there are several CNMs who have home birth practices.**

**Certified Professional Midwives (CPMs)** - hold a national certification as a Certified Professional Miwife from the North American Registry of Midwives, their education can be from a midwifery school ( not college degree) or through an apprentice program. **CPMs provide care and attend births either in the home or at a birth center ( none here in Hawaii) - and to not have hospital privileges.**

There are other providers who call themselves midwives here in the state that have been licensed as a Naturopath with additional OB training, and others who may or may not have formal training as a midwife and do not hold national certifications.

**This bill is directed only for the providers who are - Certified Professional Midwives.**

To continue:

1: The scope of practice is not clearly delineated in this bill. Who they can safely provide care for and who is too high risk.

2: No “patient risk-out criteria” identified: This bill contains no guidelines about perinatal risk factors that would require the patient and her home birth midwife to either transfer care to a hospital setting, or to sign an “Against Medical Advice / Shared Decision Making” document acknowledging that the patient is aware that she does not meet minimum safety criteria for an out-of-hospital birth.

3: Please do not ‘require’ hospital admitting privileges for home-birth providers: This bill would allow anyone who calls her/himself a birth attendant to then have hospital admitting privileges. Some midwives have just a year or 2 of training after high school, and would not meet the very basic requirements for hospital privileges. Hospital privilege criteria should remain the sole discretion of individual hospitals.

4: “Advisory Committee” does not contain a physician (MD) member: This is extremely important! Medical care for pregnant women and their babies commonly involves complications and conditions that will need to be co-managed by a Physician or Certified Nurse-Midwife (CNM). Having an MD on the committee will help assure proper continuity of care, encourage timely physician consultation, and aid transparency into the practices of the full range of medical providers caring for our Hawaii mothers and babies.

5: The bill does not address a “review” process for adverse outcomes. This is also extremely important, and I suspect was an oversight in the initial drafting of this bill. An Adverse Outcomes Committee is a must.

I support the quest for licensure for the CPMs of the state of Hawaii but not sure this bill would be in the best interest of the women and children of Hawaii.

Connie Conover CNM

Certified Nurse Midwife





**LATE**

**HB-2184**

Submitted on: 2/6/2018 2:37:38 AM

Testimony for HHS on 2/6/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Laulani Teale	Ho'opae Pono Peace Project	Oppose	Yes

Comments:

Aloha Kakou,

I am writing today in strong opposition to HB 2184.

Midwifery is an ancient, culturally complex, diverse, and important art that needs protection.

Some clinical, professional types of midwifery may benefit from licensure. This makes sense for them. They use medical techniques and supplies, and deserve support.

Traditional practices are different. They can't be regulated, because they are not even well understood. Filipina Midwives are different from Tongan midwives, who are different from Irish midwives, who are different from Kanaka Maoli midwives.

No one has a right to extinguish an ancient cultural practice. and especially not THE cultural practice that brought your great-great-great-grandparents into the world. All of them.

Making an exemption is not enough. None of the exemptions named in this bill actually protect the practices properly.

The family exemption is fine if it is one of the family members name. But what about hanai family? What if a new mother was raised by her Aunt?

The exemption for Hawaiian cultural practitioners under Papa Ola Lokahi is important, except when that does not apply either. And it is speculative, because no such council exists at this time, much less have organizational approval. We do not know whether they would work for all practitioners or not, because they haven't even been created yet, and midwifery is not one of the specific practices named in the law that authorizes the councils. This is not at all to say that it could not be done, but we really do not know how complex it might turn out to be. And while these councils are important, it is a very bad idea to legislate them, especially when they are still in a hypothetical stage.

And what about all of the other cultures that also practice midwifery? While full protection of our original traditional kanaka birth practices is absolutely vital in Hawai'i, the birthing practices of every other culture 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. Because the experience of birth itself is frequently a starting point for the study of midwifery, this in turn affects Hawaiian cultural practices.

It is simply not right to say through legislation that the only legitimate pathway to learning an essential cultural skill such as midwifery must involve training that can only be done, for all practical intents and purposes, outside of Hawaii. But that is precisely what this bill would do. Clearly, this would quickly lead to colonization of the practice itself.

It will be a long journey to craft what is actually needed, but I can tell you what that picture needs to look like right now:

A reasonable, accessible, affordable licensure pathway for those professional, clinical midwives who need this, and

Solid, lasting protection for traditional midwives that acknowledges and does not interfere with their practices, and

Good communication structures that bring both of these groups together with hospital staff, Hawaiian practitioners, mothers, government and others who really need to talk a whole lot before anything good can be created.

Mahalo nui loa for this opportunity to testify.

Aloha me ka 'oia'i'o,

Laulani Teale, MPH

MANA definition of Traditional Midwife: <https://mana.org/about-midwives/types-of-midwife>

**LATE**

**HB-2184**

Submitted on: 2/6/2018 8:31:12 AM

Testimony for HHS on 2/6/2018 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Theodora Akau Gaspar		Oppose	No

Comments:

**LATE**

**HB-2184**

Submitted on: 2/6/2018 8:39:54 AM

Testimony for HHS on 2/6/2018 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Summer Yadao		Comments	No

Comments:

Aloha representatives,

I have given birth twice in the hospital and once at home with midwives whom I love and I adore, as I also am taking a break from training to become a home birth midwife myself.

My comment is that this is not a good time for there to be regulation of midwifery, as not all the midwives in the state are on the same page quite yet about how recognition of the profession of midwifery should look like in the state.

I support only the voices of the mothers and babies who are to be affected by any legislation, and right now it does not feel pono.

Mahalo,

Summer Yadao

Mother of 3, home birthed in Wai`anae with midwives.

**LATE**

**HB-2184**

Submitted on: 2/6/2018 8:55:42 AM

Testimony for HHS on 2/6/2018 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Amber Kahealani Alapa'i		Oppose	No

Comments:

Aloha, my name Amber Kahealani Alapa'i and I OPPOSE HB2184

I am a Kanaka Practitioner and mother of 4 Beautiful Healthy Girls. I was lucky enough to experience 3 home births with the aid of our trusted Naturalpathic doctor midwife. I also experience giving birth in the hospital with my 4th daughter due to complications with my pregnancy. Having the choice and option to have a midwife is what I support. This is a tradition that has been done for hundreds of years. We need to protect our rights to use midwives if that is our choice.

Mahalo,

Amber KÄ• healani Alapa'i

**LATE**

**HB-2184**

Submitted on: 2/6/2018 9:03:28 AM

Testimony for HHS on 2/6/2018 8:30:00 AM

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

Comments:

REGULAR SESSION OF 2018

For Honorable House Chair John Mizuno, Vice Chair Bertrand Kobayashi and Committee members Della Au Belatti, Andria Tupola & Lei Learnmont

Hearing date 2-6-18, 8:30 am Rm 329

RE: HB 2148 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 as I was attended by a highly skilled, experienced, and trained midwife.

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, 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 2148.

Sincerely,

Melissa Iwamoto

**LATE**

**HB-2184**

Submitted on: 2/6/2018 9:14:58 AM

Testimony for HHS on 2/6/2018 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Wai'ala Ahn		Oppose	No

Comments:

Aloha,

Please Oppose HB2184; this bill doesnt support traditional, cultural choices for mothers and their ohanas. Please support a mothers and parents right to choice by Opposing HB2184



**LATE**

**HB-2184**

Submitted on: 2/6/2018 9:41:25 AM

Testimony for HHS on 2/6/2018 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Pua'ena N. Ahn		Oppose	No

Comments:

**LATE**

**HB-2184**

Submitted on: 2/6/2018 10:43:12 AM

Testimony for HHS on 2/6/2018 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Stella Caban		Oppose	No

Comments:

I oppose HB2184. I am hÄ• pai and have done much research into the midwifery/homebirth community. This bill would only serve to limit the choices of those that desire to have homebirths with regulations that do not support ultimately the safety and choices of families that desire to have a non-hospital birth. As someone who lives, votes, and is a woman who is pregnant, I do not believe this supports my rights and choices for making the best decisions for care and childbirth.

Mahalo,

Stella

**LATE**

**HB-2184**

Submitted on: 2/6/2018 10:51:06 AM

Testimony for HHS on 2/6/2018 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Mehana Kihoi	Self	Oppose	No

Comments:

Aloha,

My name is Mehana Kihoi, I am a resident of Hawaii Island, and I strongly oppose HB 2184.

My home birth was the most incredible experience of my life. It was an experience that I had the reproductive right to choose.

MOTHERS NEED TO BE ABLE TO CHOOSE ANY ATTENDANT THEY WANT.  
Traditional Midwifery is possibly the world's oldest practice, and needs PROTECTION. I oppose Bill HB 2184.

Mahalo nui,

Mehana Kihoi

Honaunau, Hi

## kobayashi2 - Kevin

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**From:** Yvonne Gray <yvonne.gray.2006@gmail.com>  
**Sent:** Sunday, February 4, 2018 5:01 AM  
**To:** hhstestimony  
**Subject:** Re: Opposition to HB2184

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

Sent from my iPhone

On Feb 2, 2018, at 22:06, Yvonne Gray <[yvonne.gray.2006@gmail.com](mailto:yvonne.gray.2006@gmail.com)> wrote:

Aloha honorable chair and committee members,

My name is Yvonne Gray, I am mother of 4 children and military spouse. My last child Elias Kelani Gray was born at home in Kailua, HI on July 11, 2015.

I oppose HB 2184 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. My own last birth was supposed to be a cesarean based on fear by the medical doctors but no medical reason. They wanted it to be scheduled even without my husband who was deployed at the time present. Only under the care of a home birth Midwife was I able to birth my child at home in a loving environment surrounded by his brothers. In the hospital I would have been alone and possibly even separated from my child.

- 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 2184!

Sincerely,

Yvonne Gray

Sent from my iPhone

## **kobayashi2 - Kevin**

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**From:** snharris@everyactioncustom.com on behalf of Stephen Harris <snharris@everyactioncustom.com>  
**Sent:** Sunday, February 4, 2018 8:41 AM  
**To:** hhstestimony  
**Subject:** Strong Support of HB2158, Relating to Tobacco

Dear House Committee on Health and Human Services,

The Honorable John Mizuno, Chair  
The Honorable Bertrand Kobayashi, Vice Chair Members of the House Committee on Health and Human Services

Hrg: February 6, 2018 at 8:30am at Capitol Room 329

I am writing in strong support of HB2158 which would reduce the use, access, and exposure of tobacco products to youth by prohibiting the issuance of retail tobacco permits and sale of a tobacco product or an electronic smoking device within 750 feet of schools, public parks, and public housing complexes.

Tobacco licensing and zoning laws are effective strategies that impact the density of tobacco retailers, access to tobacco products and location of tobacco retailers. When more tobacco retailers are located in a given area, their overwhelming presence and marketing gives residents and youth in that community the impression that tobacco and electronic smoking devices are available, accessible, and acceptable.

Restricting the sale of tobacco products and electronic smoking devices near schools, public parks, and public housing matters because minority populations, youth, and low-income communities are already disproportionately affected by tobacco. When tobacco store proximity and presence is strong in the community, it perpetuates social norms about tobacco use. Whether you are keiki walking to school or playground, daily exposure to these promotions suggest that smoking or vaping is acceptable.

I strongly support changing our tobacco zoning restrictions to create an area between schools and tobacco stores where our youth will be protected from onslaught of advertising and retail availability of tobacco and e-cigarette products.

HB2158 is a policy solution that can protect our communities from being disproportionately targeted by tobacco, reduce tobacco-related health disparities, and encourages responsible tobacco retailing.

Sincerely,  
Stephen Harris  
3703 B Pelu Pl Honolulu, HI 96816-3811



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COMMITTEE ON HEALTH & HUMAN SERVICES

Rep. John M. Mizuno, Chair

Rep. Bertrand Kobayashi, Vice Chair

Rep. Della Au Belatti

Rep. Andria P.L. Tupola

Rep. Lei R. Learnmont

Aloha Chair, Vice Chair, and members of the committee,

I strongly urge you to **oppose HB 2184**, as this bill would prevent a woman's choice to choose her preferred birth attendant. I was born at home with the assistance of a traditionally trained "Direct Entry Midwife" (DEM) who would be forced to retire if this bill became law. Giving birth is an intensely personal journey that each woman chooses to complete in the way that she best sees fit. Many women actually prefer non-medicalized birth attendants, and this bill would restrict women's healthcare choices that really should be left between herself and her doctors.

The preamble of HB 2184 states:

"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."

**But it will actually have the opposite effect of reducing consumer choice**, as women will not be able to choose their highly skilled, traditionally-trained Direct-Entry Midwives like the one who attended my birth almost 30 years ago.

In other states where midwifery is regulated, mothers still want to choose their birth attendants, and midwives are criminalized. From the article: <https://jennifermargulis.net/midwife-arrested-in-indiana-released-on-10000-bail/>

“..Keeslar, who is 49 years old and lives in Howe, Indiana, was put into handcuffs and taken to jail. She was arrested for practicing midwifery.

Certified professional midwifery, as well as direct-entry midwifery, is illegal in Indiana.

Though certified nurse midwives may practice in a hospital setting, professional midwives, regardless of their training or experience, may not deliver babies at home or in the hospital.

**But since LaGrange County, where Keeslar lives, has a large Amish community, demands for homebirth midwifery services are high.**

Just over the border in Michigan, where she delivers most of her babies, homebirth midwifery is unregulated, being legal by default.”

This doesn't seem right to criminalize a practice so ancient and deeply personal.

You may think these Direct-Entry Midwives can simply get certified and licensed, but **there is no reasonable path to licensure for experienced midwives in the state of Hawaii.** There are no accredited midwifery schools in Hawaii, and the ONLY pathway to licensure for experienced midwives- the NARM Experienced Midwife path- is set to be discontinued on December 31, 2019, and the only NARM testing center is in Honolulu (adding another barrier for midwives on neighbor islands)

<http://narm.org/equivalency-applicants/experienced-midwife/>

It is also very difficult for midwives who speak English as a second language to pass these exams.

**This will disproportionately affect mothers on neighbor islands,** who depend heavily on their traditionally trained/ cultural midwives. Criminalizing those birth attendants with no reasonable path to licensure greatly reduces access to care in rural areas.

**Section 5 (b) is not specific enough to protect Native Hawaiian Birth attendants,** as it only provides exemption for “traditional Hawaiian healers” rather than “cultural midwives.” This bill



also fails to recognize that there are different kinds of cultural practitioners who would be adversely affected by this bill. There are Native American cultural midwives, Native Alaskans, and all kinds of experienced cultural midwives from the Philippines, India, New Zealand, and all of Asia (just to name a few), and their cultural practices should also be recognized in this bill. As it is written now, cultural practitioners who do not want to conform to western certifications would be liable for civil penalties, up to \$1000.00 per offense. Their practice has been unregulated for decades, so they will be penalized for doing the same thing they have always done, and many (especially those who speak little English) will likely be unaware that any law has been passed that makes them illegal.

I simply do not see how anyone can expect to regulate such ancient and deeply rooted cultural birthing practices, especially when there are no current significant safety issues associated with midwife care in Hawaii at this time.

As a consumer, I fully support **OPTIONAL licensure**, but see no reason why a woman shouldn't be able to choose to have a Native American cultural Direct Entry Midwife attending her birth in her own home.

Another possible solution would be to have the State administer the NARM certification exam on each island, similar to the way the State licenses massage therapists. That would provide a reasonable path to licensure for experienced midwives who have been practicing for many years.

The bottom line is that this bill would severely restrict and impede a woman's most fundamental right to choose. Women's healthcare choices should be left between herself and her doctors, and passing legislation at this time would be needless, expensive, and unnecessarily prohibitive.

Thank you very much for your time. I strongly urge you to vote **NAY on HB2184**.

Sincerely,

Natalia Hussey-Burdick

YPDA Board Member

(808) 688-3481

nataliah@hawaii.edu



February 6, 2018

The Honorable John M. Mizuno  
Chair  
Committee on Health & Human Services  
Hawaii State Capitol  
Honolulu, Hawaii 96813

The Honorable Bertrand Kobayashi  
Vice Chair  
Committee on Health & Human Services  
Hawaii State Capitol  
Honolulu, Hawaii 96813

***Re: Testimony in Support of H.B. 2184/S.B.2294, a bill for an act related to the relating to the licensure of midwives***

Dear Representatives Mizuno and Kobayashi,

On behalf of the American College of Nurse-Midwives (ACNM), I appreciate the opportunity to provide comments to the Committee on Health & Human Services in strong support of HI H.B. 2184/S.B. 2294, specifically the provisions related to establishing a regulatory mechanism for licensing Certified Midwives in the state. The ACNM and its members stand for improving and increasing access to quality midwifery care and coverage for women throughout the lifespan. We support common-sense policy solutions that ensure women have guaranteed health coverage and access to a full range of essential health services and health care providers under Medicare and Medicaid, and individual and family health insurance plans. As such, we support state legislative efforts that seek to expand access to the midwifery model of care as practiced by Certified Nurse-Midwives and Certified Midwives.

ACNM is the professional association that represents both Certified Nurse Midwives (CNMs) and Certified Midwives (CMs) in the United States. With roots dating to 1929, ACNM sets the standard for excellence in midwifery education and practice in the U.S. and strengthens the capacity of midwives in developing countries. Our members are highly trained health care professionals who provide care for women throughout the lifespan, with an emphasis on pregnancy, childbirth, and gynecologic and reproductive health care.

Hawaii already recognizes the value of midwifery care, as CNMs are licensed health care providers that work autonomously within their full scope of practice in the state. Like CNMs, a Certified Midwife is an individual educated in the discipline of midwifery. Certified Midwives earn graduate

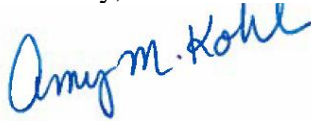
degrees, meet health and science education requirements, and complete a midwifery education program accredited by Accreditation Commission for Midwifery Education (ACME). CMs pass the same national certification examination given by the American Midwifery Certification Board (AMCB) as CNMs, who are already licensed to practice in Hawaii and receive the professional designation of CNM. Both CMs and CNMs demonstrate the *Knowledge, Skills and Behaviors Prerequisite to Midwifery Clinical Education* prior to commencing midwifery clinical training. Both CNMs and CMs demonstrate the identical *Core Competencies for Basic Midwifery Practice* of the American College of Nurse-Midwives (ACNM) upon completion of their midwifery education programs. Both CNMs and CMs must practice in accordance with ACNM *Standards for the Practice of Midwifery*. ACNM competencies and standards are consistent with or exceed the global competencies and standards for the practice of midwifery as defined by the International Confederation of Midwives. To maintain the designation of CNM or CM, midwives must be recertified every 5 years through AMCB and must meet specific continuing education requirements. Licensed to practice in Delaware, Maine, New York, New Jersey and Rhode Island, individuals choosing this career path are pioneers in the profession, much like the early nurse-midwives who practiced in the U.S 50 – 70 years ago.

ACNM strongly believes that pathways must exist for individuals to enter the midwifery profession with a sound foundation in the biological and social sciences as well as skills for counseling, health assessment, diagnosis, emergency response and stabilization and the other knowledge, skills, and behaviors to support achievement of competence in midwifery. While ACNM values nursing as one valuable pathway to gain these skills, we recognize that nursing is not the exclusive educational route to these essential knowledge, skills, and behaviors. Evidence from high resource countries that spend less and demonstrate higher value and quality outcomes support recognition of multiple routes to midwifery education. The needs of women, the growing elderly population, the faculty shortfall, clinical site shortages, and the projected maternity care workforce shortfall require innovation of additional pathways to accredited midwifery education, certification, and licensure. These pathways must afford both CNMs and CMs the opportunity to practice to the full extent of their education and training in order to achieve optimal health for women through the lifespan. Recognition of the CM credential in Hawaii will cultivate increased access to midwifery care and help combat the ever-growing and well-documented maternity care provider shortage issue plaguing many regions throughout the United States.

ACNM appreciates the opportunity to comment in support of licensing Certified Midwives in Hawaii. **We strongly urge passage of HI H.B. 2184/S.B. 2294.** By raising the status of Certified Midwives through statute and regulation, the standard of care and the health of mothers and babies in the state will be improved through expanded access to safe and cost-effective care. We stand ready to work with the legislature to prioritize the health care of women, individuals, newborns, and families through development of laws and regulations that support access to affordable coverage and the excellent care that Certified Midwives can provide. Please don't hesitate to contact me at [akohl@acnm.org](mailto:akohl@acnm.org) or (240) 485-1806 with any questions or concerns regarding the licensing of

Certified Midwives or the important role of CNMs and CMs in the health care continuum.

Sincerely,



Amy M. Kohl  
Director, Advocacy & Government Affairs  
American College of Nurse-Midwives

Cc: Senator Rosalyn H. Baker  
Representative Della Au Belatti  
Representative Roy M. Takumi

*Dr. Lauren Anderson*

INTEGRATIVE HEALING HAWAII

REGULAR SESSION OF 2018

For Honorable House Chair John Mizuno, Vice Chair Bertrand Kobayashi and Committee members Della Au Belatti, Andrea Tupola & Lei Learmont

Hearing date 2-6-18, 8:30 am Rm 329

RE: HB 2184 Relating to the Licensure of Midwives

IN OPPOSITION

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Aloha honorable chair and committee members,

My name is Dr. Lauren Anderson and I am a Naturopathic Physician who specializes in pediatrics and an avid supporter of home birth and midwife practices.

I oppose HB 2184 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

*Dr. Lauren Anderson*

INTEGRATIVE HEALING HAWAII

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

Sincerely,

*Lauren Anderson ND*

Dr. Lauren Anderson ND Hawaii #284

## **kobayashi2 - Kevin**

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**From:** Megan Everett <meverettusa@gmail.com>  
**Sent:** Monday, February 5, 2018 7:27 PM  
**To:** hhstestimony  
**Subject:** HB 2184

Please let it be known that i oppose HB 2184. We are still Americans and should have the right to chose how and when we want to bring our children into this world.  
This choice should not be taken away!!!

## **kobayashi2 - Kevin**

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**From:** Amber Hines <amberagh07@gmail.com>  
**Sent:** Monday, February 5, 2018 9:02 AM  
**To:** hhstestimony  
**Subject:** REGULAR SESSION OF 2018

For Honorable House Chair John Mizuno, Vice Chair Bertrand Kobayashi and Committee members Della Au Belatti, Andrea Tupola & Lei Learmont

Hearing date 2-6-18, 8:30 am Rm 329

RE: HB 2184 Relating to the Licensure of Midwives

IN OPPOSITION

Aloha honorable chair and committee members,

My name is Amber Hines and I oppose this bill for the following reasons..

Interfering with my right to choose how, where and with whom I give birth violates my rights as a mother and woman to make the best decision for myself and my baby. My people have practiced homebirth traditions for thousands of years and brought forth healthy strong babies. No man, who has never given birth should have ANY say so in how I use my body, period. It simply does not concern him.



## kobayashi2 - Kevin

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**From:** MauiTherapy <mauitherapy@gmail.com>  
**Sent:** Monday, February 5, 2018 8:32 AM  
**To:** hhstestimony  
**Subject:** HB 2184

Aloha

My name is Ka'i Herrick and I would like to request to have your Hawaiian Affairs Committee re-review HB 2184, that was introduced to the House of Representatives by State Representatives Belatti, Mizuno & Takumi on January 22, 2018, along with SB 2294 that was introduced by Senator Baker on January 19, 2018. These two companion bills would be detrimental and disastrous to our native Hawaiian culture. We as a people have endured being oppressed in the past and now these two bills will basically strip away our cultural rights and practices for midwifery, otherwise known as palekeiki.

My great aunty Agnes Pauona was a palekeiki and she never passed the knowledge on to our family, and the same has happened to many other families as well, and we are in the midst of an uprising and restoration of that knowledge. There were many families that didn't pass on the knowledge as well, due to the oppression of our Hawaiian culture, language and practices in those times, and the negative effects that it could have had on their families if they were caught by officials. But THANKFULLY, some did pass on that knowledge! And if they did, they not necessarily passed it on to a native Hawaiian. There are many hanai ohana and even malihini that were not of native origin or blood that this knowledge was passed on to, and these bills would be a detriment to those people that hold this knowledge. We have to work as a community to allow our cultural practices to thrive and survive, and not allow too much western influence on our NATIVE practices, whether they are Hawaiian, Filipino, Japanese, Chinese, Korean, Portuguese, and the many other indigenous cultural immigrants in Hawaii.

There are many other cultures that would be affected, for example, there is a large group of Filipina midwives who speak very little English and only service Filipina immigrants. Native Hawaiians on neighbor islands will be disproportionately affected. Mothers on Molokai really depend on their traditionally trained midwives, who may or may not be Hawaiian themselves, as well as the midwives may not even be Hawaiian.

HB 2184 also requires certification that is not currently supported by any educational pathways here in Hawaii. We would have to fly to somewhere on the mainland to get these certifications because there are no opportunities to get the hours you need for the certification. These bills drive people out of Hawaii instead of allowing them to stay here. We should only allow bills that benefit Hawaii.

Native Hawaiians and any mother for that matter, no matter where they came from, should have the right to choose their traditional birth attendant of choice, regardless of whether or not that birth attendant has been certified by western medical standards. As a mother of 4 beautiful daughters, I never had the privilege to experience birth from a cultural standpoint due to cultural oppression and not even knowing this practice existed until recently, but I will not allow my friends and families' choice to decide how they bring their keiki into this world to be taken away. I stand for every mother and every cultural practitioner, no matter what the race, color or origin. These two bills need to be reviewed in more depth or altogether squashed, to allow our native cultural practices to survive.

We invite you to learn more from our palekeiki of this aina and see the work that they do, and read their charts that they keep, and see the medicines they use during this process of brining our keiki into this aina.

Mahalo,  
Ka'i Herrick

Cell: [\(808\) 214-3643](tel:8082143643)

Live...Laugh...ALOHA!

Mahalo,  
Ka'i

Ka'i Herrick  
LMT/Esthetician  
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## **kobayashi2 - Kevin**

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**From:** Heather Estara <estarahealing@gmail.com>  
**Sent:** Monday, February 5, 2018 8:28 AM  
**To:** hhstestimony  
**Subject:** Opposition to HB2184 please submit

REGULAR SESSION OF 2018

For Honorable House Chair John Mizuno, Vice Chair Bertrand Kobayashi and Committee members Della Au Belatti, Andrea Tupola & Lei Learmont

Hearing date [2-6-18, 8:30 am](#) Rm 329

RE: HB 2184 Relating to the Licensure of Midwives

IN OPPOSITION

Aloha honorable chair and committee members, my name is Heather Estara Vazquez and I am a homebirth mother and I am opposed to HB2184.

Please help keep my birth options.

Many Blessings,  
Heather Estara Vazquez

**kobayashi2 - Kevin**

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**From:** McCloskey, Erin (e.mccloskey544@canterbury.ac.uk) <e.mccloskey544@canterbury.ac.uk>  
**Sent:** Monday, February 5, 2018 8:21 AM  
**To:** hhstestimony  
**Subject:** Opposition to HB 2184

To Whom It May Concern,

I'm a colleague of a researcher in Hawaii, and she informed me about this bill. As a researcher in women's mental health, I can attest that this bill limits women's freedom of autonomy and power in narrating their birth stories. There is no justification for limiting access and choice to midwifery care.

Sincerely,  
Erin McCloskey  
PhD Candidate and concerned American citizen.

## kobayashi2 - Kevin

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**From:** Elizabeth Rezek <efrezek.48@gmail.com>  
**Sent:** Monday, February 5, 2018 5:08 AM  
**To:** hhstestimony  
**Subject:** I OPPOSE HB 2184

I OPPOSE HB 2184

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## **kobayashi2 - Kevin**

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**From:** Kristl Woo <ktw808@hawaiiantel.net>  
**Sent:** Monday, February 5, 2018 3:10 AM  
**To:** hhstestimony  
**Subject:** Testimony opposing HB 2184

### REGULAR SESSION OF 2018

For Honorable House Chair John Mizuno, Vice Chair Bertrand Kobayashi and Committee members Della Au Belatti, Andria Tupola & Lei Learmont

Hearing date 2-6-18, 8:30 am Rm 329

RE: HB 2184 Relating to the Licensure of Midwives

### IN OPPOSITION

Aloha honorable chair and committee members,

My name is Kristl Woo, I am a registered voter & I oppose HB 2184 because of the following reasons:

This bill will violate the rights of families and how they choose to birth and with whom. Birth is an intimate process and a family considers many things before making the decision on how they want to birth their child. Because birth is so empowering for a woman, taking away this right of hers interferes with her freedom to choose & right to birth how she decides. It takes away authority from parents to choose.

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.

Unfortunately, the bill as is, will not make home births safer, will not improve quality or enhance provider availability to those who seek it. 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.

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.

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.

For these reasons and more I strongly oppose HB 2184.

Respectfully submitted,

Kristl Woo

## kobayashi2 - Kevin

---

**From:** Izabela Lyles <iza.lyles@gmail.com>  
**Sent:** Monday, February 5, 2018 1:19 AM  
**To:** hhstestimony  
**Subject:** IN OPPOSITION of HB 2184

REGULAR SESSION OF 2018

For Honorable House Chair John Mizuno, Vice Chair Bertrand Kobayashi and Committee members Della Au Belatti, Andria Tupola & Lei Learmont

Hearing date 2-6-18, 8:30 am Rm 329

RE: HB 2184 Relating to the Licensure of Midwives

IN OPPOSITION

Aloha honorable chair and committee members,

My name is Izabela Lyles, I am a mother of a beautiful and perfectly healthy babe boy who was born in 2015 at home with 2 midwife present. They were excellently caring for me during my pregnancy, birth and postpartum. It was the most amazing experience of my entire life and I would never change anything about my choice and experience. There is still going to be women who will choose to give birth at the hospital with a presence of a doctor rather than at home with a midwife. But the choice should be in the hand of the mother and her family, to choose over her own body and life and what she feels most comfortable with. Pregnancy is NOT a medical issue. Its pure nature doing what it has been designed to do. Yes, there is a chance, it can become a medical issue, because of some complications. And therefore I salute all the brave doctors and nurses who are there to assist in such cases. But most of the time if you do not intervene and let the body do what it has been perfectly designed to do and the mother is in calm, safety and comfort of her own home if that what she wants and in a presence of a experienced midwife who is supporting 100% the natural process of her unique journey. Everything usually unfolds naturally and in a perfect harmony. And is it not what we truly want for our children who enters this world to experience? To be born is a trauma enough. I would think keeping trauma on the most minimum level is ideal to give a healthy start to a life and to a healthy society. Personally from the time my water broke till the birth of my son it took 61 hours. If I was in the hospital my journey of this powerful transformation would be most likely interrupted with possible stress of imposed fear and worry, pressure of time, pressure to induce the process and probably imposed suggestion of drugs like epidural, petocin, and other which has NOT a positive effect on either the babe or the mother. Unfortunately a typical hospital environment is not ideal for a peaceful and full of serenity experience. It does not provide what a home can provide. And really, with all do respect, to have the government decide over such intimate and personal choice is insane. It becomes a clear issue of women rights and human rights. So Please my dear and honorable chair and committee before you are going to make any decisions about my and all the women in Hawaii freedom of choice, freedom in general and our birth rights. I suggest for all of you to truly soul search and connect deeply to your hearts. Because you never know who in your personal life and family will want and have the personal desire to give birth at home with a midwife instead of a hospital and what kind of excruciating consequences it will have on their physical, mental and spiritual health if this right is taken away from them. Also I highly suggest to watch the documentary " The Business Of Being Born" Absolutely educational, and such powerful, eyeopening truth. This is most definitely not a matter of business, and if it is so, who's business?? Most definitely not in favor of women and children health or the health of our society. I



trust you will lead by example respecting, empowering and supporting women in our Hawaii community and around the world to do what God created us to do and how nature intended it. Simply keep our freedom to choose over our bodies, mind and soul. So we can simply choose and be free to do so for all the generations to come. Blessings and sincere Aloha and Mahalo for your care and support.

I oppose HB 2184 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 2184

Sincere Mahalo for your continued contribution to birth sovereignty and human rights!

Sincerely,

Izabela Lyles

## kobayashi2 - Kevin

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**From:** Izabela Lyles <iza.lyles@gmail.com>  
**Sent:** Monday, February 5, 2018 1:12 AM  
**To:** hhstestimony  
**Subject:** IN OPPOSITION of HB 2184

REGULAR SESSION OF 2018

For Honorable House Chair John Mizuno, Vice Chair Bertrand Kobayashi and Committee members Della Au Belatti, Andria Tupola & Lei Learmont

Hearing date 2-6-18, 8:30 am Rm 329

RE: HB 2184 Relating to the Licensure of Midwives

IN OPPOSITION

Aloha honorable chair and committee members,

My name is Izabela Lyles, I am a mother of a beautiful and perfectly healthy babe boy who was born in 2015 at home with 2 midwife present. They were excellently caring for me during my pregnancy, birth and postpartum. It was the most amazing experience of my entire life and I would never change anything about my choice and experience. There is still going to be women who will choose to give birth at the hospital with a presence of a doctor rather than at home with a midwife. But the choice should be in the hand of the mother and her family, to choose over her own body and life and what she feels most comfortable with. Pregnancy is NOT a medical issue. Its pure nature doing what it has been designed to do. Yes, there is a chance, it can become a medical issue, because of some complications. And therefor I salute all the brave doctors and nurses who are there to assist in such cases. But most of the time if you do not intervene and let the body do what it has been perfectly designed to do and the mother is in calm, safety and comfort of her own home if that what she wants and in a presence of a experianced midwife who is supporting 100% the natural process of her unique journey. Everything usually unfolds naturally and in a perfect harmony. And is it not what we truly want for our children who enters this world to experience? To be born is a trauma enough. I would think keeping trauma on the most minimum level is ideal to give a healthy start to a life and to a healthy society. Personally from the time my water broke till the birth of my son it took 61 hours. If I was in the hospital my journey of this powerful transformation would be most likely interrupted with possible stress of imposed fear and worry, pressure of time, pressure to induce the process and probably imposed suggestion of drugs like epidural, petocin, and other which has NOT a positive effect on either the babe or the mother. Unfortunately a typical hospital environment is not ideal for a peaceful and full of serenity experience. It does not provide what a home can provide. And really, with all do respect, to have the government decide over such intimate and personal choice is insane. It becomes a clear issue of women rights and human rights. So Please my dear and honorable chair and committee before you are going to make any decisions about my and all the women in Hawaii freedom of choice, freedom in general and our birth rights. I suggest for all of you to truly soul search and connect deeply to your hearts. Because you never know who in your personal life and family will want and have the personal desire to give birth at home with a midwife instead of a hospital and what kind of excruciating consequences it will have on their physical, mental and spiritual health if this right is taken away from them. Also I highly suggest to watch the documentary " The Business Of Being Born" Absolutely

educational, and such powerful, eye-opening truth. This is most definitely not a matter of business, and if it is so, whose business?? Most definitely not in favor of women and children's health or the health of our society. I trust you will lead by example respecting, empowering and supporting women in our Hawaii community and around the world to do what God created us to do and how nature intended it. Simply keep our freedom to choose over our bodies, mind and soul. So we can simply choose and be free to do so for all the generations to come. Blessings and sincere Aloha and Mahalo for your care and support.

I oppose HB 2184 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  
2184

Sincere Mahalo

for your continued contribution to birth sovereignty and human rights!

Sincerely,  
Izabela Lyles

## kobayashi2 - Kevin

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**From:** s <mmadrona@aol.com>  
**Sent:** Sunday, February 4, 2018 8:07 PM  
**To:** hhstestimony  
**Subject:** HB 2184 Relating to the Licensure of Midwives

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### REGULAR SESSION OF 2018

For Honorable House Chair John Mizuno, Vice Chair Bertrand Kobayashi and Committee members Della Au Belatti, Andrea Tupola & Lei Learmont

Hearing date 2-6-18, 8:30 am Rm 329

RE: HB 2184 Relating to the Licensure of Midwives

### IN OPPOSITION

Aloha honorable chair and committee members,

My name is Morgaine Madrona, I am midwife, and have practiced home birth since my training in El Paso Texas in 1980. I am uniquely able to testify concerning homebirth regulation as I have worked in numerous states during which regulation was created and enforced. I have also had the privilege of traveling to other countries to see the practice of midwifery and how it is affected by the enforcement of rules and regulations. My husband of 20 years Lewis Mehl-Madrona, M.D. published the first study done in the United States comparing homebirth and hospital birth where Homebirth was significantly safer for mother and baby. This study was used for the first states that fought to protect the right for midwives to practice and mothers to have the assistance of midwifery care in their own homes. The state of Hawaii has shown uniquely that regulation of the homebirth practitioners would not improve care as the state has continued not adopt regulation. The Hawaii outcomes of home birth have continued to achieve excellent results for mothers and babies during all the years that other states have struggled to enforce regulation-with all the expense and difficulties for the practitioners. My experience is that the regulation of Midwifery and licensure in other states has actually brought less qualified women to practice midwifery. When regulation ensues Midwifery becomes not a profession that is a "calling" to women who are drawn to serve other women. but a profession to "make money" and many Midwives not particularly committed to the historic calling to serve other women. This is what has happened in the hospital Nurse Midwifery programs. It became a way to upgrade your Nurse degree to a Masters degree make more money but NOT a commitment to Natural Birth of assisting women to give birth. with the subsequent better outcomes without medications/and increased cesareans. Just a better paycheck and more power -a corruption of Midwifery. This is not necessarily a good thing for home birth. A license does not a good midwife make. Many years of practice and serving women without question is what makes a good midwife. Not a question of studying for and paying for a license.

- 1) This 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 will 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.

Thank you  
Morgaine Madrona  
Midwife  
66-541 A kam hwy  
Haleiwa HI 96712

## **kobayashi2 - Kevin**

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**From:** jade@lemuria8.com  
**Sent:** Sunday, February 4, 2018 6:32 PM  
**To:** hhstestimony  
**Subject:** OPPOSE HB 2184

Honorable Mizumo-  
Hearing date 2-6-18, 8:30 am Rm 329

RE: HB 2184 Relating to the Licensure of Midwives

IN OPPOSITION

Aloha honorable chair and committee members,

My name is \_\_Jade McGaff, MD\_\_\_\_\_, and I oppose this bill for the following reasons...

3) You can drop off testimony at the state capitol and have them make appropriate copies

Brief Summary:

The following are the 3 main reasons I am opposing this bill.

Please note, this year we have come up with an alternative solution (see #3)!

1) This 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 will 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.

Sincere Mahalo for your continued contribution to birth sovereignty and human rights!

Jade P McGaff, MD

Board Certified OB GYN

## kobayashi2 - Kevin

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**From:** Martha Landt <gentlebirthheals@icloud.com>  
**Sent:** Sunday, February 4, 2018 6:28 PM  
**To:** hhstestimony  
**Subject:** Bill HB2184

Aloha

I support. This Bill

HB 2184

Certified Professional

Midwives are very competent to join the team for Maternal and child Welfare.

We base our Standard of Care on Evidence based practices. We are Protectors of Sacred Birth, Gentle Birth and of the power of the hormone Oxytocin which is most secreted when women feel Safe.

We advocate and educate for MotherBaby

Always staying together...specifically for the first hour of life.

Thank you

Martha Landt, CPM

Sent from my iPhone