

STATE OF HAWAII
DEPARTMENT OF HEALTH
P. O. Box 3378
Honolulu, HI 96801-3378
doh.testimony@doh.hawaii.gov

LATE

**Testimony COMMENTING on SB1312 SD2
RELATING TO THE LICENSURE OF MIDWIVES.**

REPRESENTATIVE DELLA BELATTI, CHAIR
HOUSE COMMITTEE ON HEALTH

Hearing Date: March 16, 2017

Room Number: 329

1 **Fiscal Implications:** N/A.

2 **Department Testimony:** The Department of Health acknowledges that allied health
3 professionals such as midwives play an important role in addressing health care workforce
4 shortages. Regulation and licensing appears appropriate to the profession of midwifery, however
5 SB1312 SD2 contains ambiguities and departures from standards of practice required of other
6 health professions. A more comprehensive and deliberative solution may be warranted to
7 balance health care access and patient safety.

8 **Offered Amendments:** N/A.

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**TESTIMONY OF
THE DEPARTMENT OF THE ATTORNEY GENERAL
TWENTY-NINTH LEGISLATURE, 2017**

LATE

ON THE FOLLOWING MEASURE:

S.B. NO. 1312, S.D. 2, RELATING TO THE LICENSURE OF MIDWIVES.

BEFORE THE:

HOUSE COMMITTEE ON HEALTH

DATE: Thursday, March 16, 2017

TIME: 8:30 a.m.

LOCATION: State Capitol, Room 329

TESTIFIER(S): Douglas S. Chin, Attorney General, or
Mana Moriarty, Deputy Attorney General

Chair Belatti and Members of the Committee:

The Department of the Attorney General offers the following comments.

This bill would regulate the practice of midwifery in the State of Hawaii by establishing a board of midwifery that would issue licenses to certified midwives and certified professional midwives who meet criteria established in the bill. We have identified two areas of concern.

Mandatory Contested Case Hearings Increase Risk of Antitrust Challenges

New section -7 of the new chapter in section 2 of this bill on page 11, lines 1 to 17, would require the board of midwifery to conduct an administrative proceeding in every case in which the board refuses to issue, renew, restore, or reinstate a license, or proposes to take disciplinary action or other licensing sanctions against a licensee. We suggest that this provision be deleted from the bill. Deleting this provision will have three potential benefits: it will help the board of midwifery avoid legal challenges, it will reduce the chances that any legal challenges succeed, and it will conform the board's procedures to the procedures of other boards and commissions within the Department of Commerce and Consumer Affairs (DCCA).

In *North Carolina State Board of Dental Examiners v. Federal Trade Commission*, 135 S. Ct. 1101 (2015), the United States Supreme Court explained that a licensing board controlled by active market participants enjoys state immunity for its anticompetitive actions only if (1) the restraints are clearly articulated and expressed as state policy and (2) the policy is actively supervised by the State. Currently, Hawaii

Administrative Rules (HAR) chapter 16-201 applies to proceedings before any board or commission administratively placed within the DCCA and requires proceedings to be conducted before an Office of Administrative Hearings (OAH) hearings officer, who is not a market participant. See HAR § 16-201-3. A board decision following an administrative proceeding conducted by the board may appear to have less active supervision from the State than if a board decision follows an administrative proceeding conducted by an OAH hearings officer.

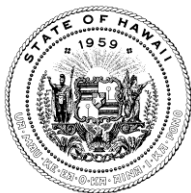
Referral of Criminal Matters to the Attorney General
is an Unusual Delegation of Authority

New section -6 in section 2 of this bill on page 10, lines 9 to 21, imposes (1) fees for applicants seeking a license and (2) criminal and civil penalties. While the fees and penalties provisions are not necessarily related, they are placed in the same section of the statute. In addition, the criminal penalties provision includes wording that "[a] second or subsequent violation of this chapter shall be referred to the department of the attorney general for criminal prosecution."

We recommend that the provision for fees be separated from the provision for civil and criminal penalties for clarity and consistency. We are not aware of any other regulated profession among the forty-six regulated professions where a statute governing fees for the profession is combined with a statute establishing penalties.

Furthermore, we recommend that wording regarding referral of criminal violations to the Department of the Attorney General be deleted from the bill. We are aware of no other regulated professions where a statute requires criminal prosecutions to be conducted by the Department of the Attorney General. While the Attorney General is the chief legal officer for the State, the prosecuting attorney in each county has been delegated authority and responsibility for initiating and conducting criminal prosecutions within the prosecutor's county jurisdiction. See *Amemiya v. Sapienza*, 63 Haw. 424, 629 P.2d 1126 (1981). If the provision for referral to the Attorney General is deleted from the bill, criminal violations would be prosecuted by the prosecuting attorney.

Thank you for the opportunity to provide testimony.



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

STATE OF HAWAII
OFFICE OF THE DIRECTOR
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
335 MERCHANT STREET, ROOM 310
P.O. BOX 541
HONOLULU, HAWAII 96809
Phone Number: 586-2850
Fax Number: 586-2856
cca.hawaii.gov

CATHERINE P. AWAKUNI COLÓN
DIRECTOR
JO ANN M. UCHIDA TAKEUCHI
DEPUTY DIRECTOR

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

TO THE HOUSE COMMITTEE
ON
HEALTH

TWENTY-NINTH STATE LEGISLATURE
REGULAR SESSION, 2017

THURSDAY, MARCH 16, 2017
8:30 A.M.

TESTIMONY ON
SENATE BILL NO. 1312 S.D.2
RELATING TO THE LICENSURE OF MIDWIVES

TO THE HONORABLE DELLA AU BELATTI, CHAIR,
AND TO THE HONORABLE BERTRAND KOBAYASHI, VICE CHAIR,
AND MEMBERS OF THE COMMITTEE:

The Department of Commerce and Consumer Affairs ("Department") appreciates the opportunity to testify on Senate Bill No. 1312 S.D.2, 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 offers enforcement-related written comments on this bill, with requested amendments.

Senate Bill No. 1312 S.D.2 creates a new chapter for the licensure of midwives and a new Board of Midwifery as the oversight authority. The bill also requires the Department to convene a working group to discuss with stakeholders issues relating to the practice of midwifery.

RICO defers to the Department's Professional and Vocational Licensing division with regard to licensing-related issues in the practice of midwifery. RICO raises several enforcement-related concerns relating to Senate Bill No. 1312 S.D.2.

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

RICO notes that most licensing chapters contain standard regulatory provisions for unlicensed activity, discipline, and the powers and duties of the oversight authority, including but not limited to grounds for refusal to renew, reinstate, or restore a license and for revocation, suspension, or conditioning a license. Additional enforcement clarification may be appropriate, depending upon the types of conduct this Committee intends to include within the scope of practice.

Finally, RICO notes that section -6 of the bill regarding fees, at page 10, lines 9-13, should include payment of a compliance resolution fund fee in addition

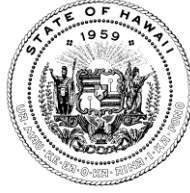
Testimony on Senate Bill No. 1312 S.D.2

March 16, 2017

Page 3

to a licensing fee. Also, section -6 of the bill at page 10, lines 14-21, relating to fines for violations provides for board discipline for the first violation of the chapter, but is unclear as to whether the sanction for subsequent violations is limited to criminal sanctions or includes board discipline as well.

Thank you for the opportunity to testify on Senate Bill No. 1312 S.D.2. I will be happy to answer any questions the Committee may have.



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

STATE OF HAWAII
OFFICE OF THE DIRECTOR
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
335 MERCHANT STREET, ROOM 310
P.O. BOX 541
HONOLULU, HAWAII 96809
Phone Number: 586-2850
Fax Number: 586-2856
cca.hawaii.gov

CATHERINE P. AWAKUNI COLÓN
DIRECTOR

JO ANN M. UCHIDA TAKEUCHI
DEPUTY DIRECTOR

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

TO THE HOUSE COMMITTEE ON HEALTH

TWENTY-NINTH LEGISLATURE
Regular Session of 2017

Thursday, March 16, 2017
8:30 a.m.

**TESTIMONY ON SENATE BILL NO. 1312, S.D. 2, RELATING TO THE LICENSURE OF
MIDWIVES.**

TO THE HONORABLE DELLA AU BELATTI, CHAIR,
AND MEMBERS OF THE COMMITTEE:

My name is Celia Suzuki, Licensing Administrator of the Professional and Vocational Licensing Division (“PVLD”), Department of Commerce and Consumer Affairs (“Department”). The Department appreciates the opportunity to submit testimony on Senate Bill No. 1312, S.D. 2, Relating to the Licensure of Midwives.

The purpose of Senate Bill No. 1312, S.D. 2, is to establish the Board of Midwifery within the Department to regulate the practice of midwifery by certified midwives and certified professional midwives. The measure requires licensing of certified midwives and certified professional midwives to commence on July 1, 2020. The bill also requires the Department to

convene a working group of interested stakeholders and submit a report to the 2018 Legislature.

The Department respectfully suggests that because scope of regulation and scope of practice are determinations that have been traditionally established through legislation, this committee consider incorporating scope of practice language in the bill rather than providing that the board make this determination. As currently drafted, the Board will be created at the same time the licensing requirements go into effect and will not have had an opportunity to meet, be appointed or make decisions about the scope of the regulation.

Similarly, the Department does not support the language in Section 3 of the bill that would provide for the Department to convene a working group to examine and report to the legislature on a variety of matters related to the profession. This is because an examination of these issues will in large part depend upon the scope of the regulation.

Finally, the Department notes if this bill is adopted, the bill should include provisions that authorize a fee and appropriation for "seed" funding to cover the costs incident to implementing the program, as well as language that would authorize the department to employ necessary personnel.

Thank you for the opportunity to provide comments on Senate Bill No. 1312, S.D. 2.



HOUSE COMMITTEE ON HEALTH
The Honorable Della Au Belatti, Chair
The Honorable Bertrand Kobayashi, Vice Chair

S.B. No. 1312, S.D. 2, Relating to the Licensure of Midwives

Hearing: Thursday, March 16, 2017, 8:30 a.m.

The Office of the Auditor has **no position** on S.B. No. 1312, S.D.2, Relating to the Licensure of Midwives, which will establish mandatory licensing for persons who engage in the practice of midwifery care. We recently assessed the regulation of certified professional midwives that was proposed during the 2016 legislative session, Report No. 17-01, *Sunrise Analysis: Regulation of Certified Professional Midwives* (January 2017), and offer testimony to advise the committee as to certain aspects of our report that may be relevant to its consideration of the bill.

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

Although we recommended that every person who provides maternity and prenatal services as a midwife be subject to mandatory licensing based on the Hawai'i Regulatory Licensing Reform Act's criteria, we offer no position on the specifics of the licensure that would be established by S.B. No. 1312, S.D. 2.

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

Thank you for considering our testimony related to S.B. No. 1312, S.D. 2.

Auditor's Summary

Sunrise Analysis: Regulation of Certified Professional Midwives

Report No. 17-01

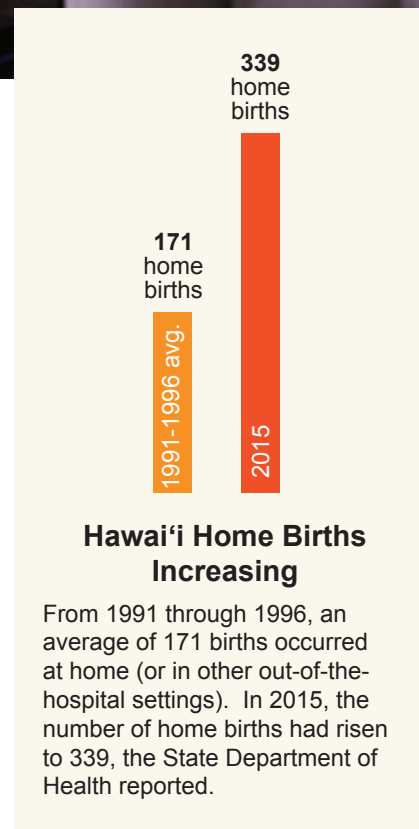


PHOTO: THINKSTOCK.COM

Should Certified Professional Midwives Be Regulated?

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

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



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

Why did we perform this review?

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

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

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



Even Barbers are Regulated

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

Hawai‘i Regulatory Licensing Reform Act

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

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

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

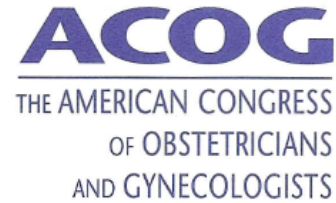
Evidence of abuses by providers of the service must be given great weight in determining whether regulation is desirable;

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

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

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

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



To: Rep. Della Au Belatti, Chair
Rep. Bertrand Kobayashi, Vice-Chair

DATE: Thursday, March 16, 2017
TIME: 8:30 AM
PLACE: Conference Room 329

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

Re: SB 1312, Relating to the Licensure of Midwives

Position: Strongly Oppose

Midwifery Licensure

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

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

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

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

We do acknowledge the effort to license and regulate home birth providers as a first step in improving the safety of women and children in our state. Unfortunately, this bill does not take the adequate steps to protect the health and safety of women and infants and cannot be supported by the Hawaii Section of the American Congress of Obstetricians and Gynecologists.

From: [Kiele Sonognini](#)
To: [HLTtestimony](#)
Subject: SB1312_SD2 Testimony in Support with Amendments
Date: Tuesday, March 14, 2017 2:59:56 PM
Attachments: [image001.png](#)

Dear House Committee on Health,

I support SB1312_SD with amendments and ask that you completely replace SB1312_SD2 with the exact language recommended in the Midwives Alliance of Hawaii testimony.

Sincerely,

KIELE SONOIGNINI
DEVELOPMENT OFFICE MANAGER

57-091 Kamehameha Hwy | Kahuku, HI 96731
Tel: 808.447.6953 | Fax: 808.232.2396



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

March 14, 2017

To: House Committee on Health
Representative Della Au Belatti, Chair
Representative Bertrand Kobayashi, Vice Chair
Conference Room 329
Hawaii State Capitol
South Beretania Street
Honolulu, HI 96813

From: Darby Partner CPM

Dear Representative Belatti, Representative Kobayashi, and committee members:

Mahalo for the opportunity to submit testimony.

My name is Darby Partner. I am a Certified Professional Midwife serving the Big Island of Hawaii. I am in my fourth year of practice on Hawaii and have served the women of our island with many wonderful, healthy homebirths. I am also a mother of two sons, age 21 and 13, both born at home with midwives.

I am very concerned about the language of this bill and DO NOT support it with the current wording. The language of this bill, if passed, would make it so that only 6 out of Hawaii's approximately 40 could receive a license. These 6 midwives have the MEAC-accreditation that is required in this bill, to receive a license. Out of those 6, only 4 are actually currently practicing.

I support a licensure process that includes all CPMs.

Additionally, I request a clause, or addition, to be included that will grandmother in and license the currently practicing direct entry (traditional) midwives.

It is very important to include ALL midwives in Hawaii so that all may be able to legally continue serving Hawaii's birthing women and receive a midwifery license. Please include all midwives.

The state of Hawaii needs to support midwives as there is a shortage of health care providers for pregnancy and birth and postpartum in many parts of the Hawaiian islands, and midwives are important for healthy mothers and babies! Care is especially lacking for the women living in rural areas, and midwives serve these women. Midwives do an excellent job caring for healthy pregnant women in a personalized, professional way.

I support licensure as a way that will bridge the gap between midwives and the medical community, thus supporting midwives and the medical community to be team members in a mother's care.

Licensure in Hawaii is needed because it will give midwives in Hawaii the access to medications, lab work, ultrasound and referrals to other health care providers, thus giving midwives the ability to provide the very best care.

I support a standard of midwifery care in Hawaii and licensure can provide this.

I support a bill with changes that include my requests.

Thank you very much for your support of midwives in Hawaii. We are committed and passionate about caring for Hawaii's birthing mothers and new babies.

Sincerely,

Darby L. Partner CPM



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

REGULAR SESSION OF 2017

House Health Committee March 16, 8:30 am, Rm 329

RE: SB 1312 SD2 Relating to the Licensure of Midwives

IN OPPOSITION

Aloha honorable chair and committee members,

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

It appears the Senate has not been able to grasp the complexity of creating a bill that encompasses the following:

- 1) addresses the auditor's report
- 2) addresses public safety in a way that corresponds to actual statistics
- 3) protects the public's right to have choices in birth, taking into account issues of body sovereignty & first amendment freedom of spiritual beliefs and practices
- 4) does not criminalize students who are studying midwifery from practitioners other than a licensed midwife or licensed CPMs

- 5) does not create a potentially more dangerous situation where people are forced to make illegal choices in order to have their babies in a way they feel is spiritually or philosophically true for them
- 6) preserves and appreciates the invaluable wisdom of the variety of birth workers who presently serve Hawaii's mothers, including those who do not choose to become CPMs, and not seek to standardize birth
- 7) creates a reasonable board to oversee the licensure of midwives which includes representatives from each of the different groups of midwives who are currently practicing midwifery out of the hospital, and in addition include more home birth consumers

Solution: I am trusting that the House can understand this complexity and **convert this bill into a specific task force or working group directed to discuss these concepts and bring forth a more appropriate bill next session.** Senator Baker herself said this bill was thrown together quickly in an attempt to just get something out. It will take time and collaborative energy to craft a bill that carefully and respectfully addresses all of the issues.

If the house insists that a bill must be passed this year, I have a strong personal concern that my students would be considered illegal if they attended births with me, which Senator Baker assured me in the 2/14/17 hearing would not be the case. SD2 would still criminalize them.

Solution: Amend the exemption concerning students to read "student of a licensed midwife or a student of any other practitioner listed in this exemption section"

In addition I have a deep concern for the criminalization of lay practitioners or people whom might be providing well woman and maternity care for individuals and their newborns (which in this bill is the definition of midwifery).

Solution: Add a 7th exemption which states "Any lay practitioner or person who is not claiming to be a licensed midwife or licensed CPM, and informs whomever she is attending that she/he is not a licensed practitioner, yet is administering midwifery care per a mother or father's request"

If our primary concern is for the welfare of the mothers and babies then let us appreciate the fact that we all (lay, cultural, professional, biblical, traditional etc.) have something to learn from each other and that not one specialty has the best way to birth all the babies in Hawaii. One standard cannot ever fit the diversity of our people! Let us consider what the auditor's report had to say more carefully and return next year with something more comprehensive, inclusive and cost effective for the people of this Aloha state!

For these reasons and more, I strongly oppose SB1312 SD2

Sincerely,

Dr. Lori Kimata ND, midwife

kobayashi2 - Jessi

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, March 14, 2017 10:07 PM
To: HLTtestimony
Cc: breastfeedinghawaiicoalition@gmail.com
Subject: Submitted testimony for SB1312 on Mar 16, 2017 08:30AM

SB1312

Submitted on: 3/14/2017

Testimony for HLT on Mar 16, 2017 08:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Breastfeeding Hawaii	Breastfeeding Hawaii	Support	No

Comments: We request the House Committee on Health to do a full replacement of SB1312_SD2 with the exact bill language proposed by Midwives Alliance of Hawaii.

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

Do not reply to this email. This inbox is not monitored. For assistance please email webmaster@capitol.hawaii.gov

03/14/2017

To: House Committee on Health
Representative Della Au Belatti, Chair
Representative Bertrand Kobayashi, Vice Chair
Conference Room 329
Hawaii State Capitol
415 South Beretania Street
Honolulu, HI 96813

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

Time: Twenty-Ninth Legislature Regular Session of 2017
Thursday, March 16th, 2017 at 8:30am

**TESTIMONY IN SUPPORT WITH AMENDMENTS OF SB1312_SD2,
RELATING TO THE LICENSURE OF MIDWIVES**

Dear Representative Belatti, Representative Kobayashi, and committee members:

Thank you for the opportunity to testify in support, with amendments, of SB1312_SD2. The regulation of the midwifery profession is important to ensure that all persons who receive maternity and women's health services are provided safe and competent care.

We support the State Auditor's Report No.17-01 findings that the midwifery profession should be regulated; therefore we support the intent of SB1312_SD2 to provide an opportunity to regulate midwives. However, the bill as it reads currently demonstrates a lack of understanding of midwifery education pathways

and is not in alignment with US MERA, the national organization comprised of all professional midwifery organizations and credentialing bodies. Further the findings from the working group would not amend the regulation of midwifery under this bill as it is written and therefore the working group is moot.

In our recommended bill language, we incorporated the recommendations from RICO, DCCA and OHA to keep in alignment with licensing law regulation language, leave the fee of licensure to be determined, and exempt Traditional Native Hawaiian healers. **Therefore we respectfully request that SB1312_SD2 be completely replaced with the exact bill language recommended below.**

The complete replacement of the bill language to our recommendations will provide us all with a more solid foundation to move forward in the pursuit to regulate the midwifery profession. This will ensure our community has access to safe, standard midwifery care practices while respectfully supporting the profession.

We ask for your support with the amendment of a full replacement of SB1312_SD2. Thank you for the opportunity to testify and your consideration in this important health care matter.

Sincerely,

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

A BILL FOR AN ACT

RELATING TO LICENSURE OF MIDWIVES.

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

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

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

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

CHAPTER MIDWIVES

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

"Accreditation Commission for Midwifery Education" means the organization established in 1982 and recognized by the Department of Education as a national accrediting agency for nurse-midwifery and midwifery programs,

whose graduates are eligible for certification as certified nurse midwives or certified midwives.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

§ -2. License required; validity and renewal. (a)

Except as specifically provided in this chapter, no person shall engage in the practice of midwifery or use the title “Licensed Midwife” or “Midwife” or the abbreviation “L.M.” without a valid license issued pursuant to this chapter.

(b) No other person shall assume the title “Licensed Midwife”, “Midwife” or in any manner imply that the person is a licensed midwife except as

defined in this chapter or use the abbreviation "L.M." or any other words, letter, sign, or device to indicate that the person using the same is a licensed midwife. Nothing in this section shall preclude a person holding a national certification as a midwife from identifying herself/himself as holding such certification, so long as the person is not practicing midwifery or professing to be authorized to practice midwifery in this State.

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

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

§ -3. License; qualifications; validity and renewal.

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

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

- (1) Proof of current certification as a certified professional midwife by the North American Registry of Midwives or a successor organization; and
- (2) Proof of successful completion of an educational pathway in accordance with the United States Midwifery Education, Regulation and Association recommendations for licensure of a certified professional midwife.

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

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

(b) All licenses issued under this chapter shall be valid for two years from the date of issuance and shall be renewed upon the payment of a renewal fee within sixty days before the expiration of the license. Failure to renew a license shall result in forfeiture of that license. Licenses that have been forfeited may be restored within one year of the forfeiture date upon payment of renewal and restoration fees. Failure to restore a forfeited license within one year shall result in the automatic termination of the license. A person whose license has been terminated pursuant to this section shall be required to reapply for a new license as a new applicant.

(c) For each license renewal, the licensed midwife must demonstrate successful completion of department approved continuing education courses.

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

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

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

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

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

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

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

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

- (1) Grant, deny, renew, refuse to renew, restore, terminate, reinstate, condition, restrict, suspend, or revoke a license issued pursuant to this chapter;
- (2) Grant permission to a person to practice midwifery and to use the title of "licensed midwife" or "L.M." or a description indicating that the person is a licensed midwife in this State;
- (3) Adopt, amend, or repeal rules pursuant to chapter 91 as the director finds necessary to carry out this chapter;
- (4) Administer, coordinate, and enforce this chapter;
- (5) Discipline a licensed midwife on grounds specified by this chapter or chapter 436B or for any violation of rules adopted by the director pursuant to this chapter;
- (6) Refuse to license a person for failure to meet the licensing requirements in this chapter or for any reason specified by this chapter as grounds to discipline a midwife; and
- (7) Appoint an advisory committee to serve as experts to the director in the implementation and enforcement of this chapter.

§ -7. Advisory committee; appointment; term. (a)

The director shall appoint an advisory committee to serve as experts to

the department in licensing matters. The advisory committee shall consist of seven members as follows:

- (1) The director or the director's designee;
- (2) Five licensed midwives, represented by three certified professional midwives and two certified midwives or certified nurse midwives, who shall be in current and active practice in the State for the duration of their appointment and who shall have actively practiced as licensed midwives in the State for at least three years immediately preceding their appointment; provided that the initial members appointed pursuant to this paragraph shall each have at least three years experience in the practice of midwifery and who are eligible to become licensed pursuant to this chapter or are currently licensed in the State of Hawaii; and
- (3) One out-of-hospital birth consumer, who is either currently under midwifery care and planning an out-of-hospital birth or who has had an out-of-hospital birth in the past.

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

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

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

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

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

(c) The scope of practice standards shall not:

- (1) Require a licensed midwife to practice under the supervision of another health care provider, except as a condition imposed as a result of discipline by the department;
- (2) Require a licensed midwife to enter into an agreement with another health care provider, except as a condition imposed as a result of discipline by the department; and
- (3) Impose distance or time restrictions on where a licensed midwife may practice.

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

- (1) Certified nurse midwives regulated by the board of nursing pursuant to chapter 457;
- (2) A student midwife who is currently enrolled in a midwifery educational program under the direct supervision of a person licensed to practice midwifery;
- (3) A trained birth assistant under the direct supervision of a person licensed to practice midwifery;
- (4) A person administering care to a spouse, parent, sibling, or child;
- (5) A person rendering aid in an emergency where no fee for the service is contemplated, charged, or received;

- (6) A person performing a service within the person's authorized scope of practice of a profession that is licensed, certified, or registered under other laws of this State; or
- (7) Traditional Native Hawaiian healers engaged in traditional healing practices of prenatal, maternal, and childcare, as certified and recognized by a council convened pursuant to Section 453-2(c).

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

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

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

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

SECTION 5. This Act shall take effect January 1, 2020.



Papa Ola Lokahi
Nana I Ka Pono Na Ma

Papa Ola Lokahi

894 Queen Street
Honolulu, Hawaii 96813

Phone: 808.597.6550 ~ Facsimile: 808.597.6551

Papa Ola Lokahi

is a non-profit Native Hawaiian organization founded in 1988 for the purpose of improving the health and well-being of Native Hawaiians and other native peoples of the Pacific and continental United States.

Board of Directors

Member Organizations

Hoola Lahui Hawaii

Hui No Ke Ola Pono

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HOUSE COMMITTEE ON HEALTH

Rep. Della Au Belatti, Chair

Rep. Bertrand Kobayashi, Vice-Chair

TESTIMONY ON NATIVE HAWAIIAN PRACTICES SB 1312 SD2 - RELATING TO LICENSURE OF MIDWIVES

Thursday, March 16, 2017, 8:30 AM

Conference Room 329, State Capitol

Greetings of aloha to Chair Au Bellatti, Vice-Chair Kobayashi and members of the committee.

Papa Ola Lōkahi, the Native Hawaiian Health Board, is solely interested in assuring Hawaiian cultural practices around pregnancy and childbirth, hāpai and hānau, are preserved and protected, and that there are no barriers to their perpetuation, as articulated in the Hawai'i State Constitution.

The Native Hawaiian Health Care Improvement Act (Title 42 USC 122)—through which Congress has established Papa Ola Lōkahi, the five Native Hawaiian Health Care Systems, and the Native Hawaiian Health Scholarship Program—recognizes and affirms Native Hawaiian determination to preserve, maintain and transmit spiritual and traditional beliefs, customs and practices.

The Hawai'i State Constitution reaffirms the “unique right of the Native Hawaiian people to practice and perpetuate their cultural and religious beliefs ...” Specifically, HRS 453-2 exempts traditional Hawaiian healing practitioners from medical licensure, and designates Papa Ola Lōkahi with recognizing Kupuna Councils of traditional Hawaiian healers.

Should this bill proceed, Papa Ola Lōkahi maintains that practitioners of traditional Native Hawaiian practices, pale keiki and others, are exempt, per HRS 453-2(c).

Mahalo nui for the opportunity to offer testimony on SB 1312.



Thursday, March 16, 2017; 8:30 am
Conference Room 329

House Committee on Health

To: Representative Della Belatti, Chair
Representative Bertrand Kobayashi, Vice Chair

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

Re: **SB 1312, SD2 Relating To The Licensure Of Midwives**
Providing Comments

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

I am writing to offer comments on SB 1312, SD2 which establishes mandatory licensing for midwives in Hawaii. The bill creates a licensing scheme and oversight of the practice of midwifery which will improve consumer safety and afford greater quality of care for women who elect to deliver with a midwife and for their babies. However, even with recent amendments, we are concerned with certain aspects SB 1312, SD2 as outlined below.

- The scope of practice of midwifery and prescriptive authority would be determined entirely by the Board of Midwifery that does not include a voting physician member, essentially locking out input from the medical community regarding safe and ethical determination of low-risk pregnancies.
- While the current draft of SB 1312 indicates that the scope of practice will be based on the United States Midwifery Education, Regulation, and Association coalition (US MERA) for certified midwives and certified professional midwives, to our knowledge there is no US MERA agreement as to the scope of care and practice.

The midwifery scope of practice would not be required to adhere to World Health Organization (WHO) and ACOG definitions of low-risk birth. Determination of low-risk pregnancy has been defined and validated through these ACOG and WHO guidelines. To practice outside of these definitions allows practitioners to determine pregnancy risk on their own terms, regardless of their clinical experiences. Patient selection is critical in minimizing adverse perinatal outcomes. The far majority of devastating home birth outcomes (neonates) that we have cared for at Kapi'olani started with higher risk deliveries that would have been better served in a medical facility.

- There is no provision in the bill for a second trained provider to be present at the time of the home birth to provide dedicated care for the newborn. At a minimum, a second person with NRP (Neonatal Resuscitation Program) training should be present to care for the baby in the event that mother and baby are both in need of attention. This is not an uncommon scenario, when mother is having a hemorrhage that must be controlled and the baby is transitioning with respiratory distress. During 2010-2012, the Department of Health estimated that 4% of all deliveries in Hawaii were home births. However, we found that planned home birth infants made up 12% of our neonatal intensive care unit Hypoxic Ischemic Encephalopathy (HIE) population, which is a type of brain injury that occurs when an infant's brain doesn't receive enough oxygen and blood just prior to or after delivery. It is a dangerous condition that requires immediate medical intervention.

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

Thank you for the opportunity to provide this testimony.

Testimony of
Joy Barua
Senior Director, Government and Community Relations & Community Benefit

Before:
House Committee on Health
The Honorable Della Au Belatti, Chair
The Honorable Bertrand Kobayashi, Vice Chair
The Honorable Sharon E. Har
The Honorable Dee Morikawa,
The Honorable Marcus R. Oshiro,
The Honorable Chris Todd,
The Honorable Andria P.L. Tupola,

March 16, 2017
8:30 a.m.
Conference Room 329

Re: SB1312 Relating to the Licensure of Midwives

Chairs, Vice-Chairs, and committee members, thank you for this opportunity to provide testimony on SB1312. This measure establishes the board of midwifery to regulate the practice of midwifery by certified midwives and certified professional midwives.

Kaiser Permanente Hawaii OPPOSES SB1312

Kaiser Permanente acknowledges efforts to license and regulate home birth providers as a first step in improving the safety of women and children in our state. However, this bill does not take adequate steps to protect the health and safety of women and infants.

The current bill refers to scope of midwifery practice as established by the U.S. Midwifery Education, Regulation, and Association Coalition for CMs and CPMs (U.S. MERA), which does not define scope of practice standards. Midwifery scope of practice would be determined entirely by a Board that does not have a voting physician member. Obstetrician-Gynecologists are the primary recipients of home-birth transfers to hospital settings and the experts on the definition and recognition of high-risk obstetric conditions. Therefore, it is important to have physician voice on the board.

Thank you for the opportunity to testify on this important measure.

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, March 15, 2017 2:37 PM
To: HLTtestimony
Cc: lightfootbirth@gmail.com
Subject: Submitted testimony for SB1312 on Mar 16, 2017 08:30AM

SB1312

Submitted on: 3/15/2017

Testimony for HLT on Mar 16, 2017 08:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Catherine Lightfoot, CPM	Lightfoot Birth & Midwifery	Oppose	No

Comments: I am a CPM midwife in Hawaii, and I am opposed to the legislation of this bill. It will turn many CPM's into midwives that use drugs at homebirths; and it will make traditional midwives illegal. We need more options for mothers and babies for safe birth, not less. Please stop this bill. (there are many traditional midwives who would be affected by this bill, making them illegal. And there aren't any traditional Hawaiian practitioner Midwives (the only provision in the amendments is to protect traditional Hawaiian practitioners, which would be can prove hawaiian descent.) Please stop this bill to preserve women's choice of careprovider in normal, natural childbirth.

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

Do not reply to this email. This inbox is not monitored. For assistance please email webmaster@capitol.hawaii.gov

TESTIMONY OF ROBERT TOYOFUKU ON BEHALF OF THE HAWAII ASSOCIATION FOR JUSTICE (HAJ) IN OPPOSITION TO S.B. 1312, SD2

March 16, 2017
8:30 a.m.
CR 329

To: Chairwoman Della Au Belatti and Members of the House Committee on Health.

My name is Bob Toyofuku and I am presenting this testimony on behalf of the Hawaii Association for Justice (HAJ) in opposition to S.B. 1312, SD2, relating to the Licensure of Midwives. This opposition only applies to the “immunity from vicarious liability” found in section 4 Scope of practice; standards, on page 8.

S.B. 1312, SD 2 establishes a board to regulate the practice of midwifery. The bill provides that: “The standards adopted by the board shall include requirements for educational standards, ethical conduct, client protection, disclosures, **immunity from vicarious liability**, and recordkeeping.” We request that “immunity from vicarious liability” be stricken from page 8, line 16.

“Vicarious liability” is a legal principle applicable where one person should be jointly responsible for harm inflicted by another person based the relationship between the two. For example, employers are vicariously liable for harm caused by an employee because the employee is performing work on behalf of the employer which benefits the employer. A principal is vicariously liable for an agent because the agent is acting on behalf of the principal. Partners in a joint venture are vicariously liable because they are engaged in an activity that will benefit all partners; so it is fair that they also share any liability.

The immunity in this measure is overly broad because it applies to any type of “vicarious liability” and places on parameters on situations where it may apply. Under this bill, an employer of a midwife will be given complete immunity even if that employer should ordinarily be responsible for harm caused by its employee. Vicarious liability applies only when one person should share in the liability of another because their relationship. The immunity given by the bill applies no matter what the relationship is or the benefit that may accrue to all parties.

Under current law, vicarious liability is applied only if there is good reason for it. It should remain that way.

Thank you for allowing me to testify regarding this measure. Please feel free to contact me should you have any questions or desire additional information.



Thursday, March 16, 2017 at 8:30 a.m.
Conference Room 329

healthy
mothers
healthy
babies

COALITION
OF HAWAII

To: The Honorable Della Au Belatti, Chair, The Honorable Bertrand Kobayashi, Vice Chair, and members of the House Committee on Health
From: Lisa Kimura, Executive Director, Healthy Mothers Healthy Babies of Hawaii
Re: **Testimony in Support of S.B.1312 S.D.2**

Good morning members of the House Committee on Health:

Thank you for the opportunity to testify in **support, with amendments, of S.B.1312 S.D.2**. The regulation of the midwifery profession is important to ensure that all women who receive maternity and health services are provided safe and competent care.


We support the State Auditor's Report No.17-01 findings that the midwifery profession should be regulated; therefore we support the intent of S.B.1312 S.D.2 to provide an opportunity to regulate midwives. However, the bill as it reads currently demonstrates a lack of understanding of midwifery education pathways and is not in alignment with US MERA, the national organization comprised of all professional midwifery organizations and credentialing bodies. We believe these issues need to be addressed through amendments put forth by the Midwives Alliance of Hawaii. **Therefore we respectfully request that S.B.1312 S.D.2 be replaced with the language recommended in the Midwives Alliance of Hawaii testimony.**

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

I ask for your support, with amendments, of S.B.1312 SD2. Thank you for the opportunity to testify and your consideration in this important health care matter.



To: The Honorable Della Au Belatti, Chair
The Honorable Bertrand Kobayashi, Vice Chair
Members, Committee on Health

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

Date: March 15, 2017

Hrg: House Committee on Health Hearing; Thursday, March 16, 2017 at 8:30AM in Rm 329

Re: **Oppose SB 1213, SD2, Relating to the Licensure of Midwives**

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

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

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

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

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

scope of practice standards. Patient selection is critical to minimizing adverse perinatal outcomes.

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

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

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

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

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

03/14/2017

To: House Committee on Health
Representative Della Au Belatti, Chair
Representative Bertrand Kobayashi, Vice Chair
Conference Room 329
Hawaii State Capitol
415 South Beretania Street
Honolulu, HI 96813

From: Dani Dougherty BS, CPM

Time: Twenty-Ninth Legislature Regular Session of 2017, March 16th, 2017 at 8:30am

**TESTIMONY IN SUPPORT WITH AMENDMENTS OF SB1312_SD2, RELATING TO THE
LICENSURE OF MIDWIVES**

Dear Representative Belatti, Representative Kobayashi, and committee members:

Thank you for the opportunity to testify in support, with amendments, of SB1312_SD2. The regulation of the midwifery profession is important to ensure that all persons who receive maternity and women's health services are provided safe and competent care.

We support the State Auditor's Report No.17-01 findings that the midwifery profession should be regulated; therefore we support the intent of SB1312_SD2 to provide an opportunity to regulate midwives. However, the bill as it reads currently demonstrates a lack of understanding of midwifery education pathways and is not in alignment with US MERA, the national organization comprised of all professional midwifery organizations and credentialing bodies. We believe these issues need to be addressed through amendments put forth by the Midwives Alliance of Hawaii. **Therefore we respectfully request that SB1312_SD2 be completely replaced with the exact language recommended in the Midwives Alliance of Hawaii testimony.**

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

I ask for your support, with amendments, of SB1312_SD2. Thank you for the opportunity to testify and your consideration in this important health care matter.

Sincerely,

Dani Dougherty BS, CPM

Island Mamas Midwifery

kobayashi2 - Jessi

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, March 15, 2017 3:19 AM
To: HLTtestimony
Cc: danielecta@gmail.com
Subject: Submitted testimony for SB1312 on Mar 16, 2017 08:30AM

SB1312

Submitted on: 3/15/2017

Testimony for HLT on Mar 16, 2017 08:30AM in Conference Room 329

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

Comments: Support with amendments: replace entire bill with Midwives Alliance of Hawaii proposed language.

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From: mailinglist@capitol.hawaii.gov
To: [HLTtestimony](#)
Cc: 2kahaualea@gmail.com
Subject: Submitted testimony for SB1312 on Mar 16, 2017 08:30AM
Date: Tuesday, March 14, 2017 5:33:13 PM

SB1312

Submitted on: 3/14/2017

Testimony for HLT on Mar 16, 2017 08:30AM in Conference Room 329

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

Comments: Aloha House Health Committee: Thursday March 16 at 8:30 am Rm 329
My name is Kylee P. Mar and I submit this testimony in OPPOSITION to this bill UNLESS changes are made. 1. This a complex matter and important changes were not made in the two senate drafts. 2. Having a baby is a normal process, not a medical condition, and families deserve the choice as to who they want to be present or support them in this process. There is great value in all different types of people or practitioners doing "midwifery like" care and I would not want to limit this care to licensed practitioners or make certain choices illegal options. 3. I request a task force or working group to come up with a better bill with all involved groups and require this group to present a bill next year. Hawaii is a very unique state with unique midwifery needs so a task force would really be a better way to decide how to regulate midwifery in Hawaii. Furthermore, MORE home birth consumers need to be involved in any task force or working group 4. If the legislators insist on a bill this year, the main changes that need to be made are as follows: a) ADD in exemptions, students of licensed midwives OR A STUDENT OF ANY OF THE OTHER EXEMPT PRACTITIONERS OF MIDWIFERY B) in exemptions, ADD A 7TH EXEMPTION - A LAY PERSON OR PRACTITIONER PROVIDING MIDWIFERY CARE WHO CLEARLY INFORMS THE MOTHER THAT SHE/HE IS NOT A LICENSED MIDWIFE
Respectfully, Kylee Mar Mother of two homebirthed sons

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From: [Ramona Hussey](#)
To: [HLTtestimony](#)
Subject: Please kill SB1312 Relating to Midwifery
Date: Tuesday, March 14, 2017 4:47:48 PM

Aloha Health Committee Chair and Members:

I am writing to you on behalf of women who choose to give birth at home. I strongly believe that every woman has the right to choose ALL aspects of her reproductive life. As a member of the Health Committee, you can help stop this bill.

I am a professional career woman;and a former attorney. Yet I chose to birth all my children at my own home with the care of a lay or traditional midwife. I wanted to avoid the medical complications of childbirth, so all my three children were born at home in Hawaii with the help of skilled, experienced, and trained midwives. This was not a choice I made lightly, as I was well-informed on pregnancy, birth, and postpartum issues. But I accept the truism that women have helped other women give birth throughout the millennium. Both of my sisters birthed their children at home, as did my mother, and her mother, and all the grandmothers before them. Birth does not have to be a medical intervention.

The Senate's midwifery bill would take that choice away from all women in Hawaii. By requiring all midwives to be licensed by the State of Hawaii, SB 1312 effectively prohibits lay midwives from attending at homebirths.

At the very least, please grandmother in those traditional midwives who have experience and training in assisting women with their home births.

I respectfully request that you support birthing women's choices by allowing lay or traditional midwives to provide this essential care for homebirths.

Please vote NO when this bill comes to the Health Committee.

Sincerely,

Ramona Hussey

PO Box 61951

Honolulu, HI 96839

From: mailinglist@capitol.hawaii.gov
To: [HLTtestimony](#)
Cc: paresagirl@yahoo.com
Subject: Submitted testimony for SB1312 on Mar 16, 2017 08:30AM
Date: Tuesday, March 14, 2017 3:52:44 PM

SB1312

Submitted on: 3/14/2017

Testimony for HLT on Mar 16, 2017 08:30AM in Conference Room 329

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

Comments: Aloha. As a kanaka maoli with certified royal blood I do oppose this bill. Please keep in mind that we were a healthy fruitful society prior to u.s. occupation and that our cultural practices are protected by the u.s. state of Hawaii statutes. Do not continue to try to hinder or to undermine our practices especially birthing rights as the u.s. certified birthing practices have been already proven not the most healthful in the world. We have rights and you must respect them and respect us. Mahalo, Noelani Paresa of waihe'e Maui, granddaughter of Rebecca Pomaikai Paresa direct descendant of King Kamehameha

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From: mailinglist@capitol.hawaii.gov
To: [HLTtestimony](#)
Cc: jennahia@yahoo.com
Subject: Submitted testimony for SB1312 on Mar 16, 2017 08:30AM
Date: Tuesday, March 14, 2017 1:58:47 PM

SB1312

Submitted on: 3/14/2017

Testimony for HLT on Mar 16, 2017 08:30AM in Conference Room 329

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

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

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From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, March 14, 2017 11:44 AM
To: HLTtestimony
Cc: amy@gomidwife.com
Subject: Submitted testimony for SB1312 on Mar 16, 2017 08:30AM

SB1312

Submitted on: 3/14/2017

Testimony for HLT on Mar 16, 2017 08:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
amy kirbow	Individual	Support	No

Comments: Aloha! My name is Amy Kirbow and I am a Certified Professional Midwife (CPM) on the Big Island. I have closely followed the Sunrise Audit conducted last year as well as the movement of this bill through the Senate. I understand that there is a growing need for maternal and child health across the Hawaiian Islands. I also see the importance of mothers knowing what services are available and how they can be sure they are getting a quality care provider. This bill was written with these ideas in mind, and though it has many positive aspects to it there are still two points that need to be amended or changed before it moves forward. The first of the changes is in respect to having CM's (Certified Midwives) on the board. While this is an interesting gesture, there are currently no known CM's in the entire state. If this is not removed from the current bill then it would literally be impossible to staff a board that requires a CM to be a participant. The second change is in regards to the qualifications of someone wanting to apply for a license to practice midwifery. The language as it currently stands suggests that the Midwifery Education Accreditation Council must approve the educational pathway of any CPM that is interested in obtaining a license. There is a misunderstanding of how CPM's earn their credential in this regard. The CPM certification is given by NARM (the North American Registry of Midwives). It was agreed that NARM, US MERA (United States Midwifery Education, Regulation, and Association), ACOG (American Congress of Obstetricians and Gynecologists), and others would support the "Bridge Certificate" to be obtained by CPMs that were certified prior to 2020. This certificate would be accepted in lieu of graduating a MEAC program in states that did not have or were contemplating having licensure of midwives. The current bill as it stands does not specifically allow holders of the Bridge Certificate to be eligible in earning a license. If this is not changed it will mean that over 95% of eligible CPM practitioners in the state will be barred from obtaining licensure. It will have the effect of preventing the very care the bill attempts to allow. We are excited for the opportunity to work with mothers and babies under this new licensing program. Midwifery can be a confusing field to navigate for those not familiar with it. All of us that are members of the Midwives Alliance of Hawaii are eager to work with you in crafting the best bill possible and in making the State of Hawaii an example to those on the mainland of how we can all come together in providing a safe and superior outcome for our pregnant mothers across the islands while providing them choice, autonomy and safety. Sincerely, Amy Kirbow, CPM

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kobayashi1- Oshiro

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, March 14, 2017 12:36 PM
To: HLTtestimony
Cc: morningglorymidwifery@gmail.com
Subject: Submitted testimony for SB1312 on Mar 16, 2017 08:30AM

SB1312

Submitted on: 3/14/2017

Testimony for HLT on Mar 16, 2017 08:30AM in Conference Room 329

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

Comments: Please Replace the entire SB1312_SD2 with the exact language recommended in the Midwives Alliance of Hawaii testimony.

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From: [Sally Greene](#)
To: [HLTtestimony](#)
Subject: SB1312_SD2 Testimony in Support with Amendments
Date: Tuesday, March 14, 2017 5:25:49 PM

Dear House Committee on Health,

I support SB1312_SD with amendments and ask that you completely replace SB1312_SD2 with the exact language recommended in the Midwives Alliance of Hawaii testimony.

Sincerely,
Sally Greene

From: mailinglist@capitol.hawaii.gov
To: [HLTtestimony](#)
Cc: naturadoc@gmail.com
Subject: Submitted testimony for SB1312 on Mar 16, 2017 08:30AM
Date: Tuesday, March 14, 2017 5:29:10 PM

SB1312

Submitted on: 3/14/2017

Testimony for HLT on Mar 16, 2017 08:30AM in Conference Room 329

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

Comments: I oppose this bill unless changes are made. It's a complex matter and the important changes haven't been made in two senate drafts! We really need a task force or working group to come up with a better bill! Change the bill to a task force or working group which include representatives from all involved groups and require this group to present a bill next year. You could mention that Hawaii is a very unique state with unique midwifery needs so a task force would really There is a better way to decide how to regulate midwifery in Hawaii. We need MORE home birth consumers to be involved in any task force or working group. If the legislators insist on a bill this year, main changes that need to be made are as follows: a) in exemptions, students of licensed midwives OR A STUDENT OF ANY OF THE OTHER EXEMPT PRACTITIONERS OF MIDWIFERY (underlined must be added) B) in exemptions, ADD A 7TH EXEMPTION - A LAY PERSON OR PRACTITIONER PROVIDING MIDWIFERY CARE WHO CLEARLY INFORMS THE MOTHER THAT SHE/HE IS NOT A LICENSED MIDWIFE Having a baby is a normal process, not a medical condition, and families deserve the choice as to who they want to be present or support them in this process, and that there is great value in all different types of people or practitioners doing "midwifery like" care, (defined in the bill as "practice of midwifery means providing well woman and maternity care for individuals and their newborns...") and we would not want to limit this care to licensed practitioners or make certain choices illegal options.

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From: mailinglist@capitol.hawaii.gov
To: [HLTtestimony](#)
Cc: taramattes3@gmail.com
Subject: Submitted testimony for SB1312 on Mar 16, 2017 08:30AM
Date: Tuesday, March 14, 2017 4:54:31 PM

SB1312

Submitted on: 3/14/2017

Testimony for HLT on Mar 16, 2017 08:30AM in Conference Room 329

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

Comments: Aloha, I just wanted to write a quick note opposing SB1312. I am a mother who had two homebirths here in Hawaii, one with a traditional practitioner and one with a naturopathic doctor/ midwife. Both were exceedingly talented and I was able to have the births I wanted. I am forever grateful for their service. I was able to have a private, gentle, supportive birth in my own home. Regulated midwives may exclude some and usually ends up excluding types off service. Every woman should have the right to choose how she is to birth and with whom. If one wants a regulated birth go where 98% of the population does, the hospital. Greatful to have that institution for those that want it. But for those that seek traditional ways of giving birth, let us have our traditional guides help us with that vision and experience. Much aloha, Tara mattes

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kobayashi2 - Jessi

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, March 15, 2017 2:28 AM
To: HLTtestimony
Cc: mamaselena.midwife@gmail.com
Subject: Submitted testimony for SB1312 on Mar 16, 2017 08:30AM

SB1312

Submitted on: 3/15/2017

Testimony for HLT on Mar 16, 2017 08:30AM in Conference Room 329

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

Comments: I support ONLY with proposed amendments made from Midwives Alliance of Hawaii.

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REGULAR SESSION OF 2017

For: Honorable House of Representative Health Committee Members,
Hearing date 3-16-17, 8:30 a.m., Rm 329

Re: SB1312 SD2 Relating to the Licensure of Midwives - IN STRONG OPPOSITION:

Dear Madams and Sirs,

I strongly oppose this bill. It 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. Please consider the fact that midwifery and homebirth in Hawaii is very complex and unique. Please take the time to examine how this will affect our future and our youth.

The Senate heard this bill last month and made amendments. However, none of the amendments addressed the concern that important women's rights will be restricted. Our rights will be restricted by reducing access to most of the current experienced midwives in Hawaii.

There was no amendment to protect access to traditional midwives, direct entry midwives, lay midwives, community midwives, biblical midwives and all cultural practitioners of birth. There was an amendment added to try to protect Hawaiian cultural practitioners only but there are debates on whether it will be feasible to create a council and whether it would be truly protective.

There was no amendment to exempt students of midwives not licensed by this bill as Senator Baker assured that there will be. This includes midwifery students of licensed Naturopathic Physicians.

Are the costs and resources of administering this bill justified given that only 2 percent of births are out of hospital births? There seems to only be a handful of midwives in Hawaii who could currently be certified and licensed by this bill. Would the unknown fee amount be absurdly large for these few people? There are many experienced midwives who would lose their practices because they cannot be certified and licensed.

A loss of valuable, skilled and experienced midwives may force mothers and their families to have unattended births. This creates potentially dangerous situations. I know that 2 of my homebirths were successful because I had skilled midwives in attendance when complications arose. I would not have chosen to birth in a hospital regardless of the situation. Birthing a baby is a normal process and not a medical emergency. Families deserve to chose who is attending their birth, regardless of the midwife's licensure. It would be a terrible and sad situation if choices are limited and made illegal.

In addition, this bill may create a situation where many mainland people would be encouraged to move to Hawaii because they would be licensed here. This would displace the people who have lived and worked here for years, even generations, and have contributed to our special and unique community.

The language of this bill is very problematic. It needs to be changed on many levels and it would be best to stop this bill and create a new one altogether. If the desire to pass this bill is overwhelming, please mandate a working group to determine the best language for a bill that would protect ALL women's rights. Please include exemptions and grandmother clauses to allow experienced midwives to continue to serve our unique community. Please create access to the licensure path so that one is not forced to leave Hawaii to abide by the bill. Please create an informed consumer exemption so that mothers' can choose anyone they want to attend their births. Please consider the culture of birthing, not just in Hawaiian culture, but all the cultures that make up our melting pot. Please make sure no one's cultural, religious or spiritual birth practices are made illegal. Please remember that only 24 other states have a bill requiring licensure of midwives. Please do not adopt a bill that doesn't clearly address every aspect of Hawaii's uniqueness.

Please respect the homebirthing community – both birth practitioners and birth consumers - who has thrived for many years. Please consider ALL of the homebirth community and their needs by allowing free access to all birth choices. As my 11 year old daughter testified in front of the CPH Senate committee: “We can’t standardize birthing because we can’t standardize women who give birth.” Please stop this bill now.

Below is my original testimony opposing bill SB1312:

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

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

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

The kind of midwife who is willing to support a high risk pregnant mom would not be able to get licensure according to this bill as it is written. In my case, having skilled and experienced midwives was much preferred to unassisted births. In my second and third pregnancies, there were complications at the births. Without access to my excellent midwives, I would have been forced to choose unassisted births and the outcomes would have been very different. Luckily, my competent and skilled midwives were able to assess the situation, fix the problem quickly and my babies were born safe and healthy.

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

Thank you,
Suzanna Kinsey
suzannakinsey@gmail.com

To whom it may concern,

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

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

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

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

Thank you for your time.

Anabel Kinsey

I am writing in opposition to Bill SB1312.

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

This means:

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

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

Sincerely,

Ben Kinsey

To whom it may concern,

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

Mahalo for your time.

Josuna Kinsey

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, March 15, 2017 12:30 AM
To: HLTtestimony
Cc: struempf22@gmail.com
Subject: Submitted testimony for SB1312 on Mar 16, 2017 08:30AM

SB1312

Submitted on: 3/15/2017

Testimony for HLT on Mar 16, 2017 08:30AM in Conference Room 329

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

Comments: Hearing 3/16/2017, 8:30am, room 329 REGULAR SESSION of 2017 In OPPOSITION of SB1312_sb2 For Honorable Chair Della Au Belatti and Committee Members Aloha, My name is Nikki Struempf. I am a registered voter. My mother is a traditional midwife on the Big Island. I am strongly in opposition of SB1312__sd2, here is why: Licensure should be made available to ALL types of homebirth midwives as per the findings of the Sunrise audit report #17-01; *The sunrise audit on the regulation of certified professional midwives: "We found that the State's proposed regulation of certified professional midwives, who comprise just a small segment of the midwifery profession, is insufficient and inconsistent with the states regulatory policies. The regulation, as proposed, is flawed, we found that the Hawaii regulat ory licensing reform act's criteria supports mandatory licensure of the entire midwifery profession." Traditional midwives, direct entry midwives, spiritual midwives, cultural midwives, certified midwives and certified professional midwives all deserve to be licensed. There are a total of approximately 40 homebirth midwives in our entire state. Of these, only 16 are considered CPM's. Of those 16, only 4 qualify for licensure under this bill. That is only 10% of the states currently practicing homebirth midwives. The approximate cost for all non-CPM midwives to comply with the licensure requirements would be around \$40,000. This would surely substantially increase the cost of midwifery services to the consumer. Please also note that there are no midwifery schools in the state of Hawai'i. Many of the mothers who use midwives come from low income families. By criminalizing 90% of the states midwives, this bill would jeopardize the safety of many mothers who would choose unattended homebirths over a doctors care. Four licensed midwives cannot bear the expense of the licensing fees that would be required to pay for the administering of the licensure program. *The Hawai'i Regulatory Licensing Reform Act states; 1. Regulation must not unreasonably re-strict entry into professions and vocations by all qualified persons. 2. Regulation must be avoided if it will artificially increase the cost of goods and services to consumers, except in cases where this cost is exceeded by the potential danger to the consumer. 3. Aggregate costs for regulation and licensure must not be less than the full cost of administering that program. This bill will further limit access to maternity care for the women in rural areas where there is already a shortage of obstetricians and limited access to hospitals. There are many professions regulated in Hawai'i that allow licensure after completion of an apprenticeship. Electricians, plumbers and heavy equipment operators to name a few. The longest practicing and most experience midwives in our state are not CPM midwives and are likely to retire rather than return to school and spend so much money to receive credentials that are redundant. At the very least, all currently practicing midwives should be grandfathered in and allowed licensure. Thank you for taking the time to read my testimony. Please oppose SB1312__sd2.

Nikki Struempf

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From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, March 15, 2017 12:39 AM
To: HLTtestimony
Cc: kaloko4@aol.com
Subject: Submitted testimony for SB1312 on Mar 16, 2017 08:30AM

SB1312

Submitted on: 3/15/2017

Testimony for HLT on Mar 16, 2017 08:30AM in Conference Room 329

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

Comments: Hearing 3/16/2017, 8:30am, room 329 REGULAR SESSION of 2017 In OPPOSITION of SB1312_sb2 For Honorable Chair Della Au Belatti and Committee Members Aloha, My name is Rachel Curnel Struempf. I have been a traditional midwife on the Big Island for over 10 years. I am strongly in opposition of SB1312__sd2. Here are the main reasons why: Licensure should be made available to ALL types of homebirth midwives as per the findings of the Sunrise audit report #17-01; *The sunrise audit on the regulation of certified professional midwives: "We found that the State's proposed regulation of certified professional midwives, who comprise just a small segment of the midwifery profession, is insufficient and inconsistent with the states regulatory policies. The regulation, as proposed, is flawed, we found that the Hawaii regulatory licensing reform act's criteria supports mandatory licensure of the entire midwifery profession." Traditional midwives, direct entry midwives, spiritual midwives, cultural midwives, certified midwives and certified professional midwives all deserve to be licensed. There are a total of approximately 40 homebirth midwives in our entire state. Of these, only 16 are considered CPM's. Of those 16, only 4 qualify for licensure under this bill. That is only 10% of the states currently practicing homebirth midwives. The approximate cost for all non-CPM midwives to comply with the licensure requirements would be around \$40,000. This would surely substantially increase the cost of midwifery services to the consumer. Please also note that there are no midwifery schools in the state of Hawai'i. Many of the mothers who use midwives come from low income families. By criminalizing 90% of the states midwives, this bill would jeopardize the safety of many mothers who would choose unattended homebirths over a doctors care. Four licensed midwives cannot bear the expense of the licensing fees that would be required to pay for the administering of the licensure program. *The Hawai'i Regulatory Licensing Reform Act states; 1. Regulation must not unreasonably re-strict entry into professions and vocations by all qualified persons. 2. Regulation must be avoided if it will artificially increase the cost of goods and services to consumers, except in cases where this cost is exceeded by the potential danger to the consumer. 3. Aggregate costs for regulation and licensure must not be less than the full cost of administering that program. This bill will further limit access to maternity care for the women in rural areas where there is already a shortage of obstetricians and limited access to hospitals. There are many professions regulated in Hawai'i that allow licensure after completion of an apprenticeship. Electricians, plumbers and heavy equipment operators to name a few. The longest practicing and most experienced midwives in our state are not CPM midwives and are likely to retire rather than return to school and spend so much money to receive credentials that are redundant. At the very least, all currently practicing

midwives should be grandfathered in and allowed licensure. Thank you for taking the time to read my testimony. Please oppose SB1312__sd2. Rachel Curnel Struempf, Traditional Midwife

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

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From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, March 15, 2017 12:33 AM
To: HLTtestimony
Cc: paolomorgan@yahoo.com
Subject: Submitted testimony for SB1312 on Mar 16, 2017 08:30AM

SB1312

Submitted on: 3/15/2017

Testimony for HLT on Mar 16, 2017 08:30AM in Conference Room 329

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

Comments: Hearing 3/16/2017, 8:30am, room 329 REGULAR SESSION of 2017 In OPPOSITION of SB1312_sb2 For Honorable Chair Della Au Belatti and Committee Members Aloha, My name is Paolo Morgan. My wife is a traditional midwife on the Big Island. I am strongly in opposition of SB1312__sd2, here is why: Licensure should be made available to ALL types of homebirth midwives as per the findings of the Sunrise audit report #17-01; *The sunrise audit on the regulation of certified professional midwives: "We found that the State's proposed regulation of certified professional midwives, who comprise just a small segment of the midwifery profession, is insufficient and inconsistent with the states regulatory policies. The regulation, as proposed, is flawed, we found that the Hawaii regulatory licensing reform act's criteria supports mandatory licensure of the entire midwifery profession." Traditional midwives, direct entry midwives, spiritual midwives, cultural midwives, certified midwives and certified professional midwives all deserve to be licensed. There are a total of approximately 40 homebirth midwives in our entire state. Of these, only 16 are considered CPM's. Of those 16, only 4 qualify for licensure under this bill. That is only 10% of the states currently practicing homebirth midwives. The approximate cost for all non-CPM midwives to comply with the licensure requirements would be around \$40,000. This would surely substantially increase the cost of midwifery services to the consumer. Please also note that there are no midwifery schools in the state of Hawai'i. Many of the mothers who use midwives come from low income families. By criminalizing 90% of the states midwives, this bill would jeopardize the safety of many mothers who would choose unattended homebirths over a doctors care. Four licensed midwives cannot bear the expense of the licensing fees that would be required to pay for the administering of the licensure program. *The Hawai'i Regulatory Licensing Reform Act states; 1. Regulation must not unreasonably re-strict entry into professions and vocations by all qualified persons. 2. Regulation must be avoided if it will artificially increase the cost of goods and services to consumers, except in cases where this cost is exceeded by the potential danger to the consumer. 3. Aggregate costs for regulation and licensure must not be less than the full cost of administering that program. This bill will further limit access to maternity care for the women in rural areas where there is already a shortage of obstetricians and limited access to hospitals. There are many professions regulated in Hawai'i that allow licensure after completion of an apprenticeship. Electricians, plumbers and heavy equipment operators to name a few. The longest practicing and most experience midwives in our state are not CPM midwives and are likely to retire rather than return to school and spend so much money to receive credentials that are redundant. At the very least, all currently practicing midwives should be grandfathered in and allowed licensure. Thank you for taking the time to read my testimony. Please oppose SB1312__sd2.

Paolo Morgan

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I am a resident of Kailua and employed full time as a pediatrician in Honolulu. I have been a member of the American Academy of Pediatrics (AAP) for 43 years during which time I have chaired several national committees, and authored a number of national policy statements and guidelines. I have held faculty positions at four medical schools and have current appointments as a Clinical Professor of Pediatrics at JABSOM and a Professor of Pediatrics Emeritus at UCSF. Most relevant to this bill is having my wife attended by certified nurse midwives for the births of two of our children. I am a strong supporter of midwifery.

Therefore I support the intent of this bill but have serious concerns about the following:

- The current version of the bill fails to adhere to national standards for newborn care drafted by the American Academy of Pediatrics by not providing for a second trained provider to be present at the time of home births to provide dedicated care for the newborn. At a minimum, a second person with NRP (Neonatal Resuscitation Program) training should be present to care for the baby in the event that mother and baby are both in need of attention. This was already addressed in testimony provided February 23 by Charles A. Neal Jr., MD, PhD, Chief, Neonatology Department at Kapi'olani Medical Center for Women and Children. He stated that a not an uncommon scenario is when a mother is having a hemorrhage that must be controlled and the baby is transitioning with respiratory distress. During 2010-2012, the Department of Health estimated that 4% of all deliveries in Hawaii were home births. Their safety should be assured by adhering to national standards. Infants die unnecessarily during childbirth in the United States and in Hawaii when adequate preparation for emergencies, does not mirror national standards.
- Neither the advisory group nor the board has a pediatrician, preferably a neonatologist as a member. This is a fatal flaw of the bill. As midwifery care encompasses newborn care and neonatal resuscitation this should be a mandated position.
- Of a seven-member board, only one will be a currently licensed health professional with a degree from an accredited University program. The board should be expanded. There should be at least one additional certified nurse midwife who is a member of the ACNM on the board along with one representative from ACOG (preferably a perinatologist) and one representative from the AAP (preferably a neonatologist). Given the number of women who require transport to hospital facilities during attempted home births as noted in the February 23 presentation by Paula Yoshioka, Executive Vice President of the Queen's Health Systems, a hospital based representative seems appropriate.

- Importantly, the working group should be expanded to reflect input from the relevant professionals mentioned in the previous paragraph.
- As physicians, nurses, and nurse midwives have their licenses renewed every 2 years to assure maintenance of qualifications for certification, there is no basis for the 3 year renewals for certified professional midwives and 5 year renewals posed for professional midwives. Is the message to be that the qualifications for caring for women during pregnancy, labor and delivery are not as important as qualifications to care for others? While the assumption is that women's and neonates lives matter, this bill falls short of assuring that.

With the incorporation of the above modifications to assure the quality of midwifery care and women and infant safety, I would be a strong supporter of the bill.

Robert H. Pantell, MD, FAAP
bobbantell@gmail.com

kobayashi2 - Jessi

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, March 15, 2017 1:59 AM
To: HLTtestimony
Cc: rocio@mile14.com
Subject: Submitted testimony for SB1312 on Mar 16, 2017 08:30AM

SB1312

Submitted on: 3/15/2017

Testimony for HLT on Mar 16, 2017 08:30AM in Conference Room 329

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

Comments: Honorable Chairs and members of the committee, I oppose SB1312 SD2. Please take into consideration that, per the Standing Committee Report No. 470, at least ninety- five percent of the individuals who submitted testimony opposed this measure. The bill, as is, criminalizes cultural and traditional midwives; some who have been practicing for decades. The criminalization of these local midwives would have a negative effect, especially, on low-income mothers and residents on neighbor islands. Hawaii has unique midwifery needs, and perhaps an excellent alternative to this bill is to create a task-force to decide how to regulate midwifery in our state, with home-birth consumers as voting members. Please protect the individual's right to birth with whom she chooses, and vote No on SB1312 SD2. Mahalo for your time. Aloha

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

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Tara Compehos
PO BOX 635
Pahala, HI 96777

(808) 450-0498

rootsremedieshawaii@gmail.com

REGULAR SESSION OF 2017

House Committee on Health, Thursday March 16, 2017 8:30 am
RE: **SB 1312 S.D. 2 Relating to the Licensure of Midwives**

IN OPPOSITION

Aloha honorable chairs and committee members,

I have three simple points to make in opposition of this bill:

1. SB 1312 SD2 eliminates every option for a midwife in Hawaii to become licensed unless they leave the state and go tens of thousands of dollars into debt.
 - The Hawaii Regulatory Licensing Reform Act states that “Regulation must not unreasonably restrict entry into professions and vocations by all qualified persons”.
 - Currently 44 midwives attending home births in Hawaii today.
 - Only four would be able to get licensed under SB 1312 SD 2.
 - This would leave women in certain areas without any option for a trained, legal childbirth attendant. Regulating midwifery is a very complex issue and if you don’t have time to really learn and understand the dangerous consequences this bill would have, especially for low-income mothers and residents on neighbor islands, *please vote NO*.
2. We are a very unique state, both culturally and geographically and therefore have unique midwifery needs. A task force would be the best way to to decide how to regulate midwifery in Hawaii. Please consider striking the criminalization and penalty sections of the bill and simply turning SB1312 SD2 into a bill to create a task force. I believe this is the absolute best way to proceed.
3. There are no midwifery schools in Hawaii, so if the state is going to require mandatory licensure they really need to provide a way to become a licensed midwife within the state.
 - There is a precedent of states administering an exam based upon the official NARM examination to qualify for licensure.

- This has been done in Alaska, Arizona, Arkansas, Florida, Montana, New Hampshire, New Mexico, South Carolina, Texas, and Washington.
- The state should make the test accessible by administering it on all major islands and making sure it is cost-appropriate.
- Those who are able to pass the test should not be required to go back to school in order to get licensed.

I have great hopes that our state can bring forth a bill which will be an example to other states and even other nations. One that treats mothers and midwives with more aloha, provides opportunities for exceptional quality of care and ensures safety for all parties. Let's not settle for SB 1312 S. D. 2 when we are capable of so much more.

Sincerely yours,

Tara Compehos

Testimony of Laulani Teale, MPH in OPPOSITION to SB 1312 SD2, Relating to the Licensure of Midwives COMMITTEE ON HEALTH

Rep. Della Au Belatti, Chair, Rep. Bertrand Kobayashi, Vice Chair
Rep. Sharon E. Har, Rep. Chris Todd, Rep. Dee Morikawa, Rep. Andria P.L. Tupola, Rep. Marcus R. Oshiro
Thursday, March 16, 2017 8:30 AM Conference Room 329

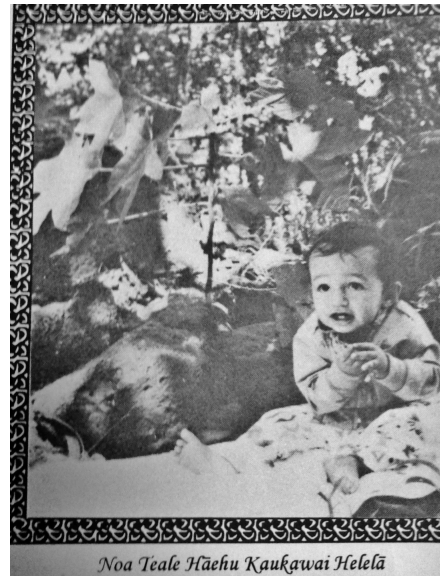
Aloha and mahalo for this opportunity to testify.

As a Public Health professional, non-hospital birth mother of two, traditional La‘au Lapa‘au whose cultural training includes non-hospital birthing practices, a trained doula, and an advocate for women's rights, I must very strongly oppose this measure.

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

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

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



Noa Teale Hāehu Kaukawai Heleā

My baby, Noa, at hir birthplace in Hālawā Valley, at the Hale o Papa (women's temple). Noa is now a 23-year old film educator and published slam poet who teaches youth writing skills in Chinatown, Honolulu.

such thing as a “traditional Native Hawaiian healer engaged in traditional practices of prenatal, maternal, and childcare, as recognized by a council convened pursuant to section 453-2(c)” at this time.

- **Non-Hawaiian cultural practices are not protected at all.** This is unfair to traditional midwives of other cultures, and especially mothers. A mother of any culture deserves to be able to practice her own culture. What about exemptions for traditional Tongan midwives, Samoan midwives, Filipina midwives, Chicana midwives, or Italian midwives? Or midwives of any other culture? Women of those cultures deserve to practice their birthing traditions, too. Practitioners from these cultures should not be forced underground. Religious and spiritual midwives are also real practitioners who need protection, and also should not be forced underground.
- **The cost of running this board may be high** due to the complexity of the matter and the small numbers of midwives licensed. Fees might be raised unreasonably as a result. This could make for an unworkable situation. The Hawai‘i Regulatory Licensing Reform Act requires that “Aggregate costs for regulation and licensure must not be less than the full costs of administering that program.” This requirement might make licensure unrealistic, due to the complexity of midwifery and the small number of midwives who would be available for licensure. Either license fees would have to be unattainably high, or they would not pay for the full cost of administration.
- **"Well-woman and maternity care" is a poor definition for "midwifery".** This potentially makes many things illegal that are not in fact the role of a midwife. Under this definition, a woman applying essential oils to or feeding a laboring woman or postpartum mother is in danger of being accused of practicing midwifery without a license! More seriously, doulas and students and visiting labor assistants (eg massage therapists, counselors, acupuncturists, etc.) fall under this definition, but are not eligible for licensure. That is a very serious problem, as the section currently reads: “Practice of midwifery” means providing well-woman and maternity care for individuals and their newborns during the antepartum, intrapartum, and postpartum periods”
- **Student midwives are not protected.** Those on the path toward licensure cannot realistically work toward licensure when they are not protected. Furthermore, none of the listed pathways in this measure are realistic for Hawai‘i. Relocation would be required. This is not realistic for many local practitioners, and would definitely result in a predominance of practitioners from outside of Hawai‘i. This would be likely to change the culture of midwifery a lot, in a way that is not aligned with local practices and values.
- **Section 1 of the measure (the preamble) is offensive,** erroneous and a poor foundation for an effective law on anything. The first line, “The legislature finds that the nature of the maternity and prenatal services provided by midwives could potentially endanger the health and safety of women and newborns under a midwife's care if the profession is

not adequately regulated”, is a primary example, which sets the tone for the rest of this problematic section.

- **The State cannot regulate that which it does not understand.** Birthing and midwifery are complex arts with long ancient histories and great cultural complexity. It is simply impossible for an appointed board consisting of one style of midwifery to competently regulate such a complex, nuanced and ancient art. It might be possible to develop an appropriate body for oversight at some point, but nothing in this measure rises to the task.
- **There needs to be recognition** that midwifery is probably the oldest profession on earth AND the most historically persecuted. It is time to give this ancient tradition – which was successful enough to bring every one of us here today – its due respect, and stop unrealistic persecution.

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

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

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

My mother and I were both born in the hospital. During my birth, while women smoked cigarettes during labor and underwent routine shaving and universal episiotomies, forceps were used on me, causing permanent bone damage. When I had my own children, no one in my family could assist me. My family practices were nearly lost, and I would have been in great danger by

birthing alone. The re-invigoration of our traditions were only possible with the help of my wonderful midwife, who has also trained me in birthing wisdom that I can now pass on.

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

There is no actual evidence that regulation of midwives would make birth safer. If the State of Hawai'i wants to make birth safer, it should start with addressing the need for hospital improvement. If anyone needs better customer accountability in the world of birth, it is hospitals, not mothers or midwives. No one should fear getting help when they need it, and no one should be treated judgmentally if something goes wrong and help is sought. No one should have to sacrifice dignity and decision-making power for medical assistance, or delay a transport because their baby might undergo some routine horror, such as the violent scrubbing off of all vernix from newborn skin or unwanted medical interventions that were not fully cleared with the parents. Until these conditions are changed, actual variables in birth safety are unaddressed.

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

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

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

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

- **Require hospitals to improve standards of respect and body sovereignty.** Let women know that it is in fact safe to seek help when they need it, and they and their babies will not be

subjected to interventions that they consider abusive, without their full consent. Investigate the problem of intimidation of families by CWS calls initiated by hospitals, along with other serious mistreatment, and take action to address these very seriously.

- **Make better rural health services available.** In some communities, home birth is a far safer alternative to a two-hour drive to a hospital in labor. And what if a family has no car? While unassisted rural births are certainly a longstanding cultural and traditional practice that needs protection, there should absolutely be medical resources available in case of major complications. Unacceptable expectations on mothers – such as the recommendation that they stay with friends in Hilo for a week (rural Hawaii Island) or fly to Maui and live alone in a hospital with no support for a month (Lana‘i) are unreasonable and outright cruel. Out-of-hospital birthing is not to be blamed for the inadequacies of basic medical care in these communities.
- **Stop persecuting, and start really supporting, home birth parents and midwives.** Midwives of all kinds provide lower-cost, lower-impact birth services, which need respect and support. Midwives have been recognized by the World Health Organization (WHO) as crucial to maternal/child health worldwide. Hawaii needs to catch up with this standard. If there are concerns about the birth choices of parents, appropriate educational resources can be cooperatively developed. Real support would include recognition of various professional certifications and other standards; broad protection from interference; airfare for practitioners from all islands to attend meetings that affect them; facilitation of real communication with medical organizations; and ability to work fully in whatever style they practice, without fear of persecution.
- **Encourage medical professionals and organizations to communicate with midwives.** The out-of-hospital birthing community has been reaching out extensively over the past few years, often with little response. CPMs have had some commendable success in this, but there seems to be reluctance by medical and governmental representatives to communicate with a broader range of birth practitioners. I would personally support the eventual creation of a task force, comprised of home birth parents, direct-entry midwives, CPMs, cultural practitioners, student midwives, medical professionals, and government representatives, to develop real, comprehensive solutions and better communication. Ironically, Senator Green proposed this in his last draft of SB 2569 (2014). However, he did not have enough time or communicative base at that time to develop it.
- **Build comprehensive solutions.** Legislation is not the answer to everything, and its best use cannot really be determined until a broad strategy is developed.

Birthing practitioners are meeting, and eventually will cooperatively produce a platform for worthy legislation that really does work, which will include licensure for those practices in which this is appropriate, and protection for those practices that need protection.

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

Birth is a powerful and unpredictable force of nature, like a great wave of the ocean. Anything might happen, anywhere. But we do not tell surfers not to surf, do we? Why should we tell

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

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

Please respect and protect all birthing and midwifery traditions.

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

Aloha me ka 'oia'i'o,

A handwritten signature in cursive script that reads "Laulani". The signature is written in black ink and has a fluid, elegant style with a long, sweeping tail on the final letter.

Laulani Teale, MPH

kobayashi2 - Jessi

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, March 14, 2017 10:40 PM
To: HLTtestimony
Cc: megalchau@gmail.com
Subject: Submitted testimony for SB1312 on Mar 16, 2017 08:30AM

SB1312

Submitted on: 3/14/2017

Testimony for HLT on Mar 16, 2017 08:30AM in Conference Room 329

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

Comments: Aloha, Please OPPOSE this bill as is and include wording to give women access to traditional midwives (non-Hawaiian) who practice according to family and ancestral practice. MLA

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kobayashi2 - Jessi

From: San Albers <albers@hawaii.edu>
Sent: Tuesday, March 14, 2017 10:08 PM
To: HLTtestimony
Subject: SB1312_SD2 Testimony in Support with Amendments

Dear House Committee on Health,

I support SB 1312_SD with amendments and ask that you completely replace SB 1312_SD2 with the exact language recommended in the Midwives Alliance of Hawaii testimony.

Sincerely,

Sandra Albers

To: The Honorable Della Au Belatti, Chair
The Honorable Bertrand Kobayashi, Vice Chair
Members, House Committee on Health

From: Sharde Mersberg Freitas, J.D., M.P.H. – Mother and Homebirther

Date: March 15, 2017

Hrg: House Committee on Health, Thursday, March 16 at 8:30am, Conference Room 329

Re: Testimony **IN OPPOSITION** to SB1312 SD2, Relating to the Licensure of Midwives

Mahalo for the opportunity to provide testimony **IN OPPOSITION** to SB1312 SD2. Over the past few years, a bill proposing licensure of midwives continues to shine light on the various issues and concerns resulting from the potential impacts of such a regulation. More research and information is needed to accurately craft a policy that will positively impact public health and safety concerns. For these reasons, I briefly comment on three main reasons why more research and information is needed: (1) the justification for the licensure of midwives unjustly scrutinizes and criminalizes midwives, (2) I question the rationale behind the chosen model of this bill to license midwives, and (3) because midwives need to be included as part of the health care team instead of excluded.

First, the justification for the licensure of midwives unjustly scrutinizes and criminalizes midwives. Licensure, in and of itself, isn't necessarily a bad thing. Admittedly, licensure is a common tactic when the goal is public health and safety to ensure common standards of quality and care. However, as proposed with this bill, there is a critical component missing: data on the safety of hospital births. If out-of-hospital births are of concern, analysis of the safety for hospital births should be held to the same level of analysis.

Second, why this model for licensure? In comparison to other states across the nation, there are various models that states have chosen to require licensing of midwives. The different models requiring licensure of midwives generally fall into the following categories: (1) states that require licensure of all types of midwives, (2) states that require licensure of direct-entry midwives, or (3) states that do not require licensure of direct-entry midwives. The licensing agency also varies across states. What is the rationale behind the chosen model as SB1312 SD2 is drafted? In light of Hawai'i's unique characteristics and needs, including cultural practitioners, Hawai'i can lead the nation as a model state with a well-informed and accommodating model that will improve health outcomes and achieve the overall goal of improving the public health and safety.

Third, and ultimately, instead of excluding midwives, midwives should be included as part of the health care team. Including midwives as part of the health care team will also achieve the goal of increasing health outcomes for public health and safety by ensuring that there is open communication and acceptance between midwives and other health care providers. Reimbursing a midwife's services is part of including a midwife as part of the health care team.

As lawmakers are just breaking the surface in understanding the community's concerns, issues and comments with regards to the licensure of midwives, I hope that these concerns (not only this legislative session, but in prior years as well) will be taken seriously. Testimony submitted comment on concerns regarding why a woman or 'ohana would choose an out-of-hospital birth, women's rights, public health and safety, and protecting cultural practitioners. Before being able to develop policy that will accurately achieve the goal of improving public health and safety, a deeper understanding of these issues are needed. Otherwise, criminalizing midwives will only cause midwives to go underground which will not likely achieve the goal of improving public health and safety.

In closing, I am not only submitting this testimony on behalf of myself, a homebirther, but I also stand on the many generations that came before me who have been born out of the hospital.

Mahalo for the opportunity to submit this testimony and creating the space to educate on the need for additional research and information before developing such a policy.

Ola nā kūpuna!

03/14/2017

To: House Committee on Health
Representative Della Au Belatti, Chair
Representative Bertrand Kobayashi, Vice Chair
Conference Room 329
Hawaii State Capitol
415 South Beretania Street
Honolulu, HI 96813

From: **Sonya Niess**

Time: Twenty-Ninth Legislature Regular Session of 2017, March 16th, 2017 at 8:30am

TESTIMONY IN SUPPORT WITH AMENDMENTS OF SB1312_SD2, RELATING TO THE LICENSURE OF MIDWIVES

Dear Representative Belatti, Representative Kobayashi, and committee members:

Thank you for the opportunity to testify in support, with amendments, of SB1312_SD2. The regulation of the midwifery profession is important to ensure that all persons who receive maternity and women's health services are provided safe and competent care.

I support the State Auditor's Report No.17-01 findings that the midwifery profession should be regulated; therefore I support the intent of SB1312_SD2 to provide an opportunity to regulate midwives. However, the bill as it reads currently demonstrates a lack of understanding of midwifery education pathways and is not in alignment with US MERA, the national organization comprised of all professional midwifery organizations and credentialing bodies. We believe these issues need to be addressed through amendments put forth by the Midwives Alliance of Hawaii. **Therefore we respectfully request that SB1312_SD2 be completely replaced with the exact language recommended in the Midwives Alliance of Hawaii testimony. The respectful intro paragraph of HB1288 is much preferred and necessary for setting up the foundational understanding that midwifery is a valid and culturally appropriate choice for our community.**

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

I ask for your support, with amendments, of SB1312_SD2. Thank you for the opportunity to testify and your consideration in this important health care matter.

kobayashi2 - Jessi

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, March 14, 2017 10:38 PM
To: HLTtestimony
Cc: stephaniesanchezsagucio@gmail.com
Subject: *Submitted testimony for SB1312 on Mar 16, 2017 08:30AM*

SB1312

Submitted on: 3/14/2017

Testimony for HLT on Mar 16, 2017 08:30AM in Conference Room 329

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

Comments:

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kobayashi2 - Jessi

From: Angela Henry <angela.henry2014@icloud.com>
Sent: Tuesday, March 14, 2017 9:26 PM
To: HLTtestimony
Subject: SB1312_SD2 Testimony in Support with Amendments

Dear House Committee on Health,
I support SB1312_SD with amendments and ask that you completely replace SB1312_SD2 with the exact language recommended in the Midwives Alliance of Hawaii testimony.

Sincerely,
Angela Henry

Sent from my iPad

kobayashi2 - Jessi

From: Elena McGuire <mcguire7@hawaii.edu>
Sent: Tuesday, March 14, 2017 9:26 PM
To: HLTtestimony
Subject: SB1312_SD2 Testimony in Support with Amendments

Dear House Committee on Health,

I support SB1312_SD with amendments and ask that you completely replace SB1312_SD2 with the exact language recommended in the Midwives Alliance of Hawaii testimony.

Mahalo & Aloha,
Elena McGuire

kobayashi2 - Jessi

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, March 14, 2017 8:39 PM
To: HLTtestimony
Cc: crazychick2913@yahoo.com
Subject: Submitted testimony for SB1312 on Mar 16, 2017 08:30AM

SB1312

Submitted on: 3/14/2017

Testimony for HLT on Mar 16, 2017 08:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Angela Schmidt	Individual	Oppose	No

Comments: Please stop trying to regulate Home birth. It is a women's right (human right) to give birth where and with whom she chooses. The home birth community has continually come out in force in opposition of being regulated in such a manner, yet the state continues to push the issue. If the government truly works for the people, then they must listen to what the people want.

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kobayashi2 - Jessi

From: lovemejewelryhi@gmail.com
Sent: Tuesday, March 14, 2017 9:32 PM
To: HLTtestimony
Subject: Midwifery Bill

Dear House Committee on Health,
I support SB1312_SD with amendments and ask to completely replace SB1312_SD with the exact language recommend in Midwives Alliance of Hawaii testimony.

Sincerely,

Natasha Boone

Maholo for your support

Sent from my iPhone

kobayashi2 - Jessi

From: Angelina Hills <aloha portraits@gmail.com>
Sent: Tuesday, March 14, 2017 7:49 PM
To: HLTtestimony
Subject: Dear House Committee on Health

I support SB1312_SD with amendments and ask to completely replace SB1312_SD with the exact language recommend in Midwives Alliance of Hawaii testimony.

Sincerely,

Angelina Ribet

kobayashi2 - Jessi

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, March 14, 2017 8:28 PM
To: HLTtestimony
Cc: dr.mauldesoto@gmail.com
Subject: Submitted testimony for SB1312 on Mar 16, 2017 08:30AM

SB1312

Submitted on: 3/14/2017

Testimony for HLT on Mar 16, 2017 08:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Corinne Maul De Soto	Individual	Oppose	No

Comments: While I support licensure efforts and regulation of a profession so that all members are held to the highest ethical and educational standard, I believe this bill needs to be modified to allow current unlicensed midwives a realistic path to licensure. There is currently no school in the state which would qualify as an accredited program. Furthermore the American board allows two pathways to certification one of which includes an apprenticeship process. The Hawaii law should reflect the standards of the national regulatory agency.

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kobayashi2 - Jessi

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, March 14, 2017 8:21 PM
To: HLTtestimony
Cc: jhawaii8@gmail.com
Subject: *Submitted testimony for SB1312 on Mar 16, 2017 08:30AM*

SB1312

Submitted on: 3/14/2017

Testimony for HLT on Mar 16, 2017 08:30AM in Conference Room 329

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

Comments:

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kobayashi2 - Jessi

From: Linda DiBlasi <linda_whicham@yahoo.com>
Sent: Tuesday, March 14, 2017 8:05 PM
To: HLTtestimony
Subject: SB1312_SD Testimony

Dear House Committee on Health,
I support SB1312_SD with amendments and ask to completely replace SB1312_SD with the exact language recommend in Midwives Alliance of Hawaii testimony.

Sincerely,
Linda DiBlasi
808-344-0046

Sent from my iPhone

kobayashi2 - Jessi

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, March 14, 2017 6:30 PM
To: HLTtestimony
Cc: kona-g@hotmail.com
Subject: Submitted testimony for SB1312 on Mar 16, 2017 08:30AM

SB1312

Submitted on: 3/14/2017

Testimony for HLT on Mar 16, 2017 08:30AM in Conference Room 329

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

Comments: I urge you to please vote no on this bill. Midwifery is a sacred and special tradition and this bill does not include the most wise elder midwives. This bill limits the midwives available for certification and that will limit the choice for midwives on all islands and none on the outer islands. This bill needs to be rewritten to grandfather/mother in the elder midwives. These women have trained the younger generations and for midwifery to remain safe and the knowledge able to be passed down we need the traditional midwives to remain a part of it. It is critical. Please please vote no on this bill until a better bill can be introduced. Thank you, Thank you, Thank you.

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kobayashi2 - Jessi

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, March 14, 2017 7:24 PM
To: HLTtestimony
Cc: kona3gurl@yahoo.com
Subject: Submitted testimony for SB1312 on Mar 16, 2017 08:30AM

SB1312

Submitted on: 3/14/2017

Testimony for HLT on Mar 16, 2017 08:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Melodie Reyes	Individual	Oppose	No

Comments: Women need to have the right to choose what midwife they want to birth with, please don't take that away from us by letting this bill pass. Mahalo Melodie Reyes

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I, Babatunji Heath, opposed SB1312 SD 2 . It is my opinion that this bill should not advance as it shows a continuing misunderstanding of the issues and concerns of mothers and families who wish to have planned home births and would only further complicate the situation and potentially endanger lives as it criminalizes midwives with years of valuable experience.

On Tuesday February 14th 2017 Senator Baker assured a large group of concerned mothers, fathers and midwives that she would revise SB1312 so that it would address their concerns and be more inclusive of all the types of midwives practicing in Hawaii.

Instead Senator Baker has proposed a revised bill that is still not inclusive of all types of qualified practicing midwives and one that will still criminalize student midwives who wish to study with midwives practicing under other types of licensing i.e. Naturopathic Physicians.

I also think it important to note that the exemption proposed for traditional Hawaiian midwives shows that Senator Baker and those who have drafted this bill were either not listening to the testimony given or just didn't understand it. To my knowledge there are currently no ethically Hawaiian midwives. Hawaiians who are trying to resurrect their cultural practices are studying with traditional midwives who are not Hawaiian and not certified or licensed midwives not will they ever be. Their teachers would be criminalized by this bill.

This revised bill also calls for the formation of a board that is neither representational nor practical, neither economical nor sustainable.

I ask the members House Committee on Health to carefully consider whether this legislation is warranted. Where is the public outcry from the consumer? Yes, concerns have been raised by doctors and ACOG but they are in sense the 'competition' not the consumer and their 'horror stories' are not at all representative of the vast majority of planned home births. Mothers and fathers who chose to have planned home births are a tiny percentage of the population and they are not complaining about a lack of regulation. They appreciate the choices they have. They already have the option to select certified midwives with nationally recognized training as well as those with traditional or naturopathic trainings. Why do we need a law that favors one group over another and imposes unnecessary regulations and costs?

Mahalo

Babatunji Heath

Aloha kākou,

I am a scholar and a new mother, I reviewed the scientific literature for my birth plan and I am writing to oppose this bill based on overwhelming evidence that when a pregnancy is physiological, that is in the vast majority of cases, birth does not require medical intervention but it does benefit significantly from the assistance of a person deeply trusted by the mother.

Therefore, it is crucial for mothers' and children's safety to maintain birth assistants options open rather than restricted by a clinical-centered licensing system. Clinical settings need to be available as well, and open to care respectfully for homebirthing women who might need transferring to a hospital, without dismissing their birth plans, and ensuring them the presence of their trusted birth practitioner.

A birth practitioner needs to be aware of physiology as to recognize the exceptions where medical attention is needed, up to then, birth is not a medical domain and unless the woman is comfortable with and requesting medical interventions (which anyway always involve risk), the latter can actually endanger both mother and baby by interfering with a physiological event. In the vast majority of physiological pregnancy medical interventions are completely unnecessary yet unfortunately often performed by routine and without consent, endangering also the psychological wellbeing of mother and children. Indeed, the evidence is clear that the presence of a doula or other trusted birth assistant at a hospital birth helps reducing risks associated with medical interventions.

Where communication channels between clinical settings and traditional midwifery are open, women have access to all options, traditional midwifery and planned homebirths are as safe for mothers and children as planned hospital births (usually for the mother they are safer than hospital births), and possible transfers to a hospital happen smoothly.

For these reasons, clinical-centered regulations licensing birth practitioners is inappropriate and actually endangering women and children exposing them to higher likelihood of complications. Traditional midwifery, nurse midwifery and gynecology need to be in communication but serve different needs. In the interest of women's and children's safety none of them should oversee the other but remain open to each other as their service can be contiguous and complementary.

Thank you for your consideration.

Sincerely,

Caterina Desiato

Doctoral candidate and mother

cdesiato@hawaii.edu

Hello,

My name is Carly Blalock and I am participating in midwifery training on the Big Island. I understand that there is a growing need for maternal and child health across the Hawaiian Islands. I also see the importance of mothers knowing what services are available and how they can be sure they are getting a quality care provider. This bill was written with these ideas in mind, and though it has many positive aspects to it there are still two points that need to be amended or changed before it moves forward.

The first of the changes is in respect to having CM's (Certified Midwives) on the board. While this is an interesting gesture, there are currently no known CM's in the state. If this is not removed from the current bill then it would literally be impossible to staff a board that requires a CM to be a participant. The second change is in regards to the qualifications of someone wanting to apply for a license to practice midwifery. The language as it currently stands suggests that the Midwifery Education Accreditation Council must approve the educational pathway of any CPM that is interested in obtaining a license. There is a misunderstanding of how CPM's earn their credential in this regard. The CPM certification is given by NARM (the North American Registry of Midwives). It was agreed that NARM, US MERA (United States Midwifery Education, Regulation, and Association), ACOG (American Congress of Obstetricians and Gynecologists), and others would support a "Bridge Certificate" to be obtained by CPMs that were certified prior to 2020. This certificate would be accepted in lieu of graduating a MEAC program in states that did not have or were contemplating having licensure of midwives. The current bill as it stands does not specifically allow holders of the Bridge certificate to be eligible in earning a license. If this is not changed it will mean that over 95% of eligible CPM practitioners in the state will be barred from obtaining licensure. It will have the effect of preventing the very care the bill attempts to allow.

We are excited for the opportunity to work with mothers and babies under this new licensing program. Midwifery can be a confusing field to navigate for those not familiar with it. All of us that are members of the Midwives Alliance of Hawaii are eager to work with you in crafting the best bill possible and in making the State of Hawaii an example to those on the mainland of how we can all come together in providing a safe and superior outcome for our pregnant mothers across the islands.

Thank you,

Carly Blalock, an aspiring state licensed CPM.

kobayashi2 - Jessi

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, March 15, 2017 7:49 AM
To: HLTtestimony
Cc: frances@massagemauui.com
Subject: Submitted testimony for SB1312 on Mar 16, 2017 08:30AM

SB1312

Submitted on: 3/15/2017

Testimony for HLT on Mar 16, 2017 08:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Frances Salvato	Individual	Oppose	No

Comments: I oppose this Bill. This issue is very complex and this bill would have dangerous consequences for low income mothers and residents on neighbor islands. Please vote no. It will be more appropriate and respectful to strike the criminalization and penalties proposed in this bill and to instead create a task force that includes seasoned Hawaiian midwives in determining appropriate regulation. Lets give the families in Hawaii the freedom to choose what is best for them.

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From: Sarah Teehee

Submitted on: March 15th, 2017

Testimony in OPPOSITION of SB1312 SD2, Relating to the Licensure of Midwives

Submitted to: The House Committee on Health (HLT) for the hearing on March 16th at 8:30am

Aloha Chair Au Belatti, Vice Chair Kobayashi, and Committee members,

I am a registered voter, writing because I strongly OPPOSE SB 1312, even with its current amendments. This bill will directly impact me and my choices. I am currently 16 weeks pregnant with my second child and have been planning a home birth. SB 1312 would limit the knowledgeable and capable midwives I could legally choose from for future births.

When I had my first child I was lucky enough to be covered under my husband's insurance plan and we had the finances to pay for the patient's portion of that hospital bill. However, I know MANY mothers, particularly in Puna (and the more rural areas of the Big Island) who are NOT covered by health insurance and are restricted by finances, they opt for at home births with midwives. With the looming threat of the repeal of the Affordable Care Act, there will be less insured women here in Hawaii and they will be seeking alternatives to hospital births.

So many women who are having their second babies are opting for at-home births because they were mistreated and cheated by the **one-size-fits-most** medical approach they experienced during their hospital stays. Being a pregnant woman in a hospital means running the **risk** of having our bodies cut up because it is more *convenient* for a doctor's schedule. Did you know that NO hospitals on the Big Island allow VBACs (vaginal delivery after previous Cesarean)? Midwives are the wise-women in our communities who work with each expecting mother and help provide her with the safe natural birth experience closer to what she desires.

Limiting the PRACTICE of midwifery unless the person is an acknowledged student on their way to licensure is a great disservice to the calling. This legislation, if passed would prematurely FORCE the retirement of many of the midwives in our community, leaving a big gap in services. Unless there is a GRANDMOTHER clause inserted into this bill to accommodate the extremely knowledgeable and experienced women who have served our local community for decades, this bill will prove very harmful to our communities.

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

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

Most sincerely,

~Sarah Teehee

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

To: Members of the House Committee on Health
Re: SB1312 SD2 Relating to Midwifery

Aloha Representatives,

I am a Native Hawaiian mother who has given birth safely to both of my sons in my home. I respectfully ask you to OPPOSE SB1312 SD2 for the following reasons:

1. If this bill passes, an overwhelming majority of the midwives who currently serve women in Hawai'i who choose out-of-hospital births will no longer be allowed to practice.
2. This bill WAS NOT ASKED FOR by the community it will most affect: namely, women who choose to birth outside of hospitals.
3. This bill DOES NOT RECOGNIZE THE COMPLEXITY of the issues related to birth sovereignty in Hawai'i.
4. This bill DOES NOT RECOGNIZE THE MULTIPLE PATHS that midwives currently follow in Hawaii order to gain their expertise, knowledge and skills.
5. Public testimony submitted AGAINST this bill when it was heard by the Senate was overwhelming. The fact that it has crossed over to the House is proof that the VOICES OF WOMEN ARE BEING IGNORED.
6. This bill ELIMINATES CHOICES that women will have regarding birth and prenatal care.

For these reasons, and more, please oppose SB1312.

Me ka mahalo,
Alohi Ae'a

kobayashi2 - Jessi

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, March 15, 2017 7:45 AM
To: HLTtestimony
Cc: Cdobbsiii@gmail.com
Subject: *Submitted testimony for SB1312 on Mar 16, 2017 08:30AM*

SB1312

Submitted on: 3/15/2017

Testimony for HLT on Mar 16, 2017 08:30AM in Conference Room 329

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

Comments:

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kobayashi2 - Jessi

From: Colleen Bass <colleen@huamoonwomenshealth.com>
Sent: Wednesday, March 15, 2017 8:08 AM
To: HLTtestimony
Subject: SB1312_SD2 Testimony in Support with Amendments

Dear House Committee on Health,

I support SB1312_SD with amendments and ask that you completely replace SB1312_SD2 with the exact language recommended in the Midwives Alliance of Hawaii testimony.

Thank you
Colleen Bass
CNM, WHNP
Hua Moon Women's Health
(808) 391-9739

kobayashi2 - Jessi

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, March 15, 2017 6:37 AM
To: HLTtestimony
Cc: jmeleelewis@yahoo.com
Subject: Submitted testimony for SB1312 on Mar 16, 2017 08:30AM

SB1312

Submitted on: 3/15/2017

Testimony for HLT on Mar 16, 2017 08:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Jaymie Lewis	Individual	Oppose	Yes

Comments: I oppose this bill in it's entirety. There needs to be a more comprehensive solution if there is to be legislation. Please read my testimony to understand.

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kobayashi2 - Jessi

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, March 15, 2017 9:45 AM
To: HLTtestimony
Cc: hapagurl7669@yahoo.com
Subject: *Submitted testimony for SB1312 on Mar 16, 2017 08:30AM*

SB1312

Submitted on: 3/15/2017

Testimony for HLT on Mar 16, 2017 08:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Theodora Akau Gaspar	Individual	Oppose	No

Comments:

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From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, March 15, 2017 11:07 AM
To: HLTtestimony
Cc: johnbethdefrance@gmail.com
Subject: Submitted testimony for SB1312 on Mar 16, 2017 08:30AM

SB1312

Submitted on: 3/15/2017

Testimony for HLT on Mar 16, 2017 08:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Beth DeFrance	Individual	Comments Only	No

Comments: My name is Beth DeFrance and I am a Certified Professional Midwife. I have closely followed the Sunrise Audit contacted last year as well as the movement of this bill through the Senate. I understand that there is a growing need for maternal and child health across the Hawaiian Islands. I also see the importance of mothers knowing what services are available and how they can be sure they are getting a quality care provider. This bill was written with these ideas in mind, and though it has many positive aspects to it there are still two points that need to be amended or changed before it moves forward. The first of the change is in respect to having CM's (Certified Midwives) on the board. While this is an interesting gesture, there are currently no known CM's in the state. If this is not removed from the current bill then it would literally be impossible to staff a board that requires a CM to be a participant. The second change is in regards to the qualifications of someone wanting to apply for a license to practice midwifery. The language as it currently stands suggests that the Midwifery Education Accreditation Council must approve the educational pathway of any CPM that is interested in obtaining a license. There is a misunderstanding of how CPM's earn their credential in this regard. The CPM certification is given by NARM (the North American Registry of Midwives). It was agreed that NARM, US MERA (United States Midwifery Education, Regulation, and Association), ACOG (American Congress of Obstetricians and Gynecologists), and others would support a "Bridge Certificate" to be obtained by CPMs that were certified prior to 2020. This certificate would be accepted in lieu of graduating a MEAC program in states that did not have or were contemplating having licensure of midwives. The current bill as it stands does not specifically allow holders of the Bridge Certificate to be eligible in earning a license. If this is not changed it will mean that over 95% of eligible CPM practitioners in the state will be barred from obtaining licensure. It will have the effect of preventing the very care the bill attempts to allow. Therefore, it is very important to include those CPMs who hold a MEAC Bridge Certificate to be included and able to obtain a license. We are excited for the opportunity to work with mothers and babies under this new licensing program. Midwifery can be a confusing field to navigate for those not familiar with it. All of us that are members of the Midwives Alliance of Hawaii are eager to work with you in crafting the best bill possible and in making the State of Hawaii an example to those on the mainland of how we can all come together in providing a safe and superior outcome for our pregnant mothers across the islands. Thank you for considering these two changes to the bill, Beth DeFrance, CPM

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convening of the public hearing.

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kobayashi2 - Jessi

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, March 15, 2017 10:56 AM
To: HLTtestimony
Cc: tulsigreenlee@icloud.com
Subject: Submitted testimony for SB1312 on Mar 16, 2017 08:30AM

Categories: Red Category

SB1312

Submitted on: 3/15/2017

Testimony for HLT on Mar 16, 2017 08:30AM in Conference Room 329

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

Comments: Aloha, Me and both my kids were born at home. Please don't take our right to choose away. Please oppose this bill. Thank you Tulsi

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kobayashi2 - Jessi

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, March 15, 2017 12:01 PM
To: HLTtestimony
Cc: gifts9954@gmail.com
Subject: *Submitted testimony for SB1312 on Mar 16, 2017 08:30AM*

SB1312

Submitted on: 3/15/2017

Testimony for HLT on Mar 16, 2017 08:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Susan Vickery	Individual	Oppose	No

Comments:

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From: mailinglist@capitol.hawaii.gov
To: [HLTtestimony](#)
Cc: drjoeka@gmail.com
Subject: Submitted testimony for SB1312 on Mar 16, 2017 08:30AM
Date: Wednesday, March 15, 2017 2:24:26 PM

SB1312

Submitted on: 3/15/2017

Testimony for HLT on Mar 16, 2017 08:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
joe kassel	Individual	Oppose	No

Comments: Dear Senators: I oppose the licensure of midwifery for several reasons. First of all, childbirth is not a disease therefore healthy pregnancy and childbirth does not always necessitate licensed healthcare provider to support and facilitate that process. Secondly, midwifery encompasses a wide diversity of individuals, with very different backgrounds and approaches to support the birth process. Any attempt to govern the practice of midwifery will reduce access to birth choices for families and in attempting to define the legal practice of midwifery will result in a medicalization of the field which is not necessarily going to result in improved outcomes. Women have supported each other in the birth process from the beginning of time, any legislation that restricts women's ability to do that abridges women's rights. Sincerely, Dr. Joseph Kassel N.D. L.Ac.

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From: mailinglist@capitol.hawaii.gov
To: [HLTtestimony](#)
Cc: derekkirbow@gmail.com
Subject: Submitted testimony for SB1312 on Mar 16, 2017 08:30AM
Date: Wednesday, March 15, 2017 2:13:15 PM

SB1312

Submitted on: 3/15/2017

Testimony for HLT on Mar 16, 2017 08:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Derek Kirbow	Individual	Support	No

Comments: Dear House Committee on Health, I support SB1312_SD with amendments and ask that you completely replace SB1312_SD2 with the exact language recommended in the Midwives Alliance of Hawaii testimony. The two main points to change are: 1. Currently CMs are required to sit on the board, but there are no known CMs in the state of Hawaii. This should be removed. 2. The Bridge certificate is not included in this bill. Both NARM and US MERA have requested that all new legislation include the Bridge Certificate to be eligible for licensure. If this is left out of the bill it will remove 95% of all CPMs from being eligible to obtain licensure and therefore make this bill ineffective. Best, Derek Kirbow, PhD

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TESTIMONY IN OPPOSITION TO SB501 SD1

COMMITTEE ON HEALTH

Rep. Della Au Belatti, Chair

Rep. Bertrand Kobayashi, Vice Chair

Rep. Sharon E. Har

Rep. Chris Todd

Rep. Dee Morikawa

Rep. Andria P.L. Tupola

Rep. Marcus R. Oshiro

HEARING Thursday, March 16, 2017 at 10:30 am Conference Room 329

Dear Chairmen, Vice Chairmen and Committee Members,

My name is Sophie Fung, and I testify in opposition to this bill on the grounds that it would, if passed, violate First Amendment rights and the rights of conscience of those who oppose uttering the words and ideas required by this law.

I humbly request that before you consider to pass SB501 SD1 that all of you would visit and see with your own eyes what A Place for Women in Waipio offers to women.

In this day and age with modern technology and instant messaging a majority of women have heard of Planned Parenthood and of abortion. It's been presented in the Bill itself as well as at previous hearings and testimonies that women need to be informed about abortions. That's hardly the case! It's actual quite the opposite. Women need to know there are other alternatives to abortions! If you are truly pro-choice, then allow women to have choices besides abortions.

Why must this Bill be passed that not only infringes on the rights of the small groups of faith-based pregnancy centers? Why does this Bill have to have such punitive measure levied against these organizations that are trying to help women make informed choices? Why does this Bill have to be passed that allow civil actions against the small group of organizations that only want to help women?

It you want to make this fair and balanced that it is equal for all parties, then shouldn't Planned Parenthood and other doctors and abortion facilities to also be required to offer information on the pregnancy centers that offer alternatives to abortions. Shouldn't Planned Parenthood and other abortion facilities also be held to the same punitive measures of fines for not posting a notice that there are alternatives choices and also to be open to civil suits?

Planned Parenthood lied to me when I was a teenager that at 13 weeks my pregnancy was only a blob of cells and wasn't yet formed into a human being. I had the abortion with a severe infection that they refused to provide antibiotics. It was not their problem. The untreated infection caused complications resulted in my nearly dying at the age of 18 years old which led to sterility. Shouldn't I have the right to file a civil suit also? What happened to the rights of women who suffered from botched abortions that caused not only physical and medical damage as well as emotional and mental anguish?

SB501 SD1 is not good for the women in Hawaii.

- * SB501 SD1 seeks intentionally to violate the rights of those who operate pregnancy centers by compelling speech in violation of the First Amendment rights to free speech. Pregnancy centers and those that work there believe fundamentally that ALL ABORTION KILLS a living human being once conception has occurred.
- * SB501 SD1 compels speech which violates the religious liberty rights of the pregnancy centers and those who work there.
- * SB501 SD1 does not truly meet its intended goal, set forth in Section 1 of SB 501 SD1, of making "every possible effort to advise women of all available reproductive health programs". SB 501 SD1 does not require abortion providers to notify women of, and refer women to, pregnancy centers for help with the post abortion health problems that often arise but abortion providers do not address.

For the foregoing reasons I oppose the bill and ask that you vote no in committee. Thank you for your time and consideration.


Sophie Fung

kobayashi1- Oshiro

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, March 15, 2017 2:51 PM
To: HLTtestimony
Cc: wnakamura14@hawaii.rr.com
Subject: Submitted testimony for SB1312 on Mar 16, 2017 08:30AM

SB1312

Submitted on: 3/15/2017

Testimony for HLT on Mar 16, 2017 08:30AM in Conference Room 329

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

Comments: Please preserve my right and that of my children to choose whom they would like at their birth and how they want to birth. Birth is not a medical emergency in majority of cases and as a practicing RN this bill in its current wording removes the freedom of choice on something that is a deeply cultural and empowering issue for a woman. Should there be a need to pass this bill, please amend to have a working task force that has a complete spectrum of birth workers involved especially from the home birthing community. Thank you very much for time and consideration in this matter.
Respectfully, Michele Nakamura

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From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, March 15, 2017 2:55 PM
To: HLTtestimony
Cc: karazahl@gmail.com
Subject: Submitted testimony for SB1312 on Mar 16, 2017 08:30AM

SB1312

Submitted on: 3/15/2017

Testimony for HLT on Mar 16, 2017 08:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Kara Zahl	Individual	Comments Only	No

Comments: Aloha, my name is Kara Zahl and I am a doula, a birth supporter who helps mothers both in hospitals and home births. I believe that the severity of this legislation should be thoroughly explored and alternatives considered before a final decision is made, as this has the potential to impact many mothers, including those of lower income. I would ask for you to consider a grandmother clause to be inserted to protect our oldest, most knowledgeable midwives. This is a very complex issue, with potentially dangerous consequences, especially for low-income mothers and residents on neighbor islands. Hawaii is a very unique state with unique midwifery needs, so a task force would really be a better way to decide how to regulate midwifery in Hawaii. Please consider striking the criminalization and penalty sections and simply turn this into a bill to create a task force. Thank you for taking the time to consider my opinion.

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From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, March 15, 2017 3:25 PM
To: HLTtestimony
Cc: trinette.furtado@mauicounty.us
Subject: Submitted testimony for SB1312 on Mar 16, 2017 08:30AM

SB1312

Submitted on: 3/15/2017

Testimony for HLT on Mar 16, 2017 08:30AM in Conference Room 329

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

Comments: Aloha Mai. Mahalo for the opportunity to testify. 'O Trinette Furtado ko'u inoa. No Hamakualoa mai au, ma ka moku puni o Maui. Having benefitted from the care and comfort of a midwife during my pregnancy and through the birth of my daughter, I absolutely believe that the care given by my midwife in attendance was much more helpful and healthy for both myself and my baby. Without my midwife, western medicine would have had me receiving a C-Section under stressful circumstances so my doctor could make an appointment. As it was, she advocated for me and helped me through the concern, to naturally birth my daughter some hours later. I am sure I am not the only who was greatly aided by my home-trained midwife. I write urging you to strongly oppose SB1312 SD2, relating to licensure of midwives. This bill DOES NOT consider cultural birth practices of Kānaka and the value midwives and those who assist us in this intense and intimate event. There is no way to adequately gauge what is proper or "appropriately" reaches some modicum of service deemed professional or properly regulated, by those who don't understand or know the mana'o. What western medicine deems appropriate is sometimes more shocking than what is used intuitively by cultures across the globe. Who will comprise this regulatory board? Whom will have the final decision on controversial issues? To whom will the fees, fines and other financial items go to? There are many issues that need to be addressed before regulating how and with whom a woman may or may not give birth. This is not one of them. I urge you to OPPOSE SB1313 SD2. Mahalo.

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From: [Ramona Hussey](#)
To: [Rep. Bertrand Kobayashi](#)
Subject: Fwd: Please oppose SB1312 SD2 on Midwifery Regulation
Date: Tuesday, March 14, 2017 4:15:34 PM

Rep. Bert Kobayashi

House of Representatives

Hawaii State Capitol

Honolulu, Hawaii 96813

Re: Mandatory Midwifery Licensing Bill, SB1312 SD2

Dear Representative Kobayashi:

I am writing to you on behalf of women who choose to give birth at home. I strongly believe that every woman has the right to choose ALL aspects of her reproductive life. As Vice Chair of the Health Committee, you can help stop this bill.

I am a professional career woman;and a former attorney. Yet I chose to birth all my children at my own home with the care of a lay or traditional midwife. I wanted to avoid the medical complications of childbirth, so all my three children were born at home in Hawaii with the help of skilled, experienced, and trained midwives. This was not a choice I made lightly, as I was well-informed on pregnancy, birth, and postpartum issues. But I truly believe the truism that women have helped other women give birth throughout the millennium. Both of my sisters birthed their children at home, as did my mother, and her mother, and all the grandmothers before them. Birth does not have to be a medical intervention.

The Senate's midwifery bill would take that choice away from all women in Hawaii. By requiring all midwives to be licensed by the State of Hawaii, SB 1312 effectively prohibits lay midwives from attending at homebirths. The most urgent problems I see with the Senate Draft which was just passed are these:

1. It would force all lay or traditional midwives to have taken training which is not available in the State of Hawaii. Therefore lay and traditional midwives cannot be licensed.
2. Women who choose to give birth at home will be left without professional care during their births.
3. Neighbor island women will be left without birthing care when they live too far from a medical clinic.
4. It would penalize any woman who helps a friend give birth by way of fines and criminal prosecution. If I had given birth under this ACT, my midwife could have been arrested for helping me! Or more likely, I could not have found anyone willing to help me give birth at home.

5. Even the exception for Native Hawaiian healers requires that an organization (like Papa Ola Lokahi) recognize (or approve) them. This would insert an unnecessary, and impractical bureaucratic step between a woman and her chosen birthing assistant.
6. The Board which will regulate midwives has only one (1) “public member”, which could easily be a businessman rather than a birthing mother!
7. The “family exception”, though it includes ‘hanai’ family members still leaves most homebirth mothers without trained, experienced help.
8. The Working Group being created is very unlikely to explore a “potential path” for lay midwives to obtain licenses, as there is no requirement to do so, and there are five other suggested topics. No birthing mothers or lay midwives are required to serve on that working group.

I respectfully request that you support birthing women’s choices by allowing lay or traditional midwives to provide this essential care for homebirths.

Please vote NO when this bill comes to the Health Committee.

Sincerely,

Ramona Hussey

PO Box 61951

Honolulu, HI 96839

From: [Justin and Nancy Gibbs](#)
To: [Justin and Nancy Gibbs](#)
Subject: OPPOSE SB1312 - all versions
Date: Wednesday, March 15, 2017 12:18:50 AM

Hello, Representative,

My name is Nancy Gibbs and I'm calling to STRONGLY OPPOSE SB1312 – all versions. The licensing of midwifery is a complex matter and changes haven't been made in two senate drafts. Perhaps the bill could be changed to a task force in order to give more attention to the way Hawaii is a unique state with unique midwifery needs. Any task force or working group should include more homebirth consumers, not medical people. Birth is a life event, not a medical event. Birthing persons and families deserve to choose who attends their births. Birth autonomy is paramount.

Please oppose this bill in its current state.

Thank you for your time and attention to this most important matter.

Nancy Gibbs

H 744-6446

From: [Alexandra Kisitu](#)
To: [Rep. Della Belatti](#); [Rep. Bertrand Kobayashi](#); [Rep. Sharon Har](#); [Rep. Daynette Morikawa](#); [Rep. Chris Todd](#); [Rep. Andria Tupola](#); [WAM Testimony](#)
Subject: OPPOSE SB1312
Date: Wednesday, March 15, 2017 8:05:31 AM

Aloha, I am expressing my opposition - jointly with myself and my husband to SB 1312 SD2. I am a mother to two, both born outside the hospital.

- 1) I oppose UNLESS changes are made.
- 2) It's a complex matter and the important changes haven't been made in two senate drafts!
- 3) We really need a task force or working group to come up with a better bill! Change the bill to a task force or working group which include representatives from all involved groups and require this group to present a bill next year. Hawaii is a very unique state with unique midwifery needs so a task force would really be a better way to decide how to regulate midwifery in Hawaii. MORE home birth consumers need to be involved in any task force or working group.
- 4) If the you insist on a bill this year, main changes that need to be made are as follows:
 - a) in exemptions, students of licensed midwives OR A STUDENT OF ANY OF THE OTHER EXEMPT PRACTITIONERS OF MIDWIFERY (underlined must be added)
 - B) in exemptions, ADD A 7TH EXEMPTION - A LAY PERSON OR PRACTITIONER PROVIDING MIDWIFERY CARE WHO CLEARLY INFORMS THE MOTHER THAT SHE/HE IS NOT A LICENSED MIDWIFE
- 5) Having a baby is a normal process, not a medical condition, and families deserve the choice as to who they want to be present or support them in this process, and that there is great value in all different types of people or practitioners doing "midwifery like" care, (defined in the bill as "practice of midwifery mean providing well woman and maternity care for individuals and their newborns...") and we would not want to limit this care to licensed practitioners or make certain choices illegal options.

Thanks,

Alexandra Kisitu

•

From: [Kaliko Amona](#)
To: [Rep. Della Belatti](#); [Rep. Sharon Har](#); [Rep. Bertrand Kobayashi](#); [Rep. Daynette Morikawa](#); [Rep. Marcus Oshiro](#); [Rep. Chris Todd](#); reptupuola@capitol.hawaii.gov
Subject: Opposition to SB1312 SD2 (Licensure of Midwives)
Date: Wednesday, March 15, 2017 12:25:28 PM

Aloha Representatives, I am sending this testimony in opposition to SB1312 directly to you as I had trouble uploading it to the capitol.hawaii.gov website this morning. IT has been made aware of this problem and says it was fixed after 11am today.

Opposition to SB1312 SD2

RELATING TO THE LICENSURE OF MIDWIVES

House Committee on Health

March 16, 2017

8:30 am, Conference Room 329

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 licensure of Certified Professional Midwives, I oppose this bill (SB1312 SD2).

This is an extremely complex matter and there are several problems with this bill. More time and work is needed to address these issues. (My brief testimony only outlines a few.)

This bill limits the birthing choices available to women/families by making it illegal for some of Hawai'i's midwives to practice. Families need to be free to choose their caregivers and where they will receive that care. 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 6, there is no existing Kupuna Council that covers birthing practice under Papa Ola Lokahi, no guarantee that such a council would be accepted, and no guarantee that if it were, it would protect practitioners, particularly non-Hawaiian practitioners, if legally pressed.

As a student midwife, I am very concerned about the **limited options to licensure this bill would allow**. The educational pathways provided for in the bill are very narrow, granting licensure only to CPMs who have graduated from a MEAC accredited school, or CMs who have been through ACME programs. As I read the bill, even most currently practicing CPMs would not qualify for licensure under the current language because they have earned their CPM status through the portfolio process. Midwives who have spent many years pursuing other educational pathways, including those not culminating in a CPM certification should still be allowed to practice and serve their communities.

Exemptions for students of CPMs or a student of any of the other exempt practitioners of midwifery need to be added, if this bill is to move forward. The only student midwives exempted under this bill are those practicing under “the direct supervision of licensed certified midwives.” [In the 2/14/17 hearing, Senator Baker stated that she would be amending the bill to include students of professionals practicing within their scope of practice, but SB1212 SD1 did not include this change.]

Another exemption such a bill would need is: A lay person or practitioner providing midwifery care who clearly informs the mother/client that she/he is not a licensed midwife.

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

Mahalo for your consideration,

Kaliko Amona

Hale'iwa, Hawai'i

From: [kara zahl](#)
To: [Rep. Della Belatti](#)
Subject: Request for task for rather than Criminalization of traditional midwives
Date: Wednesday, March 15, 2017 9:35:28 AM

Aloha,

My name is Kara Zahl and I was very concerned when I heard about the criminalization of traditionally trained midwives or SB1312 SD2. While I completely understand the concern around untrained women delivering babies at home, traditionally trained midwives go through a rigorous apprentice program, much in the same way that someone else would apprentice with a master teacher to learn the trade of woodworking or another skill. Women were trained in this apprentice model for thousands of years before the advent of medical schools and are still trained this way in many parts of the world. Women who choose this path professionally have the utmost care for other women and the new lives they are helping to bring into the world. I feel that this is an incredibly complicated issue which would be better suited to a task force exploring the matter, rather than having a blanket decision made without taking the subtle nuances of the issue into account.

Mahalo for considering my opinion and for your service to our state.

All the Best,
Kara Zahl

LATE

kobayashi2 - Jessi

From: mailinglist@capitol.hawaii.gov
Sent: Thursday, March 16, 2017 5:50 AM
To: HLTtestimony
Cc: lovemoreohana@gmail.com
Subject: *Submitted testimony for SB1312 on Mar 16, 2017 08:30AM*

SB1312

Submitted on: 3/16/2017

Testimony for HLT on Mar 16, 2017 08:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Piper Colemanscurry	Individual	Oppose	Yes

Comments:

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LATE

kobayashi2 - Jessi

From: Ida Darragh <ida@narm.org>
Sent: Wednesday, March 15, 2017 3:48 PM
To: HLTtestimony
Subject: TESTIMONY IN SUPPORT WITH AMENDMENTS OF SB1312_SD2, RELATING TO THE LICENSURE OF MIDWIVES

To the House Health Committee regarding the licensing of Certified Professional Midwives:

I encourage the Hawaii legislature to pass SB 1312 with amendments. The Certified Professional Midwife (CPM) credential is the basis for licensure in the 31 United States that license midwives specifically to attend births in birth centers and homes. The CPM credential is accredited by the National Commission on Certifying Agencies, the same agency that accredits the Certified Nurse- Midwife credential. The CPM is the only midwifery credential that requires education and clinical training in out-of-hospital settings. All CPMs are educated and trained in providing care to low-risk women during pregnancy, childbirth, and postpartum. The CPM education focuses on risk assessment combined with midwifery support for pregnancy, labor, and birth.

The bill has some serious flaws that need to be amended, specifically the language about education. We support the licensure language proposed by the US Midwifery Education, Regulation and Association organizations, which calls for CPMs certified before 2020 to obtain the Midwifery Bridge Certificate and CPMs certified after that date to obtain an education accredited by the Midwifery Education Accreditation Council. Please amend the bill language to reflect those requirements for licensure.

As Executive Director of the North American Registry of Midwives, I have first-hand knowledge of how well licensure programs are working in all states that provide licensure. No state with licensure has ever discontinued the programs, and many states have licensed direct-entry midwives for more than 30 years. As a licensed midwife for 33 years, I have first-hand knowledge of how successful midwifery licensure can be and the excellent outcomes that are associated with midwifery care. The CPM credential provides high standards for midwifery knowledge and skill, and state licensure provides the accountability associated with regulation.

Please support SB 1312.

Ida Darragh, Certified Professional Midwife, Licensed Midwife
North American Registry of Midwives
Midwife Advisory Board, Arkansas Department of Health Licensed Midwife Program

LATE

kobayashi2 - Jessi

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, March 15, 2017 9:55 PM
To: HLTtestimony
Cc: kauliomanoa@gmail.com
Subject: Submitted testimony for SB1312 on Mar 16, 2017 08:30AM

SB1312

Submitted on: 3/15/2017

Testimony for HLT on Mar 16, 2017 08:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Camille Kanoa-Wong	Individual	Oppose	No

Comments: Aloha Rep. Belatti and members of Health Committee: I oppose this bill. (1) As there is no training program in Hawai'i, this certification would require midwives to be trained off island; (2) midwives-in-training utilizing the Portfolio Evaluation Process, PEP, (vs. a conventional educational institution) shouldn't be criminalized; and (3) proposed certification doesn't leave space for midwives who are being trained in spiritual and cultural protocols of birth. 'A'ole. I cannot support this bill. Mahalo for the opportunity to testify. Cami Kanoa-Wong

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kobayashi2 - Jessi

From: Jessica <annakimphotography.com@gmail.com>
Sent: Wednesday, March 15, 2017 10:49 PM
To: HLTtestimony
Subject: SB1312_SD

Dear House Committee on Health,
I support SB1312_SD with amendments and ask to completely replace SB1312_SD with the exact language recommend in Midwives Alliance of Hawaii testimony.

Sincerely,

Jessica Akin

Maholo for your support

LATE

kobayashi2 - Jessi

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, March 15, 2017 9:39 PM
To: HLTtestimony
Cc: erika.lechugadisalvo@gmail.com
Subject: *Submitted testimony for SB1312 on Mar 16, 2017 08:30AM*

SB1312

Submitted on: 3/15/2017

Testimony for HLT on Mar 16, 2017 08:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Erika Lechuga Disalvo	Individual	Oppose	No

Comments:

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kobayashi2 - Jessi

From: Nicole Hoover <nhoover36@gmail.com>
Sent: Wednesday, March 15, 2017 9:27 PM
To: HLTtestimony
Cc: Rachel Struempf
Subject: please listen!!! (my baby was stillborn at home)

I would like to appeal to this committee regarding Senate Bill 1312 The licensure of Midwives. I feel I have a very unique perspective on the matter and due to the fact that my particular case is being used as an example to showcase why certain midwives should not be allowed to practice in the State of Hawaii, I feel I should be heard. My first child was born on November 17th, 2013. He was 8lbs, 5 oz and more beautiful than you can imagine. The particular skill set that my midwives displayed are the only reason that I was able to birth him. My son was monitored during my entire 24 hours of labor, as was I and his heart rate never varied from perfectly normal and healthy. In fact, I remember my midwife checking his heart rate one last time on a doppler right before my last contraction and it was perfect. Nothing abnormal took place during my labor day except for that I was afraid. This was my first experience giving birth and I started to panic when the pain became so strong that I was sure I could not handle it. My midwives were the only reason that I was able to work through that fear, panic and pain to bring that baby forward through the birth canal. Unfortunately, my son had a malformed heart, umbilical cord and placenta which neither midwife had ever seen after a combined 50 years of experience and thousands of births. Needless to say it is an extremely rare malformation. We were literally 2 miles from the hospital so it was quick to get him to the ER. My midwives recognized that his cord was not pulsing immediately and cut it, started to suction his mouth and then perform CPR. The paramedics arrived within minutes and my husband and son were off in an ambulance before I realized what was happening. I begged and pleaded to go with them but my midwife put her foot down and forced me to stay because she had to monitor me for bleeding as I had not even passed the placenta yet. She knew that my son was in the care of the medics so now I was her sole responsibility. They did everything right and it would not have mattered where I was giving birth, the outcome would have been the same. This part of embryological development happens at 8 weeks gestation, not during birth. The autopsy report stated inconclusive cause of death because while the medical examiner reported the malformations of the circulatory system she did not feel that would have caused immediate death. If he had an injury during birth she would have found signs of trauma but she did not. My midwives offered an unparalleled level of knowledge and support during my pregnancy, my labor and my healing from such a traumatic experience that I still live with. I am a doctor, I am highly educated and I chose home birth after reading and researching statistical analysis regarding birth outcomes in hospitals versus home birth. The research is so clear in fact that other countries, namely Britain, are recommending non-high risk pregnancies use home birth as a lower risk option. Dramatically decreased rates of cesarean section, lower mother and infant mortality rates, less injuries, and stronger latch and easier breastfeeding are just a few issues that have been closely looked at. I strongly urge you to rethink this bill. At the very least amend it to institute a task force and/or grandfather clause in which midwives who are already qualified through apprenticeship be allowed to maintain their status and legally practice. **You will do irreparable harm in shutting down access to these very skilled and competent practitioners.**

On September 24th, 2015 I gave birth to a beautiful baby girl, at home, with my same midwife. We are all healthy and it was a beautiful experience. One which I would not have been able to have had I not been in the comfort and safety of my own home with the woman I trust the most. Please rethink the repercussions of this bill!!

Sincerely,

Dr. Nicole Hoover
Big Island, Hawaii

kobayashi2 - Jessi

From: mailinglist@capitol.hawaii.gov
Sent: Thursday, March 16, 2017 6:22 AM
To: HLTtestimony
Cc: wahine96779@yahoo.com
Subject: *Submitted testimony for SB1312 on Mar 16, 2017 08:30AM*

SB1312

Submitted on: 3/16/2017

Testimony for HLT on Mar 16, 2017 08:30AM in Conference Room 329

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

Comments:

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

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LATE

kobayashi2 - Jessi

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, March 15, 2017 7:55 PM
To: HLTtestimony
Cc: mauifaith@gmail.com
Subject: *Submitted testimony for SB1312 on Mar 16, 2017 08:30AM*

SB1312

Submitted on: 3/15/2017

Testimony for HLT on Mar 16, 2017 08:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Faith Chase	Individual	Oppose	No

Comments:

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kobayashi2 - Jessi

LATE

From: Halona Fukutomi <halona42@icloud.com>
Sent: Thursday, March 16, 2017 7:28 AM
To: HLTtestimony
Subject: SB 1312 SD2

Aloha mai kākou to The Committee of Health, and all present.

'O wau Hālonai kaiopuna Mikala Fukutomi ko'u inoa. I am a Cultural Practitioner In Training, hereby submitting testimony, humbly, and gratefully for review to the Health Committee. I am strongly opposed to the measure SB1312 SD2 being heard on Thursday March, Sixteenth, 2017.

I stand for equal and civil rights for all citizens, and therefore support traditional birthing practices, and the freedom for all women to choose who she will give birth with. Allowing a Board of Midwifery to be approved will directly restrict the rights of traditional childbirth practitioners. The sole purpose of the proposed Board of Midwifery is to, "regulate the practice of midwifery by certified midwives and certified professional midwives. Requires the licensing of certified midwives and certified professional midwives," according to the Hawaii State Legislature website: capitol.hawaii.gov. Because of this intended purpose of the Board of Midwifery to regulate midwifery practices, and for the Board to impose requirements of licenses and certificates for certified and certified professional midwives, the rights of those who wish to choose a traditional midwife birthing will be stripped away.

Under Article 1 Section 1 of the Hawaii State Constitution, I would like to bring to the attention of the Committee of Health, and to the community, that the problem with the aforementioned proposals is that they are unconstitutionally biased against traditional childbirthing mothers and midwives. When the right of to freely choose is taken away from the people, the governing authority is responsible to uphold the Article 1, Sections 2, and 3 of the constitution. Article 1, Section 4 gives us the right to assemble and petition government to redress grievances. Finally, Article 1 Section 5 states no person shall be deprived of life, liberty, or property without due process, nor be denied the equal protection of the laws, nor be denied the enjoyment of the persons civil rights, because of race, religion, sex or ancestry. Mahalo nui to the Committee of Health and to the community, for this opportunity to uphold the constitution to protect these rights. Aloha nō kākou.

Standing in support,
Hālonai kaiopuna Mikala Fukutomi

Sent from my iPad

LATE

kobayashi2 - Jessi

From: mailinglist@capitol.hawaii.gov
Sent: Thursday, March 16, 2017 7:46 AM
To: HLTtestimony
Cc: lomibo@yahoo.com
Subject: Submitted testimony for SB1312 on Mar 16, 2017 08:30AM

SB1312

Submitted on: 3/16/2017

Testimony for HLT on Mar 16, 2017 08:30AM in Conference Room 329

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

Comments: I strongly oppose this bill as I believe it will negatively impact the families, women and midwives of Hawaii. The bill as it stands penalizes the most knowledgeable and skilled midwives in Hawaii who have been serving the state's families for many years. These midwives should be honored for their experience and given licensure under a Grandmother Clause. Otherwise, this bill makes 90% of current homebirth midwives illegal, in effect making midwifery an illegal practice. The criminalization and penalty sections of the bill should be removed and all currently practicing midwives should be grandfathered in and allowed licensure. Many of the families who use midwives come from low income families. By criminalizing 90% of the states' midwives, this bill could jeopardize the safety of many mothers who might choose an unattended home birth rather than pay a doctor's fees. This bill should be rewritten to create a task force that can better address how to proceed with midwifery regulations that will best serve the families and midwifery profession in the state.

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

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