

# SB1312

Measure Title: RELATING TO THE LICENSURE OF MIDWIVES.

Report Title: Licensure; Midwife

Description: Establishes mandatory licensing for midwives. Effective 7/1/2019.  
Establishes temporary advisory committee on midwife licensing until 7/1/19.

Companion:

Package: None

Current Referral: CPH, WAM

Introducer(s): BAKER



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

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

TO THE SENATE COMMITTEE  
ON  
COMMERCE, CONSUMER PROTECTION, AND HEALTH

TWENTY-NINTH STATE LEGISLATURE  
REGULAR SESSION, 2017

TUESDAY, FEBRUARY 14, 2017  
9:00 A.M.

TESTIMONY ON SENATE BILL NO. 1312  
RELATING TO LICENSURE OF MIDWIVES

TO THE HONORABLE ROSALYN H. BAKER, CHAIR,  
AND TO THE HONORABLE CLARENCE K. NISHIHARA, 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, Relating to Licensure of Midwives. My name is Daria Loy-Goto and I am the Complaints and Enforcement Officer for the Department's Regulated Industries Complaints Office ("RICO"). RICO offers enforcement-related comments on this bill, with requested amendments.

Senate Bill No. 1312 creates a new chapter for the licensure of midwives with oversight by the Board of Nursing ("Board").

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

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

**1) Replace Section 2 of the bill at page three, line 10 to page 4, line 5 with the following<sup>1</sup>:**

**§ -2 Powers and duties of the director.** 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 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

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<sup>1</sup> Please note that the director is identified as the licensing authority for purposes of the proposed amendments.

(7) Appoint an advisory committee to serve as experts to the director in the implementation and enforcement of this chapter.

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

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

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

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

**3) Delete subsection (b) in § -6 at page 9, lines 12 to 19, because the fine for unlicensed activity is now contained in the new section above.**

**4) Delete § -7 on page 9, line 20 to page 10, line 15 because it is unnecessary.** Moreover, § -7(a) would require the licensing authority to conduct a disciplinary hearing in all cases, which would deprive RICO of entering into settlement agreements when appropriate.

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

**Grounds for refusal to renew, reinstate, or restore a license and for revocation, suspension, denial, or condition of a license.** (a) In addition to any other acts or conditions provided by law, the 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;
- (8) Engaging in conduct or a practice contrary to recognized standards of ethics for the practice of midwifery;
- (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 any 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; or
- (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) Add a new section to authorize injunctive relief as follows:**

**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 expire, from practicing midwifery.

RICO appreciates the Committee's consideration of these amendments that would bring the proposed regulatory provisions for the practice of midwifery in this

Testimony on Senate Bill No. 1312

February 14, 2017

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measure more in line with standard regulatory statutes for other regulated professions.

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



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SENATE COMMITTEE ON COMMERCE, CONSUMER PROTECTION AND HEALTH  
The Honorable Rosalyn Baker, Chair  
The Honorable Clarence Nishihara, Vice Chair

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

Hearing: Tuesday, February 14, 2017, 9:00 a.m.

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

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

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

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.

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# Auditor's Summary

## Sunrise Analysis: Regulation of Certified Professional Midwives

Report No. 17-01

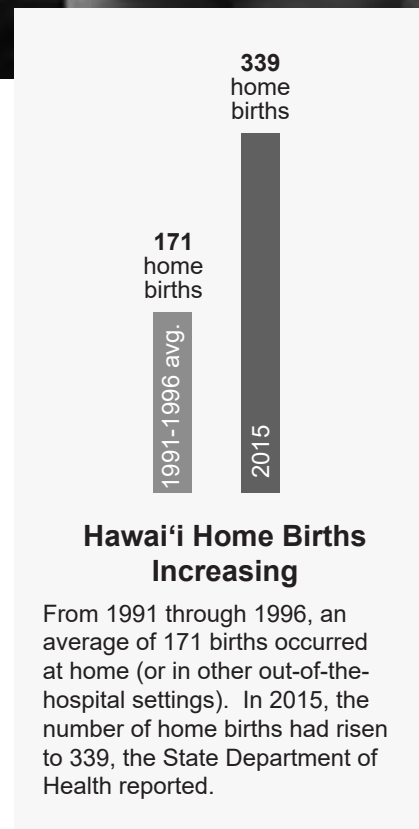


PHOTO: THINKSTOCK.COM

### 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.

## 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;



## 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.**

**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.

**PRESENTATION OF THE  
BOARD OF NURSING**

TO THE SENATE COMMITTEE ON  
COMMERCE, CONSUMER PROTECTION, AND HEALTH

TWENTY-NINTH LEGISLATURE  
Regular Session of 2017

Tuesday, February 14, 2017  
9:00 a.m.

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

TO THE HONORABLE ROSALYN H. BAKER, CHAIR,  
AND MEMBERS OF THE COMMITTEE:

My name is Lee Ann Teshima, Executive Officer for the Board of Nursing ("Board"). I appreciate the opportunity to testify on Senate Bill No. 1312, Relating to the Licensure of Midwives. The Board takes no position as to whether midwives should be licensed but determined that licensure of midwives who are not "nurses" should not fall under the purview of the Board.

Thank you for the opportunity to testify on Senate Bill No. 1312.



**SB1312**  
**RELATING TO LICENSURE OF MIDWIVES.**  
Senate Committee on Commerce, Consumer Protection, & Health

February 14, 2017

9:00 a.m.

Room 229

The Office of Hawaiian Affairs (OHA) offers the following **COMMENTS** on SB1312, which seeks to establish new mandatory licensing regulations for the practice of midwifery care.

OHA recognizes that license and regulation exemptions have been established for traditional Hawaiian healing practices under the medical and surgery laws.<sup>1</sup> In order to maintain consistency regarding traditional healing practices and ensure this measure will not lead to the regulation of traditional practitioners involved in prenatal, maternal, and child care that may fall within this measure's broad definition of practice of midwifery, OHA recommends including an exemption in the new chapter to read as follows:

- § -8 Exemptions. This chapter shall not apply to the following:
- (1) Student midwives in training under the direct supervision of licensed midwives;
  - (2) A person administer care to a spouse, parent, sibling, child or other family member, including hānai family;
  - (3) A person rendering aid in an emergency where no fee for the service is contemplated, charged, or received;
  - (4) A person performed 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; and
  - (5) Traditional Native Hawaiian healers engaged in traditional healing practices of prenatal, maternal, and child care, as certified and recognized by a council convened pursuant to Section 453-2(C). 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.

A proposed SD1 is attached. With these amendments, OHA believes this measure will ensure safe access to midwife care for the general public, while also perpetuating traditional Hawaiian healing practices.

Mahalo nui for the opportunity to testify on this measure.

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<sup>1</sup> See HRS 453-2(C)

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



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

**"CHAPTER**

**CERTIFIED PROFESSIONAL MIDWIVES**

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

"Accreditation Commission for Midwifery Education" means the organization established in 1982 and recognized by the United States Department of Education as an accrediting agency for midwifery education programs.

"Board" means the state board of nursing established under section 457-3.

"Client" means a person under the care of a licensed midwife, as well as the person's fetus and newborn child.

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

"Midwife" means a person who engages in the practice of midwifery.

"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.

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

**§ -2 Powers and duties.** In addition to any other powers and duties authorized by law, the board shall:

- (1) Receive applications for licensure;
- (2) Determine the qualifications of persons applying for licensure;
- (3) Grant licenses to qualified applicants;
- (4) Establish procedures to renew, suspend, revoke, and reinstate licenses;
- (5) Establish and collect fees for the examination of applicants for licensure and license renewal;
- (6) Establish the minimum educational and continuing educational requirements for licensure;

- (7) Investigate complaints against licensed midwives;
- (8) Undertake, when appropriate, disciplinary hearings; and
- (9) Subject to chapter 91, adopt, amend, or repeal rules, as necessary to effectuate this chapter.

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

- (1) The chair of the board, or the chair's designee, who shall be a nonvoting member;
- (2) Four licensed midwives who shall be in current and active practice of midwifery in the State for the duration of their appointment and who shall have actively practiced as licensed midwives in the State for at least three years immediately preceding their appointment, who shall be voting members; provided that the four midwives initially appointed under this paragraph shall be as follows:
  - (A) Two certified professional midwives who shall be in current and active practice of midwifery in

the State for the duration of their appointment and who shall have actively practiced as certified professional midwives in the State for at least three years immediately preceding their appointment, who shall be voting members; and

(B) Two certified nurse midwives who shall be in current and active practice of midwifery in the State for the duration of their appointment and who shall have actively practiced as certified nurse midwives in the State for at least three years immediately preceding their appointment, who shall be voting members;

(3) One licensed physician, who has provided primary maternity care for at least twenty births in the twelve-month period prior to appointment, maintains current hospital privileges, and has attended at least one home birth, who shall be a nonvoting member; and

(4) One out-of-hospital birth consumer who is either currently under midwifery care and planning an out-of-hospital birth or has had an out-of hospital-birth in the past, who shall be a nonvoting member.

(b) Members of the committee shall serve four year terms' provided that the initial members of the committee shall serve two-year terms; provided further that after June 30, 2017, members of the temporary advisory committee appointed under section 3 of Act , session Laws of Hawaii 2017, may continue in office as holdover members until their successors are appointed.

(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 board 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.

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

(b) The scope of practice standards shall include:

- (1) Adoption of a drug formulary recommended by the advisory committee and approved by the board; and
- (2) Practice standards for antepartum, intrapartum, postpartum, and newborn care that prohibit a licensed midwife from providing care for a client with a history of disorders, diagnoses, conditions, or symptoms outside of the scope of practice approved by the board.

(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 board;
- (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 board;

- (3) Impose distance or time restrictions on where a licensed midwife may practice;
- (4) Grant a licensed midwife prescriptive privileges outside of the privilege of ordering, obtaining, and administering medications on the approved formulary; and
- (5) Allow a licensed midwife to perform abortions.

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

- (1) Completion of an educational program or pathway accredited by the Midwifery Education Accreditation Council or Accreditation Commission for Midwifery Education;
- (2) Documentation of a graduate letter from a school accredited by the Midwifery Education Accreditation Council or the Accreditation Commission for Midwifery

Education or a letter of completion of portfolio evaluation process; and

- (3) Successful completion of continuing education requirements.

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

**§ -6 Fees; penalties.** (a) Each applicant shall pay a licensing fee of \$250 upon application for a new or renewal license. Fees collected pursuant to this section shall be deposited into the compliance resolution fund established pursuant to section 26-9(o).

(b) Any fine imposed by the board after a hearing conducted pursuant to this chapter shall be no less than \$100 and no more than \$1,000 for the first violation. A second or subsequent violation of this chapter shall be referred to the office of the attorney general for criminal prosecution. Any person who pleads guilty to or is found guilty of a second or subsequent violation of this chapter shall be guilty of a misdemeanor.

**§ -7 Hearings.** (a) Unless otherwise provided by law, in every case in which the department refuses to issue, renew,



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

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

**§ -8 Exemptions.** This chapter shall not apply to the following:

- (1) Student midwives in training under the direct supervision of licensed midwives as required by North American Registry of Midwives;
- (2) A person administering care to a spouse, parent, sibling, child or other family member, including hānai family;

- (3) A person rendering aid in an emergency where no fee for the service is contemplated, charged, or received; and
- (4) 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.
- (5) Traditional Native Hawaiian healers engaged in traditional healing practices of prenatal and maternal care, as certified and recognized by a council convened pursuant to Section 453-2(c). 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.

**§ -9 Client protection.** A licensed midwife shall not:

- (1) Disregard a client's dignity or right to privacy as to the client's person, condition, possessions, or medical record;
- (2) Breach any legal requirement of confidentiality with respect to a client, unless ordered by a court of law;
- (3) Submit a birth certificate known by the licensed midwife to be false or fraudulent, or willfully make

or file false or incomplete reports or records in the practice of midwifery;

- (4) Fail to provide information sufficient to allow a client to give fully informed consent;
- (5) Engage in the practice of midwifery while impaired because of the use of alcoholic beverages or drugs; or
- (6) Violate any other standards of conduct as determined by the board.

**§ -10 Disclosure; record keeping.** (a) Before initiating care, a licensed midwife shall obtain a signed informed consent agreement from each client.

(b) All licensed midwives shall maintain a record of signed informed consent agreements for each client pursuant to section 622-58.

**§ -11 Immunity from vicarious liability.** No licensed medical provider or facility providing medical care or treatment to a person due to an emergency arising during childbirth as a consequence of care received by a licensed midwife shall be held liable for any civil damages as a result of such medical care or treatment unless the damages result from the licensed medical provider or facility's provision of or failure to provide medical care or treatment under circumstances demonstrating a reckless disregard for the consequences so as to affect the life or health of another. A physician who consults with a licensed

midwife but who does not examine or treat a client of the midwife shall not be deemed to have created a physician-patient relationship with the client."

SECTION 3. (a) There shall be established a temporary advisory committee to serve as experts to the board in midwife licensing matters. The temporary advisory committee shall consist of seven members as follows:

- (1) The chair of the board, or the chair's designee, who shall be a nonvoting member;
- (2) Two certified professional midwives who shall be in current and active practice of midwifery in the State for the duration of their appointment and who shall have actively practiced as certified professional midwives in the State for at least three years immediately preceding their appointment, who shall be voting members;
- (3) Two certified nurse midwives who shall be in current and active practice of midwifery in the State for the duration of their appointment and who shall have actively practiced as certified nurse midwives in the State for at least three years immediately preceding their appointment, who shall be voting members;
- (4) One licensed physician who has provided primary maternity care for at least twenty births in the

twelve-month period prior to appointment, maintains current hospital privileges, and has attended at least one home birth, who shall be a nonvoting member; and

(5) One out-of-hospital birth consumer who is either currently under midwifery care and planning an out-of-hospital birth or has had an out-of-hospital birth in the past, who shall be a nonvoting member.

(b) In the event of the death, resignation, or removal of any temporary advisory 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.

(c) The temporary advisory committee shall elect a chairperson from among its members. The committee shall meet at least annually to make recommendations to the board 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.

(d) The temporary advisory committee shall submit annual reports to the legislature not later than twenty days prior to the convening of the regular session of 2018 and 2019.

(e) The temporary advisory committee shall cease to exist on June 30, 2019; provided that all members shall continue to serve as initial members of the permanent advisory committee established under section -3 in section 2 of the Act until their successors are appointed.

SECTION 4. 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 this Act that can be given effect without the invalid provision or application, and to this end the provisions of this act are severable.

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

Section 6. This Act shall take effect on July 1, 2019; provided that section 3 shall take effect on July 1, 2017.

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

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



To: Committee on Commerce, Consumer Protection and Health  
Senator Rosalyn H. Baker, Chair  
Senator Clarence K. Nishihara, Vice Chair

DATE: Tuesday, February 14, 2017  
TIME: 9:00 A.M.  
PLACE: Conference Room 229

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

**Re: SB 1312, Relating to the Licensure of Midwives**

**Position: Oppose**

**Licensure for Certified of Midwives**

Dear Senator Baker, Senator Nishihara and committee members:

The American Congress of Obstetricians and Gynecologists, Hawaii Section (Hawaii ACOG) opposes SB1323 for the following reasons.

- Midwifery scope of practice and prescriptive authority would be determined entirely by an Advisory Committee 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. Patient selection is critical in minimizing adverse perinatal outcomes.
- The content of client informed consent documents is not specified. At the minimum the patient should be informed of the potential risks of attempted homebirth, educational qualifications and malpractice coverage status of the provider, and plans for transfer should there be a problem during delivery.
- Minimal educational standards for licensure do not include a Bridge Certificate for those graduating from unaccredited programs.
- There are no specific reporting or peer review requirements to evaluate poor outcomes.

- 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.

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

We do acknowledge the effort to license and regulate home birth providers as a first step in improving the safety of women and children in our state. 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.



AFFILIATE OF



AMERICAN COLLEGE  
of NURSE-MIDWIVES

With women, for a lifetime®

February 12, 2016

Senator Rosalyn Baker, Chair  
Senator Clarence Nishihara, Vice Chair  
CPH Committee  
Hawaii State Capitol  
431 S. Beretania Street  
Honolulu, HI 96813

RE: SB1312  
POSITION: OPPOSE

Dear Senators Baker, Nishiwara and Committee Members,

The Hawaii Affiliate of the American College of Nurse-Midwives is submitting this written testimony stating our opposition to the SB1312 bill. We are also, submitting a letter from the American College of Nurse-Midwives (ACNM) that was sent to our Hawaii Affiliate (chapter) regarding two bills addressing the scope of practice and licensure of Certified Professional Midwives in Hawaii – SB1312 and HB1288. The ACNM's position is to oppose both of these bills for the reasons detailed in the attached ACNM letter. The bills were carefully reviewed by the ACNM's Government Affairs Committee, which determined that there is a need for a more comprehensive approach to the licensing and regulation of non-nurse professional midwives that is in compliance with the U.S. Midwifery Education, Regulation and Association (US MERA). The US MERA is a collaborative group that is composed of seven national midwifery organizations, including the ACNM and the Midwives Alliance of North America. The US MERA has developed national standards and recommendations for the education and regulation of midwives in the US. A copy of the document that details these standards and recommendations is also being provided.

In regards to SB1312, the ACNM does not support having the Hawaii Board of Nursing (BON) oversee the licensing of midwives who are not nurses primarily due to the BON's responsibility for the oversight of more than 2,000 nurses in Hawaii, and because Certified Nurse-Midwives are already regulated by the BON; therefore, there is no reason to have them be placed under an additional regulatory agency.

The Hawaii Affiliate of the ACNM (HAA) also carefully reviewed both bills and is in agreement with the ACNM position. As you are aware, CNMs are currently licensed as advanced practice registered nurses (APRNs) by the BON under the Hawaii Nurse Practice Act and, as such, are authorized to provide full scope of services to women across their lifespan, specifically to "provide independent management of women's health care, focusing particularly on pregnancy, childbirth, the postpartum period, care of the newborn, and *the family planning and gynecological needs of women*" [see HAR § 16-89-81, emphasis added]. CNMs seeking recognition as APRNs must, among other things, have an unencumbered RN license; complete an accredited *graduate* level education program leading to a master's or higher degree as a certified nurse-midwife; and have current, unencumbered national certification [see Haw. Rev. Stat. §457-8.5]. Requiring the Hawaii BON to assume regulatory and licensure responsibility for midwives who are not nurses may lead to confusion about the different scopes of practice between the two different midwifery groups (CNMs and professional [non-nurse] midwives). Moreover, there is a possibility that the full scope of services that CNMs are now authorized to provide under the Nurse Practice Act could be restricted if there is any misunderstanding about the differences in the preparation and scope of practice between these groups of midwives. The Hawaii Nurse Practice Act provides the authority for nurses, especially APRNs (i.e., CNMs) to practice. It is unclear where this authority will come from for midwives

who are not nurses but seek to practice in Hawaii. Finally, the SB1312 does not appear to be in compliance with the US Midwifery, Education, Regulation and Association (US MERA) standards for education and licensure of midwives. Understanding and being in compliance with the US MERA standards for midwives is critical for any division responsible for the licensing and regulation of this group of practitioners.

The Hawaii Affiliate of the ACNM appreciates all of the work that many are doing to maintain and promote the health and safety of women and infants; as well as to provide an opportunity for Certified Professional Midwives to be licensed in Hawaii. Our recommendations, and that of the ACNM, are that a multidisciplinary task force, including consumers, be appointed to work with legislators to draft a single, comprehensive bill that is in compliance with the US MERA standards for the education, licensure and regulation of midwives, in order to be able to submit this to the legislature in 2018. Members of the Hawaii Affiliate of the ACNM are available and willing to assist with this endeavor.

Respectfully,

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

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

Contact Information: [mtshannon@gmail.com](mailto:mtshannon@gmail.com)

Annette Manant, CNM, MSN, PhD (Secretary)

Joan Thompson, CNM, MSN (Treasurer)



February 10, 2017

Maureen Shannon, PhD, CNM, FNP, FACNM, FAAN  
President  
Hawai'i Affiliate of the American College of Nurse-Midwives (HAA)  
706 Kaimalino Street  
Kailua, HI 96734

Dear President Shannon,

Thank you for your request to evaluate measures pending in the Hawai'i state legislature (HB 1288,<sup>1</sup> Relating to Licensure of Certified Professional Midwives; and SB 1312,<sup>2</sup> Relating to the Licensure of Midwives) for their compliance with the policies of the American College of Nurse-Midwives (ACNM) and the U.S. Midwifery Education, Regulation & Association (US MERA) consensus guidelines. We respect and appreciate that members of the Hawai'i state House of Representatives and state Senate have introduced these bills with the intention of promoting public safety through systems of professional accountability and oversight. For the reasons outlined below, however, the ACNM stands in opposition to both bills in their present forms, and provides a recommendation for future action.

As you know, the ACNM is the professional association that represents certified nurse-midwives (CNMs) and certified midwives (CMs) in the United States. With roots dating to 1929, ACNM sets the standard for excellence in midwifery education and practice in the United States and strengthens the capacity of midwives in developing countries. Our members are primary care providers for women throughout the lifespan, with a special emphasis on pregnancy, childbirth, and gynecologic and reproductive health. ACNM reviews research, administers and promotes continuing education programs, and works with organizations, state and federal agencies, and members of Congress to advance the well-being of women and infants through the practice of midwifery.

The House bill (HB 1288) provides for licensure of Certified Professional Midwives (CPMs) as Licensed Midwives (LMs) in the state of Hawai'i; qualifications for licensure; grounds for the state to refuse licensure; other powers associated with the director of commerce and consumer affairs (director) relating to licensure, fees and disciplinary proceedings; establishment of a five-member advisory committee to the director, three members of which are LMs; a scope of practice and formulary; recordkeeping; liability and immunity. The legislation excludes CNMs authorized by the board of nursing to practice in Hawai'i from its definition of LMs except for those CNMs possessing concurrent licensure as LMs (§ -11(1)). The Senate bill (SB 1312) provides for licensure of midwives in the state of Hawai'i; governance of their licensure through

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<sup>1</sup> HB 1288, [http://www.capitol.hawaii.gov/session2017/bills/HB1288\\_.PDF](http://www.capitol.hawaii.gov/session2017/bills/HB1288_.PDF), retrieved Feb. 10, 2017

<sup>2</sup> SB 1312, [http://www.capitol.hawaii.gov/session2017/bills/SB1312\\_.PDF](http://www.capitol.hawaii.gov/session2017/bills/SB1312_.PDF), retrieved Feb. 10, 2017

the state board of nursing; establishment of a seven-member advisory board to the board of nursing, two of whom are CNMs and two who are CPMs; a scope of practice and formulary; an administrative hearing process for persons whose license is denied in some fashion; client protections; recordkeeping; liability and immunity; and a second advisory committee to serve as experts to the board of nursing, made up of seven members including two CNMs and two CPMs.

The ACNM objects to these measures in part because neither complies with the US MERA consensus guidelines established by seven national midwifery organizations, including ACNM and the National Association of Certified Professional Midwives (NACPM), for legislation governing midwifery in the public interest. The US MERA stated the following<sup>3</sup> on July 1, 2015:

**US MERA encourages the inclusion of the following two statements in legislative language for states developing licensure statutes for CPMs:**

1. For the licensure of CPMs who obtain certification after January 1, 2020, in states with new licensure laws, all applicants for licensure will be required to have completed an educational program or pathway accredited by the Midwifery Education Accreditation Council (MEAC) and obtained the CPM credential.
2. For CPMs who obtained certification through an educational pathway not accredited by MEAC:
  - a. CPMs certified before January 1, 2020, through a non-accredited pathway will be required to obtain the Midwifery Bridge Certificate issued by the North American Registry of Midwives (NARM) in order to apply for licensure in states using the US MERA language for licensure, or
  - b. CPMs who have maintained licensure in a state that does not require an accredited education may obtain the Midwifery Bridge Certificate regardless of the date of their certification in order to apply for licensure in a state that includes the US MERA language.

The pertinent provision of the House bill (§ -3) does not require that all CPMs certified after January 1, 2020, must have completed the educational program or pathway accredited by MEAC and obtained the CPM credential. The House bill language leaves open the possibility of licensing a midwife after that date who has obtained only the Midwifery Bridge Certificate, a policy inconsistent with US MERA. The pertinent provision of the Senate bill (§ -5) leaves open multiple pathways for meeting qualifications for licensure that lie outside the recommendations of the US MERA, including the method outlined in the House bill, and a method allowing for a letter of completion of a portfolio education process.

The ACNM's second objection is that, if enacted, either bill establishes problematic structure for

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<sup>3</sup> US MERA statement of July 1, 2015, <http://www.usmera.org/index.php/2015/07/01/statement-on-the-licensure-of-certified-professional-midwives-cpm/>, retrieved Feb. 10, 2017. The US MERA includes the Accreditation Commission for Midwifery Education (ACME), American Midwifery Certification Board (AMCB), American College of Nurse-Midwives (ACNM), International Center for Traditional Childbearing (ICTC), Midwifery Education Accreditation Council (MEAC), Midwives Alliance North America (MANA), National Association of Certified Professional Midwives (NACPM), and the North American Registry of Midwives (NARM).

governance and oversight of midwifery practice in Hawai'i. Certified nurse-midwives are already licensed by the state of Hawai'i and their licensure is governed by the board of nursing. However, HB 1288 would have the process of LM licensure exercised and overseen by the director of commerce and consumer affairs. SB 1312 governs LM licensure through the board of nursing, though LMs are not nurses. As the Hawai'i board of nursing licenses and oversees some 2,300 nurses, it cannot reasonably be expected to extend appropriate professional oversight to another category of healthcare professionals, much smaller in number, which does not have nursing academic preparation in common with the rest of its licensees.

We recommend that neither HB 1288 nor SB 1312 be moved by the state legislature of Hawai'i, and that stakeholders including the HAA engage with legislators to develop and enact legislation governing midwifery that is consistent with US MERA and best practices in the public interest. We stand ready to provide any further support or information you require and thank you and your colleagues for bringing your concerns to our attention.

Sincerely,

A handwritten signature in black ink, reading "Frank J. Purcell", is centered on a light gray rectangular background.

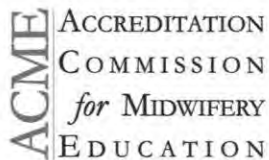
Frank J Purcell  
Chief Executive Officer

Cc: Barbara Anderson, DrPH, CNM, FACNM, FAAN, ACNM Region VII Representative

# PRINCIPLES for MODEL U.S. MIDWIFERY LEGISLATION & REGULATION

Approved October 12, 2015 by US MERA

ACME, ACNM, AMCB, MANA, MEAC, NACPM, NARM



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## Introduction

The purpose of this consensus document is to foster communication and collaboration for future efforts in the development of U.S. midwifery legislation and regulation. The goal is to promote regulatory mechanisms that protect the public by ensuring that competent midwives provide high quality midwifery care. Midwifery is a profession that is autonomous, separate, and distinct from nursing and medicine. Only midwives can exercise the full scope of midwifery practice and provide all the competencies within this scope.

This document outlines the principles of model midwifery legislation to support and regulate practice. These principles address state authority to regulate, register, and license midwives, including the establishment of education qualifications, setting standards for practice and conduct, management of complaints, and issues pertaining to liability insurance and reimbursement. Recognizing that current state laws regarding midwifery vary widely, this document is intended to serve as a guide to those engaged in the revision of existing or the development of new laws. A glossary is provided to define the terms used in the document.

The document has been collaboratively produced by seven organizations that comprise US MERA (Midwifery Education, Regulation, & Association), with input from other health professional and advocacy organizations, researchers, midwives, legislative advocates, and consumer advocates. The document was drawn from the International Confederation of Midwives (ICM) *Global Standards for Regulation* and founding values and principles, which were adapted for the United States context (Appendix A). The national midwifery certifying and accrediting agencies referred to in this document have also incorporated the *ICM Global Standards for Education* and *Essential Competencies for Basic Midwifery Practice* for which are relevant to the United States context.

US MERA supports ICM's position that midwives work in partnership with women to promote self-care and the health of mothers, infants, and families; respect human dignity and women as persons with full human rights; and advocate for women so that their voices are heard and their health care choices are respected.

The organizations represented in US MERA include:

Accreditation Commission for Midwifery Education  
American College of Nurse-Midwives  
American Midwifery Certification Board  
Midwives Alliance of North America  
Midwifery Education Accreditation Council  
National Association of Certified Professional Midwives  
North American Registry of Midwives



**Glossary** (all terms are specific to the United States and its territories)

Accreditation – a process by which a credentialing or educational program is evaluated against defined standards by a third party. When in compliance with these standards, it is awarded recognition. As the term relates to midwifery education, accreditation is an official assessment that an educational program or institution has met standards established by an accrediting agency recognized by the U.S. Department of Education (USDE). As the term relates to credentialing or certifying agencies, accreditation is assurance that the agency has met standards established by the National Commission for Certifying Agencies (NCCA).

Accrediting agency – as the term relates to midwifery education, an organization charged with oversight of the accrediting process and authorized to issue certificate of assurance.

- Accreditation Commission for Midwifery Education (ACME) – accrediting agency of nurse-midwifery and midwifery education programs whose graduates are eligible for certification by examination through the American Midwifery Certification Board (AMCB). ACME is recognized by the U.S. Department of Education.
- Midwifery Education & Accreditation Council (MEAC) – accrediting agency of direct-entry midwifery institutions and programs whose graduates are eligible for certification by examination through the North American Registry of Midwives (NARM). MEAC is recognized by the U.S. Department of Education.

Certification – the recognition of an individual who has demonstrated through a standardized assessment that they meet the defined qualifications within the profession.

Certifying agency – an organization charged with oversight of the certification process, authorized to administer examination of knowledge and issue certificate of assurance.

- American Midwifery Certification Board (AMCB) – certifying agency for certified nurse-midwives and certified midwives. AMCB's CNM and CM credentials are accredited by the National Commission for Certifying Agencies.
- North American Registry of Midwives (NARM) – certifying agency for certified professional midwives. NARM's CPM credential is accredited by the National Commission for Certifying Agencies.

Certificate – an official document that attests to a certain fact (i.e., midwifery knowledge and competency).

International Confederation of Midwives (ICM) – a non-governmental organization that represents midwives and midwifery to organizations worldwide to achieve common goals in the care of mothers and newborns; they define midwifery and establish global standards for education, regulation, and association for country-specific adaptation.

Legislation – the creation or enactment of laws.

License – Licenses are issued by state authority and may be mandated by regulatory and government agencies. Licenses define the title and scope of practice, which may vary across states.

Midwifery credentials at the national level – the titles bestowed by the certifying agency.

- Certified Midwife (CM) – conferred by AMCB
- Certified Nurse-Midwife (CNM) – conferred by AMCB
- Certified Professional Midwife (CPM) – conferred by NARM

Midwifery Professional Association – organization that represents the interests of midwives in service to women and their families. In general, these organizations in the United States contribute to the development of standards of education and practice.

- American College of Nurse-Midwives (ACNM)
- Midwives Alliance of North America (MANA)
- National Association of Certified Professional Midwives (NACPM)

National Commission for Certifying Agencies (NCCA) – works to ensure the health, welfare, and safety of the public through the accreditation of a variety of individual certification programs that assess professional competency.

Regulation – a rule or directive made and maintained by a regulatory authority.

Regulatory authority – a body with power to enforce rules or directives.

Separation of powers – divides investigatory procedures from administrative regulation.

Statute – a written law passed by a legislative body.

U.S. Department of Education – a department of the federal government concerned with education law, data collection and research, and student financial aid. The Secretary of Education also publishes a list of nationally recognized accrediting agencies determined to be reliable authorities as to the quality of education or training provided by the institutions of higher education and the higher education programs they accredit.

## **Midwifery Regulatory Authority**

There is a midwifery-specific regulatory authority with adequate statutory powers to effectively regulate midwives and support autonomous midwifery practice. If the midwifery-specific regulatory authority is administratively connected to another or broader authority (e.g., board of health professionals or nursing) the midwifery-specific authority must retain final authority over midwifery regulation.

The governance structures of the midwifery regulatory authority are set out by the legislation and include, but are not limited to, roles and responsibilities of board members, powers of the board, and process of appointment of board members and the chairperson.

Regulatory processes are transparent to the public through publication of an annual report and other mechanisms for publicly reporting on activities and decisions.

The midwifery regulatory authority is funded through licensing fees paid by members of the profession. When there are too few midwives to generate sufficient fee income, a mechanism should be provided to underwrite the regulatory authority. Since government funding has the potential to limit the autonomy of the midwifery regulatory authority, mechanisms should be designed to minimize such a consequence.

The midwifery regulatory authority works in collaboration with state, national, and international midwifery professional association(s) and relevant regulatory authorities.

### *Membership of the regulatory authority:*

- There is a transparent process for nomination, selection, and appointment of members to the regulatory authority, which identifies roles and terms of appointment. The majority of members of the midwifery regulatory authority are midwives.
- Midwife members of the midwifery regulatory authority reflect the diversity of midwives and midwifery practice in the state.
- There is a provision for public members of the midwifery regulatory authority who ideally represent the diversity, interests and diverse perspectives of childbearing women.
- The chairperson of the midwifery regulatory authority must be a midwife, chosen by members of the group.

## **Education and Qualifications**

The midwifery regulatory authority:

- Adopts standards for midwifery education and accreditation of midwifery education programs and institutions. These are consistent with the education standards adopted by the national certifying bodies (AMCB, NARM), which are accredited by NCCA, and accrediting agencies (ACME, MEAC), which are recognized by the U.S. Department of Education.
- Recognizes midwifery education programs and institutions leading to the qualification prescribed for midwifery licensure when accredited by nationally recognized accrediting agencies (ACME, MEAC).

- Relies on national certifying agencies (AMCB and NARM) to establish criteria and processes to assess midwives educated in other countries.
- Relies on the national certifying (AMCB and NARM) and accrediting agencies (ACME and MEAC) to develop criteria and processes to assess equivalence of applicants who do not meet the requirements of a U.S. accredited midwifery education.
- Relies on national certifying agencies (AMCB and NARM) to identify criteria and processes to assess readiness for return to practice for midwives who have been out of practice for a defined period.
- Relies on the nationally recognized accrediting agencies to audit midwifery education programs and midwifery education institutions.

### **Regulation, Registration and Licensure**

Regulation occurs at the state level. It is based on completion of an accredited education program accredited by an agency recognized by the U.S. Department of Education and passage of a national certification exam administered by a certifying agency and accredited by NCCA. This enables uniformity of practice standards and facilitates freedom of movement of midwives across state jurisdictions.

Only those authorized under the relevant legislation may use the midwifery title endowed by that legislation. Midwives holding more than one national midwifery credential will be authorized to practice, as permitted by state law.

The legislation sets the criteria, standards, and processes for initial midwifery licensure and/or licensure renewal.

The midwifery regulatory authority:

- Maintains a register of midwives and makes it publicly available.
- Maintains mechanisms for a range of licensure status, such as provisional, temporary, conditional, suspended and full licensure.
- Works in collaboration with indigenous or other unique communities to consider licensure requirements or exemptions that encompass religious or cultural needs.<sup>1</sup>
- Relies on the national certifying agencies to maintain a mechanism through which midwives regularly demonstrate their continuing competence to practice.
- Defines expected standards of conduct and what constitutes unprofessional conduct or professional misconduct.
- Imposes, reviews, and removes penalties, sanctions, and conditions on practice.
- Collects information about midwives and their practice to contribute to workforce planning and research.

### **Scope and Conduct of Practice**

The midwifery regulatory authority:

- Defines the scope of practice of the midwife based upon the definition and scope of practice established by the professional midwifery associations and the national certifying bodies.

- Defines the standards of practice and ethical conduct based upon those established by the professional midwifery associations and national certifying bodies.

### **Complaints**

The legislation sets out the powers and processes for receipt, investigation, determination and resolution of complaints.

Mechanisms must be in place to ensure that the regulatory authority has a duty to act fairly, including treatment without bias and a fair hearing.

The midwifery regulatory body has policy and processes to manage complaints in relation to competence, conduct or health impairment in a timely manner.

The legislation should provide for the separation of powers between the investigation of complaints and the hearing and determining of charges of professional misconduct.

Management processes for complaints are transparent, unbiased, include the right to a fair hearing, and are led by a team of members of the profession.

### **Malpractice and Liability Insurance**

Midwifery regulation does not require licensed midwives to purchase professional liability insurance. However, a licensed midwife who does not carry professional liability insurance will be required to inform clients of this and obtain written informed acknowledgement.

### **Third Party Payment for Services**

Midwifery or insurance regulation should mandate third party payment, including Medicaid payment, for licensed midwives.

## Appendix A

The document draws upon the ICM Global Standards for Midwifery Regulation and the ICM founding values and principles, which recognize that:

- Regulation is a mechanism by which the social contract between the midwifery profession and society is expressed. Society grants the midwifery profession authority and autonomy to regulate itself. In return, society expects the midwifery profession to act responsibly, ensure high standards of midwifery care, and maintain the trust of the public.
- Each woman has the right to receive care in childbirth from an educated and competent midwife authorized to practice midwifery.
- Midwives are autonomous practitioners; they practice in their own right and are responsible and accountable for their own clinical decision-making.
- Midwifery is a profession that is autonomous, separate and distinct from nursing and medicine. What sets midwives apart from nurses and doctors is that only midwives can exercise the full scope of midwifery practice and provide all the competencies within this scope.

The ICM identifies the following principles of good regulation to provide a benchmark against which regulatory processes can be assessed.

- *Necessity* – is the regulation necessary? Are current rules and structures that govern this area still valid? Is the legislation purposeful?
- *Effectiveness* – is the regulation properly targeted? Can it be properly enforced and complied with? Is it flexible and enabling?
- *Flexibility* – is the legislation sufficiently flexible to be enabling rather than too prescriptive?
- *Proportionality* – do the advantages outweigh the disadvantages? Can the same goal be achieved better in another way?
- *Transparency* – is the regulation clear and accessible to all? Have stakeholders been involved in development?
- *Accountability* – is it clear who is responsible to whom and for what? Is there an effective appeals process?
- *Consistency* – will the regulation give rise to anomalies and inconsistencies given the other regulations already in place for this area? Are best practice principles being applied?

## **Appendix B**

### **Background**

In 2011 the International Confederation of Midwives (ICM) released Global Standards for Midwifery Education, Regulation, and Association (MERA) providing for the first time guidance for international midwifery. Inspired by the ICM's global vision for strengthening midwifery, seven U.S. midwifery organizations representing professional associations, education/accreditation, and certification (US MERA) began working together in 2012 to achieve common goals in midwifery that align with the ICM Global Standards. One of the first projects identified as a priority by the US MERA coalition was building consensus on the legal recognition of all nationally-certified midwives.

While midwifery is defined and regulated across all 50 states, the legal status, definitions, regulations, and scopes of practice vary markedly. This creates confusion for policymakers, consumers and insurance companies, and can actually limit services to women. In 2014, the US MERA coalition created a legislative task force to develop a consensus statement on model midwifery legislation and regulation using the Delphi research method, which is designed to help a diverse group of stakeholders gain consensus about a complex problem.

### **Method**

The Delphi method is an iterative process beginning with a panel of experts or stakeholders who anonymously respond to statements about the topic of interest. The process was facilitated by the legislative task force, a working group with representatives from each of the seven US MERA organizations. Three of the organizations had used the method previously to gain consensus on a clinical practice document (Kennedy et. al., 2015).

### **Steps in the Process**

Step 1: Identification of stakeholders/experts. The US MERA constituents anonymously identified key stakeholders for the Delphi study with the goal of including a wide range of perspectives and experience. These were anonymously ranked and retained if 75% of the group ranked  $\geq 5$  on a 1-7 Likert scale. Fifty-one stakeholders were retained:

- Midwifery professional organizations = 15
- Midwifery accreditation organizations = 10
- Midwifery certification organizations = 10
- Health professionals/organizations = 5
- Consumer/childbirth advocacy groups = 5
- Midwifery legislative advocates = 5
- Epidemiologist = 1

Step 2: Identification of Delphi Statements. The US MERA constituents anonymously identified key content areas to be addressed in the document. The working group

composed these into 42 initial statements in alignment with the ICM Global Standards for Regulation as applied in U.S. regulatory context.

Step 3: Round I Survey. The first survey contained the 42 initial statements and was sent to the 51 stakeholders who were asked to rank the importance of each statement on a 1-7 Likert scale to be included in the consensus document. Stakeholders could also comment on the statements. Statements were retained if 75% of the sample ranked  $\geq 5$ . Forty statements were retained.

Step 4: Development of Consensus Statement. The working group clustered the 40 retained statements into thematic areas and drafted a working consensus statement. This was carefully constructed to also address the comments provided in Round I. The working group shared the first draft of the consensus statement with their US MERA constituents, soliciting comments, which were addressed in the next draft.

Step 5: Round II Survey. The revised draft consensus statement was sent to the 47 stakeholders that completed Round I. They were asked to note agreement on whether the statement reflected critical issues for midwifery regulation, whether any critical elements were missing and invited to make any other comments. The working group carefully evaluated all of the comments and responded in the revisions. Some minor changes were made for clarity and an additional paragraph was added in the introduction about midwives partnership with women – this is drawn directly from the ICM competencies. Some suggestions were simply not applicable to the document or the context of regulation.

Step 6: Endorsement and Dissemination. The final document was endorsed by the seven US MERA organizations in October 2015. US MERA may seek endorsements from other organizations. The document will be disseminated to all 50 state midwifery regulatory authorities and midwifery legislative advocates.



## References

Kennedy, H.P., Cheyney, M., Lawlor, M., Myers, S., Schuilling, K., Tanner, T. (2015). A modified-Delphi study on normal physiologic birth. *Journal of Midwifery & Women's Health*, 60(2), 140-145.

*ICM Global Standards for Midwifery Education, Regulation, and Association*. (2013). The Hague: International Confederation of Midwives.  
<http://internationalmidwives.org/what-we-do/education-regulation-association/>

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<sup>i</sup> *Explanatory Note: Models for this exist in certain Canadian provinces. In Nunavut and British Columbia, the exemption is only available for midwives who practiced Aboriginal midwifery prior to the coming into force of the Act. In Ontario, Aboriginal midwives providing care to Aboriginal communities are exempt from the Regulated Health Professions Act. The Ontario Midwifery Act allows Aboriginal midwives who provide traditional midwife services to use the title "Aboriginal midwife". The Quebec statute allows Aboriginal midwives to practice without being registered members, provided that the nation, group or community has entered into an agreement with the government. From <http://www.aboriginalmidwives.ca/node/2270>.*

### UN Declaration on the Rights of Indigenous Peoples: Article 24

1. *Indigenous peoples have the right to their traditional medicines and to maintain their health practices, including the conservation of their vital medicinal plants, animals and minerals. Indigenous individuals also have the right to access, without any discrimination, all social and health services.*

2. *Indigenous individuals have an equal right to the enjoyment of the highest attainable standard of physical and mental health. States shall take the necessary steps with a view to achieving progressively the full realization of this right.*  
[http://www.un.org/esa/socdev/unpfii/documents/DRIPS\\_en.pdf](http://www.un.org/esa/socdev/unpfii/documents/DRIPS_en.pdf)

**Written Testimony Presented Before the  
Senate Committee on Commerce, Consumer Protection, and Health  
February 14, 2017 9:00 AM.  
by  
Laura Reichhardt, NP-C, APRN, Director  
Hawai'i State Center for Nursing  
University of Hawai'i at Mānoa**

**SB1312 RELATING TO LICENSURE OF MIDWIVES**

Dear Chair Baker, Vice Chair Nishihara and members of the Senate Committee on Commerce, Consumer Protection, and Health, thank you for the opportunity to testify in opposition of this bill, SB1312 Relating to the Licensure of Midwives.

The Hawai'i State Center for Nursing (HSCN) recognizes and applauds the interest of licensing professional midwives, however feels that this bill will lead to consumer and health professional confusion instead of clarity and safety. The pathways to becoming a Certified Nurse Midwife (CNM), a Certified Midwife and a Certified Professional Midwife vary greatly, and the only CNMs require both a registered nurse (RN) license and an advanced practice registered nurse (APRN) license. By putting the lay midwife licensure under the board of nursing, this measure may inadvertently create the impression that non-nurse midwives may practice nursing or are in the profession of nursing, and conversely, it requires the board of nursing to oversee a health care profession outside of the profession of nursing.

Secondly, the HSCN supports the recommendations set forth by the Statement on the Licensure of Certified Professional Midwives by US Midwifery Education, Regulation, and Association (US MERA).<sup>1</sup> In 2010 with Act 57, the Hawai'i State Legislature, in its great wisdom, adopted the National Council of State Board of Nursing's Model Nurse Practice Act and Model Nursing Administrative Rules, the gold standard for nursing regulation. US MERA has similar proposed principles for midwifery legislation and regulation<sup>2</sup> that can also be a model for Hawai'i. In this light, the HSCN urges the Hawai'i State Legislature to consider the recommendations of US MERA to lead to non-nurse midwifery licensure, and concurrently, recommends that these efforts remain outside of the board of nursing to prevent consumer and healthcare profession confusion.

The HSCN thanks you for your longstanding leadership in ensuring the greatest safety and quality health care for the people of Hawai'i. Thank you for the opportunity to testify in opposition of this measure.

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<sup>1</sup> <http://www.usmera.org/wp-content/uploads/2015/07/Statement-on-the-Licensure-of-Certified-Professional-Midwives-2015-06.pdf>

<sup>2</sup> <http://www.usmera.org/wp-content/uploads/2015/11/US-MERALegislativeStatement2015.pdf>

2/13/17

To: Senate Committee on Commerce, Consumer Protection, and Health  
Senator Rosalyn H. Baker, Chair  
Senator Clarence K. Nishihara, Vice Chair  
Conference Room 229  
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  
Tuesday, February 14, 2017 at 9:00am

**TESTIMONY IN SUPPORT WITH AMENDMENTS OF SB1312, RELATING TO  
LICENSURE OF MIDWIVES**

Dear Senator Baker, Senator Nishihara, and committee members:

Thank you for the opportunity to testify in support, with amendments, of SB1312. 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 to provide an opportunity to regulate certified professional midwives. However we believe certified professional certified midwives should be licensed and regulated under a program in the DCCA, rather than the Board of Nursing; that eligible midwife educational pathways should include the portfolio process with a bridge certificate which has been agreed upon by US Midwifery Education, Regulation and Association; and that all recognized midwifery providers should be eligible for protection under this licensure law. Therefore we request that SB1312 be completely replaced with the language

of HB1288 which was developed with input from certified professional midwives, whom are the experts of their own profession. Further, we request the bill include a licensing pathway for certified midwives, as they are also nationally certified providers, and that any exemption for native Hawaiian cultural practitioners recommended by Papa Ola Lokahi be included in the amendment of SB1312.

Below you will find our recommended amendment for the bill, with language inclusive of certified midwives. We have excluded the mention of native Hawaiian cultural practitioners as we respectfully defer the language for this exemption to be proposed by Papa Ola Lokahi. Our exclusion of the mention of native Hawaiian cultural practitioners in no way implies that we do not support the addition of an exemption for their practices.

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

We ask for your support, with amendments, of SB1312. Thank you for the opportunity to testify and your consideration in this important health care matter.

**A BILL FOR AN ACT**

RELATING TO LICENSURE OF MIDWIVES.

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

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

The purpose of this Act is to regulate certified professional midwives and certified 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”  
LICENSED MIDWIVES**

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

“Accreditation Commission for Midwifery Education” means the national accrediting agency for nurse-midwifery and midwifery programs.

“American Midwifery Certification Board” means the national certifying body for certified nurse midwives and certified midwives.

“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.

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

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

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

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

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

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

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

“United States Midwifery Education, Regulation, and Association” means a coalition comprised of representatives of the following national midwifery associations, credentialing bodies, and education accreditation bodies: 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" without a valid license issued pursuant to this chapter.

(b) Only a person who has a current, unencumbered license from the department to practice as a licensed midwife shall use the title "Licensed Midwife" or the abbreviation "L.M.". No other person shall assume the title "Licensed Midwife" or in any manner imply that the person is a licensed midwife except as defined in this chapter or use the abbreviation "L.M." or any other words, letter, sign, or device to indicate that the person using the same is a licensed midwife. Nothing in this section shall preclude a person holding a national certification as a midwife from identifying themselves 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 more than \$1,000 for each separate offense. Each day of violation shall constitute a separate offense. The director may initiate a civil action to collect the fine imposed under this section in accordance with rules adopted by the director.

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

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

(1) Proof of current certification as a certified professional midwife by the North American Registry of Midwives or a successor organization;

(2) Completion of an educational program or pathway accredited by the Midwifery Education Accreditation Council or having obtained the midwifery bridge certificate issued by North American Registry of Midwives;

(3) Successful completion of department approved continuing education courses in legend drugs and devices specific to midwifery practice; and

(4) Compliance with data reporting as defined by the department, such as Midwives Alliance of North America (MANA) statistics individual practice report.

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

(1) Proof of current certification as a certified midwife by the American Midwifery Certification Board or a successor organization;

(2) Proof of successful completion of a graduate-level education program accredited by the Accreditation Commission for Midwifery Education;

(3) Successful completion of department approved continuing education courses; and

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

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

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

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

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

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

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



- (4) Mental incompetence;
- (5) Procuring a license through fraud, misrepresentation, or deceit;
- (6) Professional misconduct, incompetence, gross negligence, or manifest incapacity in the practice of midwifery as a licensed midwife;
- (7) Conduct or practice contrary to recognized standards of ethics for midwifery as a licensed midwife;
- (8) Violation of any condition or limitation imposed by the director on a license to practice midwifery care by the director;
- (9) Failure to comply with, observe, or adhere to any law in a manner such that the director deems the applicant or holder to be an unfit or improper person to hold a license;
- (10) Revocation suspension, or other disciplinary action by another state or federal agency against a licensee or applicant for any reason provided by that jurisdiction's licensing laws or this section;
- (11) Criminal conviction, whether by nolo contendere or otherwise, of a penal crime directly related to the qualifications, functions, or duties of the practice of midwifery by a licensed midwife;
- (12) Failure to report in writing to the director any disciplinary decision issued against the licensee or the applicant in another jurisdiction within thirty days of the disciplinary decision;
- (13) Submission to or filing with the director any notice, statement or other document required under this chapter that is false or untrue or that contains any material misstatement or fact; or
- (14) Violating this chapter, the applicable licensing laws, or any rule or order of the director.

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

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

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

- (1) Receive applications for licensure;
- (2) Determine the qualifications of persons applying for licensure;
- (3) Grant licenses to qualified applicants;
- (4) Establish procedures to renew, suspend, revoke, and reinstate licenses;
- (5) Establish and collect fees for the examination of applicants for licensure and licensure renewal;
- (6) Establish the minimum continuing educational requirements for licensure;
- (7) Investigate complaints against licensed midwives;
- (8) Undertake, when appropriate, disciplinary hearings; and
- (9) Subject to chapter 91, adopt, amend or repeal rules, as necessary to effectuate 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, 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 be three certified professional midwives and two certified midwives who each have at least three years experience in the practice of midwifery and who are eligible to become licensed pursuant to this chapter; 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.

(b) The scope of practice standards shall include:

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

(2) Practice standards for antepartum, intrapartum, postpartum, and newborn care that prohibit a licensed midwife from providing care for a client with a history of disorders, diagnoses, conditions, or symptoms outside of the scope of practice recommended by the advisory committee and approved by the director. The standards of practice for certified professional midwives shall be in accordance with the Midwives Alliance of North America Standards and Qualifications for the Art and Practice of Midwifery, and the standards of practice for certified midwives shall be in accordance with the American College of Nurse Midwives Standards for the Practice of Midwifery.

(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;

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

(4) Grant a licensed midwife who is a certified professional midwife prescriptive privileges outside of the privilege of ordering, obtaining, and administering medications on the approved formulary.

**§ -9. Client protection.** A licensed midwife shall not:

(1) Disregard a client's dignity or right to privacy as to the client's person, condition, possessions, or medical record;

(2) Breach any legal requirement of confidentiality with respect to a client, unless ordered by a court of law;

(3) Submit a birth certificate known by the licensed midwife to be false or fraudulent, or willfully make or file false or incomplete reports or records in the practice of midwifery;

(4) Fail to provide information sufficient to allow a client to give fully informed consent;

(5) Engage in the practice of midwifery while impaired because of the use of alcoholic beverages or drugs; or

(6) Violate any other standards of conduct as determined by the department.

**§ -10. Disclosure; record keeping.** (a) Before initiating care, a licensed midwife shall obtain a signed informed consent agreement from each client, acknowledging

receipt, at minimum, of either:

(1) The current North American Registry of Midwives required Informed Disclosure for Midwifery Care if the licensed midwife is a certified professional midwife; or

(2) An informed consent agreement developed in accordance with Standard III of the American College of Nurse Midwives Standards for the Practice of Midwifery if the licensed midwife is a certified midwife.

(b) All licensed midwives shall maintain accurate and truthful records as a provider of maternity and birth services and shall maintain a record of signed informed consent agreements for each client. Licensed midwives shall maintain midwifery records in accordance with Hawaii Revised Statutes section 622-58.

**§ -11. Exemptions.** This chapter shall not apply to any of the following:

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

(2) A person administering care to a spouse or parent;

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

(4) 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.

**§ -12. Hearings.** (a) Unless otherwise provided by law, in every case in which the department refuses to issue, renew, restore, or reinstate a license under this chapter, or proposes to take disciplinary action or other licensing sanctions against a licensee, the department shall conduct an administrative proceeding in accordance with chapter 91.

(b) In all proceedings before it, the department and each member thereof shall have the same powers respecting administering oaths, compelling the attendance of witnesses and the production of documentary evidence, and examining witnesses as are possessed by circuit courts. In case of disobedience by any person of any order of the department or of a member thereof, or of any subpoena issued by it or a member, or the refusal of any witness to testify to any matter regarding which the witness may be questioned lawfully, any circuit judge, on application by the department or a member thereof, shall compel obedience as in the case of disobedience of the requirements of a subpoena issued by a circuit court, or a refusal to testify therein.

**§ -13. Penalties.** Unless otherwise specified in this chapter, any fine or penalty imposed by the director after a hearing conducted pursuant to this chapter shall be no less

than \$100 and no more than \$1,000 for the first violation.

**§ -14. Immunity from vicarious liability.** No licensed health care provider or facility providing medical care or treatment to a person due to an emergency arising during childbirth as a consequence of care received by a licensed midwife shall be held liable for any civil damages as a result of such medical care or treatment unless the damages result from the licensed health care provider or facility's provision of or failure to provide medical care or treatment under circumstances demonstrating a reckless disregard for the consequences so as to affect the life or health of another. A licensed health care provider who consults with a licensed midwife but who does not examine or treat a client of the midwife shall not be deemed to have created a provider-patient relationship with the client.

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

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

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

**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Monday, February 13, 2017 3:13 AM  
**To:** CPH Testimony  
**Cc:** danielecta@gmail.com  
**Subject:** Submitted testimony for SB1312 on Feb 14, 2017 09:00AM

**SB1312**

Submitted on: 2/13/2017

Testimony for CPH on Feb 14, 2017 09:00AM in Conference Room 229

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

Comments: Date: Monday, February 13, 2017 To: Senate Committee on Commerce, Consumer Protection, and Health Senator Rosalyn H. Baker, Chair Senator Clarence K. Nishihara, Vice Chair Conference Room 229 Hawaii State Capitol 415 South Beretania Street Honolulu, HI 96813 From: Dani Dougherty (formerly Dani Kennedy) Time: Twenty-Ninth Legislature Regular Session of 2017 Tuesday, February 14, 2017 at 9:00am TESTIMONY IN SUPPORT WITH AMENDMENTS OF SB1312, RELATING TO LICENSURE OF CERTIFIED PROFESSIONAL MIDWIVES Dear Senator Baker, Senator Nishihara, and committee members: Thank you for the opportunity to testify in support, with amendments, of SB1312. 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 to provide an opportunity to regulate Certified Professional Midwives. We believe non-nurse midwives should be licensed and regulated under a program in the DCCA, rather than the Board of Nursing; that eligible midwife educational pathways should include the portfolio process as agreed upon by the US Midwifery Education, Regulation & Association; and that all recognized midwifery providers should be eligible for protection under this licensure law. Therefore we request that SB1312 be completely replaced with the language of HB1288 which was developed with input from certified professional midwives, whom are the experts of their own profession. Further, we request the bill include a licensing pathway for Certified Midwives, as they are also nationally certified providers, and that any exemption for native Hawaiian cultural practitioners recommended by Papa Ola Lokahi be included in the amendment of SB1312. 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. Thank you for the opportunity to testify and your consideration in this important health care matter.

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

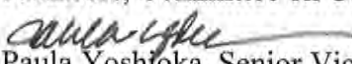
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## THE QUEEN'S HEALTH SYSTEMS

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To: The Honorable Rosalyn H. Baker, Chair  
The Honorable Clarence K. Nishihara, Vice Chair  
Members, Committee on Commerce, Consumer Protection, and Health

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

Date: February 13, 2017

Hrg: Senate Committee on Commerce, Consumer Protection, and Health Hearing; Tuesday,  
February 14, 2017 at 9:00AM in Room 229

Re: **Oppose SB 1213, 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, Relating to Licensure of Midwives as written with comments. This bill establishes mandatory licensing for midwives, effective 7/1/2019, and establishes a temporary advisory committee on midwife licensing until 7/1/2019.

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 SB 1213; however, we oppose the bill as written. We share the below concerns highlighted by the American Congress of Obstetricians and Gynecologists, Hawaii Section (Hawaii ACOG) in reference to this bill.

- The midwifery scope of practice and prescriptive authority would be determined entirely by an Advisory Committee 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. Patient selection is critical in minimizing adverse perinatal outcomes.
- The content of client informed consent documents is not specified. At the minimum, the patient should be informed of the potential risks of attempted homebirth, educational qualifications of the provider and plans for transfer should there be a problem during delivery.
- Minimal educational standards for licensure do not include a Bridge Certificate for those graduating from unaccredited programs.
- There are no specific reporting or peer review requirements to evaluate poor outcomes.
- There is no provision for a second trained provider to be present at home births to provide dedicated care for the newborn.

*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.*



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.



**Tuesday, February 14, 2017; 9:00 am**  
**Conference Room 229**

Senate Committee on Commerce, Consumer Protection & Health

To: Senator Rosalyn Baker, Chair  
Senator Clarence Nishihara, Vice Chair

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

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

- The scope of practice of midwifery and prescriptive authority would be determined entirely by an advisory committee 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. Additionally, their 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.

- The content of client informed consent documents is not specified. At minimum, patients should be informed of the potential risks of attempted homebirth, educational qualifications of the provider and plans for transfer to a hospital should problems arise during the delivery.
- The minimal educational standards for licensure do not include a Bridge Certificate for those graduating from unaccredited programs.
- There are no specific reporting or peer review requirements to evaluate poor outcomes.
- There is no provision in the bill for a second trained provider to be present at the time of the home birth to provide dedicated care for the newborn. At a minimum, a second person with NRP (Neonatal Resuscitation Program) training should be present to care for the baby in the event that mother and baby are both in need of attention. This is not an uncommon scenario, when mother is having a hemorrhage that must be controlled and the baby is transitioning with respiratory distress. During 2010-2012, the Department of Health estimated that 4% of all deliveries in Hawaii were home births. However, we found that planned home birth infants made up 12% of our neonatal intensive care unit with Hypoxic Ischemic Encephalopathy (HIE) which is a type of brain damage that occurs when an infant's brain doesn't receive enough oxygen and blood just prior to or after delivery. It is a dangerous condition that requires immediate medical intervention.

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

Thank you for the opportunity to provide this testimony.



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

2/13/17

To: Senate Committee on Commerce, Consumer Protection, and Health  
Senator Rosalyn H. Baker, Chair  
Senator Clarence K. Nishihara, Vice Chair  
Conference Room 229  
Hawaii State Capitol  
415 South Beretania Street  
Honolulu, HI 96813

From: Breastfeeding Hawaii

Time: Twenty-Ninth Legislature Regular Session of 2017  
Tuesday, February 14, 2017 at 9:00am

**TESTIMONY IN SUPPORT WITH AMENDMENTS OF SB1312, RELATING TO LICENSURE OF CERTIFIED PROFESSIONAL MIDWIVES**

Dear Senator Baker, Senator Nishihara, and committee members:

Thank you for the opportunity to testify on behalf of Breastfeeding Hawaii in support, with amendments, of SB1312. The regulation of the midwifery profession is important to ensure that all persons who receive maternity and women's health services are provided safe and competent care.

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

We support the State Auditor's Report No.17-01 findings that the midwifery profession should be regulated; therefore we support the intent of SB1312 to provide an opportunity to regulate certified professional midwives. However, we believe non-nurse midwives should be licensed and regulated under a program in the DCCA, rather than the Board of Nursing; that eligible midwife educational pathways should include the portfolio process and bridge certificate as recommended by the US Midwifery Education, Regulation & Association; and that all recognized midwifery providers should be eligible for protection under this licensure law. Therefore we request that SB1312 be completely replaced with the language of HB1288 which was developed with input from certified professional midwives, whom are the experts of their own profession. Further, we request the bill include a licensing pathway for certified midwives, as they are also nationally certified providers, and that any exemption for native Hawaiian cultural practitioners recommended by Papa Ola Lokahi be included in the amendment of SB1312.

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.



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

I ask for your support, with amendments, of SB1312. Thank you for the opportunity to testify and your consideration in this important health care matter.

Sincerely,

*Le'a Minton*

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

**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Monday, February 13, 2017 8:10 AM  
**To:** CPH Testimony  
**Cc:** clareloprinzi@gmail.com  
**Subject:** Submitted testimony for SB1312 on Feb 14, 2017 09:00AM

**SB1312**

Submitted on: 2/13/2017

Testimony for CPH on Feb 14, 2017 09:00AM in Conference Room 229

| <b>Submitted By</b> | <b>Organization</b> | <b>Testifier Position</b> | <b>Present at Hearing</b> |
|---------------------|---------------------|---------------------------|---------------------------|
| clare loprinzi      | Birth Sovereignty   | Oppose                    | Yes                       |

Comments: This bill is confrontational and not collaborative. Homebirth needs to be independent and respected, a task force needs to be set up to deal with deeper collaboration between hospitals and homebirth attendants. Birth Sovereignty did what Sen. Green suggested, in trying to set up the task force, ACOG did not respond to repeated requests to meet so Birth Sovereignty (BS) set up other workshops and meetings so that the suggestions that Sen. Green made were done to the best of our ability. We met and trained L & D nurses at Kona Hospital, spoke to Administrator, worked with ER dept, for transport issue, on the Big Island, OB/GYN Board Certified BS Member, Dr. McGaff has been a great liaison to the community and protocols/standards have been studied. Dr. Misha Kassel MD, ER doc on Oahu has been instrumental on collaboration for transports. A larger TASK FORCE needs to be set up. ACOG must join the table. This bill needs to die, a better solution is available.

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Wednesday, February 8, 2017 12:23 PM  
**To:** CPH Testimony  
**Cc:** wao-hsl@WeAreOne.cc  
**Subject:** Submitted testimony for SB1312 on Feb 14, 2017 09:00AM

**SB1312**

Submitted on: 2/8/2017

Testimony for CPH on Feb 14, 2017 09:00AM in Conference Room 229

| <b>Submitted By</b> | <b>Organization</b>   | <b>Testifier Position</b> | <b>Present at Hearing</b> |
|---------------------|---|---------------------------|---------------------------|
| Joseph Kohn MD      | We Are One, Inc. -<br><a href="http://www.WeAreOne.cc">www.WeAreOne.cc</a> -<br>WAO | Comments Only             | No                        |

Comments: Who benefits from this? Protect People, Health, and 'Āina before toxic corporate profits and encourage corporations to act transparently, cooperatively, and responsibly (which is ultimately even more profitable). [www.WeAreOne.cc](http://www.WeAreOne.cc)

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Tuesday, February 14, 2017 at 9:00 AM  
Conference Room 229

**To:** The Honorable Rosalyn H. Baker, Chair  
The Honorable Clarence K. Nishihara, Vice Chair  
Members of the Senate Committee on Commerce, Consumer Protection, and Health

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

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

Good morning members of the Senate Committee on Commerce, Consumer Protection, and Health,

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

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

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

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

- **Replace the language from S.B. 1312 with the language of H.B. 1288, which was developed with input from certified professional midwives, whom are the experts of the profession.**
- **Include a licensing pathway for certified midwives, as they are also nationally certified providers.**

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

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

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



**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Thursday, February 9, 2017 11:19 PM  
**To:** CPH Testimony  
**Cc:** hotyogahilo@gmail.com  
**Subject:** Submitted testimony for SB1312 on Feb 14, 2017 09:00AM

**SB1312**

Submitted on: 2/9/2017

Testimony for CPH on Feb 14, 2017 09:00AM in Conference Room 229

| <b>Submitted By</b> | <b>Organization</b> | <b>Testifier Position</b> | <b>Present at Hearing</b> |
|---------------------|---------------------|---------------------------|---------------------------|
| Shannon             | Hot Yoga Hilo       | Oppose                    | No                        |

Comments: I had an extremely knowledgeable and experienced midwife attend my home birth and received far better care and services than I've experienced at numerous hospital births I have attended. All women deserve a right to a safe and comfortable deliveries and women with complications should not need to choose between safety and sovereignty over their own bodies. ALL WOMEN DESERVE BOTH, and should be able to choose ANY birth practice without limitations on their choices, large or small. Support traditional cultural practices and the wisdom and experience that guides these traditions. This bill does not do this. Please vote against this bill. Mahalo.

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Wednesday, February 8, 2017 11:56 AM  
**To:** CPH Testimony  
**Cc:** laurenelaide721@yahoo.com  
**Subject:** \*Submitted testimony for SB1312 on Feb 14, 2017 09:00AM\*

**SB1312**

Submitted on: 2/8/2017

Testimony for CPH on Feb 14, 2017 09:00AM in Conference Room 229

| <b>Submitted By</b> | <b>Organization</b> | <b>Testifier Position</b> | <b>Present at Hearing</b> |
|---------------------|---------------------|---------------------------|---------------------------|
| Lauren Ampolos      | Individual          | Oppose                    | No                        |

Comments:

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Aloha honorable chair and committee members,

My name Audrey Alvarez and I am a fourth generation Hawaii resident. I am mother of three children ages 8 years old, 5 years old and 20 months old. All of my children were safely birthed at home with the support and care of my midwife, husband and birth team. I strongly feel that it is a woman's right to choose where, how and with whom we birth and therefore submitting testimony in **opposition** to SB 1312 for the following reasons:

- Regulating how, with whom and where someone gives birth is a very complex matter. It is an issue of body sovereignty and reproductive choice. My primary concerns are for the welfare of mothers and babies and the preservation of culture, tradition and people's choices. This bill does not give sufficient consideration to Hawaii's unique customs, traditions and geographical conditions. This bill like other bills seeking to regulate midwifery treat birth as a dangerous medical condition, whereas the midwifery model sees birth as a normal natural life event. Twenty-four other states have also chosen NOT to regulate home birth, so we are not alone in trusting families to make informed choices for themselves!
- If public safety is the main reason for this bill, the Jan 2017 Auditors Sunrise Analysis shows that planned out-of- hospital births have much lower fetal death rates than those reported overall in the USA. Why then is there a need to regulate this field? If there are concerns, in my opinion the best way to address these concerns are for practitioners from the medical model and the midwifery model to sincerely and respectfully sit at a table together (ie task force mandated by the state), listen to each other and collaborate on more comprehensive solutions.
- The appointed advisory committee suggested in this bill to determine policy for all of the out-of-hospital birth practitioners is designed to put control in the hands of the conventional medical establishment, rather than the wide variety of home birth practitioners that serve Hawaii's people. It raises the question, what other professions have members of other professions sitting on their board? Currently midwives have no representation on the nursing or medical boards.

- The first exemption is for student midwives training directly under a licensed midwife. The exemptions also do not take into account cultural/traditional practitioners or other ohana members whom a family might choose to support them in their birth. Lay people supporting birth have a long-standing cultural significance in Hawaii. Again, if the purpose of this bill is to increase public safety, criminalizing the lay attendant will certainly not achieve this goal. History shows women will continue to feel it is their right to choose whomever they want to support them in their birth, and making some choices illegal will cause further distancing, and could potentially create more harm for mothers and babies.

Whether a woman chooses a hospital or home birth, it should be just that - her choice. It is our divine right to choose where, how and with whom we birth. Our goal is to protect birth sovereignty.

For these reasons and more I oppose SB 1312 as it stands.

Sincerely,

Audrey M. Alvarez

**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Wednesday, February 8, 2017 10:14 AM  
**To:** CPH Testimony  
**Cc:** reclaimingbalance@gmail.com  
**Subject:** \*Submitted testimony for SB1312 on Feb 14, 2017 09:00AM\*

**SB1312**

Submitted on: 2/8/2017

Testimony for CPH on Feb 14, 2017 09:00AM in Conference Room 229

| <b>Submitted By</b> | <b>Organization</b> | <b>Testifier Position</b> | <b>Present at Hearing</b> |
|---------------------|---------------------|---------------------------|---------------------------|
| Deborah EUdene      | Individual          | Oppose                    | No                        |

Comments:

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On November 1, 2014, in the comfort of my home, the arms of my ancestors, the aloha of my 'ohana, I gave birth to a healthy baby girl. My midwife and her assistant, some of the most wise, compassionate and ethical people who were involved in my pregnancy, stood by my side the entire time, prepared and competent should anything go wrong. My daughter was born at 11:07pm, no complications, no invasion of medication, nothing but a strong cultural presence of the power and ability of the human body. The guidance I received prior to the birth, the support I received while in labor and the quality of care delivered afterwards, far outweigh that which would have been delivered in a hospital setting. Freedom of culture means freedom to choose the environment of which to embark on the spiritual journey of birth.

If you consider drug interactions, medical mistakes and hospital-acquired infections, medical care alone is the third leading cause of death in our country (Weisberg, 2013). There is no greater risk posed by birthing under the care of a midwife than that of doing so in a medical facility. Birth is not a medical concern of which to be intervened. I deserve access to the safe and quality care of my choice. Regulation on midwives would essentially decrease access to choice, cultural practices and religion. This type of regulation blatantly goes against the US constitution and jeopardizes citizen freedom.

Weisberg, R. (Producer & Director). (Sept. 24, 2012). Money and medicine (Motion Picture). US: PBS News Hour.

Standing in solidarity with midwives everywhere,  
Krystal Noelani Del Rosario  
808-280-0459

**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Wednesday, February 8, 2017 9:22 AM  
**To:** CPH Testimony  
**Cc:** missmegansong@hotmail.com  
**Subject:** Submitted testimony for SB1312 on Feb 14, 2017 09:00AM

**SB1312**

Submitted on: 2/8/2017

Testimony for CPH on Feb 14, 2017 09:00AM in Conference Room 229

| <b>Submitted By</b> | <b>Organization</b> | <b>Testifier Position</b> | <b>Present at Hearing</b> |
|---------------------|---------------------|---------------------------|---------------------------|
| Megan Kanekoa       | Individual          | Oppose                    | No                        |

Comments: To whom it concerns: I have had both my babies at home under the care of a trained midwife, here on Maui. Both midwives I trusted and had thoroughly checked their reputation. Both midwives were in my opinion qualified to do their job as a midwife. They both did great and I had 2 healthy, happy babies at home. No complications and I felt completely safe and cared for. It should remain my choice to have my babies where I believe it is best and it should remain my choice to choose whom I want to help me do that. Women have been having babies for millions of years without hospitals and doctors and surgeons, please don't regulate our wombs. MY BODY MY CHOICE. Thank you, Megan Kanekoa

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Wednesday, February 8, 2017 8:38 AM  
**To:** CPH Testimony  
**Cc:** trickiivik00@yahoo.com  
**Subject:** Submitted testimony for SB1312 on Feb 14, 2017 09:00AM

**SB1312**

Submitted on: 2/8/2017

Testimony for CPH on Feb 14, 2017 09:00AM in Conference Room 229

| <b>Submitted By</b> | <b>Organization</b> | <b>Testifier Position</b> | <b>Present at Hearing</b> |
|---------------------|---------------------|---------------------------|---------------------------|
| Victoria Broussard  | Individual          | Oppose                    | No                        |

Comments: I had a safe and healthy homebirth here in Hawaii thanks to the wisdom and knowledge of my midwife. Many people live in rural parts of the community and benefit from having a midwife caring for them and able to come to them. I believe all women should have the right to choose how to have their baby and who to trust with that job. I strongly oppose this legislation because it will limit women's rights.

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Wednesday, February 8, 2017 12:00 AM  
**To:** CPH Testimony  
**Cc:** aubrey\_aea@yahoo.com  
**Subject:** Submitted testimony for SB1312 on Feb 14, 2017 09:00AM

**SB1312**

Submitted on: 2/8/2017

Testimony for CPH on Feb 14, 2017 09:00AM in Conference Room 229

| <b>Submitted By</b> | <b>Organization</b> | <b>Testifier Position</b> | <b>Present at Hearing</b> |
|---------------------|---------------------|---------------------------|---------------------------|
| Aubrey Aea          | Individual          | Oppose                    | No                        |

Comments: Aloha, I urge you to oppose SB1312. Birth is an issue of body sovereignty and reproductive choice. It should not be up to the state to regulate the how, with whom, and where a woman should give birth.

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Tuesday, February 7, 2017 9:49 PM  
**To:** CPH Testimony  
**Cc:** stardove26@yahoo.com  
**Subject:** Submitted testimony for SB1312 on Feb 14, 2017 09:00AM

**SB1312**

Submitted on: 2/7/2017

Testimony for CPH on Feb 14, 2017 09:00AM in Conference Room 229

| <b>Submitted By</b>    | <b>Organization</b> | <b>Testifier Position</b> | <b>Present at Hearing</b> |
|------------------------|---------------------|---------------------------|---------------------------|
| nancy campbell-kowardy | Individual          | Oppose                    | No                        |

Comments: I am a homebirthing mother of 4 and supporter of midwifery in hawaii islands. I strongly oppose SB1312. I ask that you do also. Mahalo

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Tuesday, February 7, 2017 8:54 PM  
**To:** CPH Testimony  
**Cc:** barrerasmarta@yahoo.com  
**Subject:** Submitted testimony for SB1312 on Feb 14, 2017 09:00AM

**SB1312**

Submitted on: 2/7/2017

Testimony for CPH on Feb 14, 2017 09:00AM in Conference Room 229

| <b>Submitted By</b> | <b>Organization</b> | <b>Testifier Position</b> | <b>Present at Hearing</b> |
|---------------------|---------------------|---------------------------|---------------------------|
| Marta Barreras      | Individual          | Oppose                    | No                        |

Comments: I am a homebirthing mother of 2 and supporter of midwifery in the Hawaiian Islands. I oppose SB1312. I ask that you do also. Mahalo

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Tuesday, February 7, 2017 8:44 PM  
**To:** CPH Testimony  
**Cc:** sgordon808@yahoo.com  
**Subject:** Submitted testimony for SB1312 on Feb 14, 2017 09:00AM

**SB1312**

Submitted on: 2/7/2017

Testimony for CPH on Feb 14, 2017 09:00AM in Conference Room 229

| <b>Submitted By</b> | <b>Organization</b> | <b>Testifier Position</b> | <b>Present at Hearing</b> |
|---------------------|---------------------|---------------------------|---------------------------|
| Shawna Gordon       | Individual          | Oppose                    | No                        |

Comments: I gave birth in the privacy and safety of my home under the competent care of a midwife. I oppose this bill because it would enforce unfair restrictions on practicing midwives and limit the options for care that homebirthing mothers have the right to receive.

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Tuesday, February 7, 2017 7:55 PM  
**To:** CPH Testimony  
**Cc:** jrodwell@gmail.com  
**Subject:** Submitted testimony for SB1312 on Feb 14, 2017 09:00AM

**SB1312**

Submitted on: 2/7/2017

Testimony for CPH on Feb 14, 2017 09:00AM in Conference Room 229

| <b>Submitted By</b> | <b>Organization</b> | <b>Testifier Position</b> | <b>Present at Hearing</b> |
|---------------------|---------------------|---------------------------|---------------------------|
| Jennifer Rodwell    | Individual          | Oppose                    | No                        |

Comments: Dear Representatives, Thank you for your time and consideration. My name is Jennifer Rodwell and I am a resident of Palolo Valley. I strongly oppose this bill. As a woman wanting to yet be a mother, I wish to have the right to choose where and with whom I will give birth. I have witnessed many friends and family give birth to their babies safely and joyfully by their own choice of who they gave birth with. Now it is my turn and that I may not have the opportunity to have this for myself is not just. This bill does not adequately address the needs of all women and their rights. It needs adjustment and serious re-consideration as well as re-writing! Opposing this bill would send a clear message to your constituents that their rights are being heard and considered. Mahalo nui for listening.

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Tuesday, February 7, 2017 7:54 PM  
**To:** CPH Testimony  
**Cc:** shardem@hawaii.edu  
**Subject:** \*Submitted testimony for SB1312 on Feb 14, 2017 09:00AM\*

**SB1312**

Submitted on: 2/7/2017

Testimony for CPH on Feb 14, 2017 09:00AM in Conference Room 229

| <b>Submitted By</b> | <b>Organization</b> | <b>Testifier Position</b> | <b>Present at Hearing</b> |
|---------------------|---------------------|---------------------------|---------------------------|
| Sharde Freitas      | Individual          | Oppose                    | No                        |

Comments:

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Tuesday, February 7, 2017 6:56 PM  
**To:** CPH Testimony  
**Cc:** dukiluv@mac.com  
**Subject:** Submitted testimony for SB1312 on Feb 14, 2017 09:00AM

**SB1312**

Submitted on: 2/7/2017

Testimony for CPH on Feb 14, 2017 09:00AM in Conference Room 229

| <b>Submitted By</b> | <b>Organization</b> | <b>Testifier Position</b> | <b>Present at Hearing</b> |
|---------------------|---------------------|---------------------------|---------------------------|
| Maryann Gianantoni  | Individual          | Oppose                    | No                        |

Comments: I feel strongly that women and their families have a right to choose how and where they wish to give birth and with whomever they choose to assist them.

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**Subject:** Submitted testimony for SB1312 on Feb 14, 2017 09:00AM

**SB1312**

Submitted on: 2/7/2017

Testimony for CPH on Feb 14, 2017 09:00AM in Conference Room 229

| <b>Submitted By</b> | <b>Organization</b> | <b>Testifier Position</b> | <b>Present at Hearing</b> |
|---------------------|---------------------|---------------------------|---------------------------|
| Amy Paul            | Individual          | Comments Only             | No                        |

Comments: I am a mother of two and I support midwives! I had my son on the Big Island and without my midwife I wouldn't have had sufficient care. Mahalo!

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**SB1312**

Submitted on: 2/7/2017

Testimony for CPH on Feb 14, 2017 09:00AM in Conference Room 229

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

Comments: Aloha, Please do not impose licensing regulations on midwives. Women should have the right to practice midwifery and birth as they see fit for themselves. I would be in support of a bill that assists midwives in getting licensing if that is their choice, but the State should have no business in forcing midwives to make that choice. SB1312 could potentially criminalize midwives who practice birthing as a religious or indigenous practice. Please oppose SB1312. Mahalo. Mitsuko Hayakawa Pearl City Resident

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**SB1312**

Submitted on: 2/7/2017

Testimony for CPH on Feb 14, 2017 09:00AM in Conference Room 229

| <b>Submitted By</b> | <b>Organization</b> | <b>Testifier Position</b> | <b>Present at Hearing</b> |
|---------------------|---------------------|---------------------------|---------------------------|
| Susan Vickery       | Individual          | Oppose                    | No                        |

Comments:

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**SB1312**

Submitted on: 2/7/2017

Testimony for CPH on Feb 14, 2017 09:00AM in Conference Room 229

| <b>Submitted By</b> | <b>Organization</b> | <b>Testifier Position</b> | <b>Present at Hearing</b> |
|---------------------|---------------------|---------------------------|---------------------------|
| Misha kassel        | Individual          | Oppose                    | No                        |

Comments: I am an emergency physician and understands there are risks to home births, just how there are risks with hospital births. Understanding how those undecided to have a home birth and proudly welcomed a beautiful, healthy 6 months old girl into this world last August. Just how there is many types of physicians and they should not all be lumped together under the same board, the same is true of midwives (certified nurse midwives, cpm, traditional midwives and cultural practioneers that help women birth at home). Having more regulation will not necessarily make babies or mothers safer as we see with more regulation of medical specialties and in the hospital.

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**To:** CPH Testimony  
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**SB1312**

Submitted on: 2/7/2017

Testimony for CPH on Feb 14, 2017 09:00AM in Conference Room 229

| Submitted By       | Organization | Testifier Position | Present at Hearing |
|--------------------|--------------|--------------------|--------------------|
| Grace Shalom Hicks | Individual   | Oppose             | No                 |

Comments: IN OPPOSITION Aloha honorable chair and committee members, My name is Grace Shalom Hicks and I chose to have midwives conduct my prenatal care and attend my child's birth. I strongly oppose SB 1312 for the following reasons, and feel strongly that there are too many problematic areas to simply amend this bill: When legislation is introduced designed to regulate and control pregnancy and birth, it is a matter of personal sovereignty and reproductive choice. It is a matter of basic human rights. This bill treats childbirth and pregnancy as pathology where as the midwifery model treats it as a natural part of life. It is my experience that OBGYNs seek to "contain" every birth as if it is the highest risk birth. These measures result in an overuse of interventions and the informed desires of the family are not honoured. My personal experience is as follows. I grew up in a culture, Kenya, that sees birth and pregnancy as a normal state for women. I had always known that I wanted a medical intervention free birth, however upon moving back to America I was shocked to discover how difficult that would be within a hospital setting. When I spoke to my OBGYN about my concerns she proudly told me of their 40% Cesarean rate and 90% episiotomy rate. Her line of thinking was that she would deliver my baby and I would lay back and the pain killers would protect me from any sensation. This was terrifying me. The prospect of being drugged and potentially cut on my genitals or major abdominal surgery all while being prevented from feeling the thing I most wanted to experience: the birth of my baby. Because of this and my extensive research, which showed my experience wasn't the exception, this model was the norm, I chose to see a midwife. If public safety is your main concern, I urge you to conduct research. You will find that planned out of hospital birth is significantly safer for both mother and child. Midwives are highly trained professionals and in many cases what an OBGYN would see as a complication, a midwife will handle safely due to her extensive training. With this in mind, I made the choice that a homebirth with a CPM would be the safest choice for my family. I went into labour a month early, but due to my tilted cervix the labour stalled out several times over the next 8 weeks. My midwives kept a close eye on us and let our bodies do the work they needed to do. Had I been in a hospital setting the outcome would have been much different, as I was experiencing what ACOG would call a complication. However I went on to have a natural childbirth in my home at 42 weeks and gave birth to a 6 pound 4 oz

baby girl. Had we chosen medical intervention her birth weight would have been too low and we would have undergone an unnecessary set of medical risks. My baby and I were in perfect health during and after the birth, the midwives attended to me with their undivided attention throughout the birth itself and were reachable at any hour by phone throughout my entire pregnancy and postpartum experience. I made an informed choice about my body and my family. This bill seeks to remove that ability from my hands. I should not need to be allowed to make choices regarding my body and my family. Instead I should have access to a full range of options. 21 states and many other nations have chosen to see midwifery as a safe choice for birth. Including the WHO and partners who are calling for an end to the discrimination, harassment and lack of respect that hinder midwives' ability to provide quality care to women and newborns. "It's time to recognize the pivotal role midwives play in keeping mothers and newborns alive," says Dr Anthony Costello, Director of Maternal, Children's and Adolescents' Health at WHO. "Their voices have gone unheard for too long, and too often they have been denied a seat at the decision-making table." I urge you to look at the facts and join them in upholding our right to have options in childbirth and pregnancy.

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**SB1312**

Submitted on: 2/7/2017

Testimony for CPH on Feb 14, 2017 09:00AM in Conference Room 229

| <b>Submitted By</b> | <b>Organization</b> | <b>Testifier Position</b> | <b>Present at Hearing</b> |
|---------------------|---------------------|---------------------------|---------------------------|
| roz dias            | Individual          | Oppose                    | No                        |

Comments: Regulating how, with whom and where someone gives birth is a very complex matter. It is an issue of body sovereignty and reproductive choice. My primary concerns are for the welfare of mothers and babies and the preservation of culture, tradition and people's choices. This bill does not give sufficient consideration to Hawaii's unique customs, traditions and geographical conditions. This bill like other bills seeking to regulate midwifery treat birth as a dangerous medical condition, whereas the midwifery model sees birth as a normal natural life event. Twenty-four other states have also chosen NOT to regulate home birth, so we are not alone in trusting families to make informed choices for themselves! • If public safety is the main reason for this bill, the Jan 2017 Auditors Sunrise Analysis shows that planned out-of-hospital births have much lower fetal death rates than those reported overall in the USA. Why then is there a need to regulate this field? If there are concerns, in my opinion the best way to address these concerns are for practitioners from the medical model and the midwifery model to sincerely and respectfully sit at a table together (ie task force mandated by the state), listen to each other and collaborate on more comprehensive solutions.

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**SB1312**

Submitted on: 2/7/2017

Testimony for CPH on Feb 14, 2017 09:00AM in Conference Room 229

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

Comments: RE: SB 1312 Relating to the Licensure of Midwives IN OPPOSITION Aloha honorable chair and committee members, My name is Nicole Floyd, I am a mother, Hawaii resident, and a graduate of Arizona State. I strongly oppose SB 1312 for the following reasons, and feel strongly that there are too many problematic areas to simply amend this bill: • Regulating how, with whom and where someone gives birth is a very complex matter. It is an issue of body sovereignty and reproductive choice. My primary concerns are for the welfare of mothers and babies and the preservation of culture, tradition and people's choices. This bill does not give sufficient consideration to Hawaii's unique customs, traditions and geographical conditions. This bill like other bills seeking to regulate midwifery treat birth as a dangerous medical condition, whereas the midwifery model sees birth as a normal natural life event. Twenty-four other states have also chosen NOT to regulate home birth, so we are not alone in trusting families to make informed choices for themselves! • If public safety is the main reason for this bill, the Jan 2017 Auditors Sunrise Analysis shows that planned out-of-hospital births have much lower fetal death rates than those reported overall in the USA. Why then is there a need to regulate this field? If there are concerns, in my opinion the best way to address these concerns are for practitioners from the medical model and the midwifery model to sincerely and respectfully sit at a table together (ie task force mandated by the state), listen to each other and collaborate on more comprehensive solutions. • The appointed advisory committee suggested in this bill to determine policy for all of the out-of-hospital birth practitioners is designed to put control in the hands of the conventional medical establishment, rather than the wide variety of home birth practitioners that serve Hawaii's people. It raises the question, what other professions have members of other professions sitting on their board? Currently midwives have no representation on the nursing or medical boards. For these reasons I strongly oppose SB1312. Sincerely, Nicole D. Floyd

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**SB1312**

Submitted on: 2/6/2017

Testimony for CPH on Feb 14, 2017 09:00AM in Conference Room 229

| <b>Submitted By</b> | <b>Organization</b> | <b>Testifier Position</b> | <b>Present at Hearing</b> |
|---------------------|---------------------|---------------------------|---------------------------|
| Earl Stevens-Britos | Individual          | Oppose                    | Yes                       |

Comments: This bill interferes with my native/cultural rights and that of my family to birthing choices. I oppose every part of this bill.

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**SB1312**

Submitted on: 2/6/2017

Testimony for CPH on Feb 14, 2017 09:00AM in Conference Room 229

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

Comments:

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**To:** CPH Testimony  
**Cc:** grow.midwifery@gmail.com  
**Subject:** Submitted testimony for SB1312 on Feb 14, 2017 09:00AM

**SB1312**

Submitted on: 2/6/2017

Testimony for CPH on Feb 14, 2017 09:00AM in Conference Room 229

| <b>Submitted By</b>  | <b>Organization</b> | <b>Testifier Position</b> | <b>Present at Hearing</b> |
|----------------------|---------------------|---------------------------|---------------------------|
| Sarah "Sky" Connelly | Individual          | Oppose                    | No                        |

Comments: While I think that licensure for midwives is important in the state of Hawaii, this bill is not the way. The nursing board has no business regulating a non-nursing profession. As a home birth midwife and a Certified Professional Midwife (CPM) I do NOT support SB 1312.

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**SB1312**

Submitted on: 2/6/2017

Testimony for CPH on Feb 14, 2017 09:00AM in Conference Room 229

| <b>Submitted By</b>          | <b>Organization</b> | <b>Testifier Position</b> | <b>Present at Hearing</b> |
|------------------------------|---------------------|---------------------------|---------------------------|
| Karen Tan, ND,<br>MAcOM, LAc | Individual          | Oppose                    | No                        |

Comments:

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## Testimony responding to SB1312

I strongly oppose SB 1312. As a woman in this country, I should be given all choices to choose where and with who I want to birth with. Being forced to birth in a hospital, is forcing me to have a birth that does not allow me to practice what I believe in and what is best for my body and baby. Hawaii is unique and does not always work with conventional medicine. We should be able to choose a safer alternative to be able to birth at home with a midwife or naturopathic physician of our choice. Midwives understand birth differently from a doctor who is in a hospital. Surgery, drugs and unnecessary intervention is often used to control a woman rather than allow her body to birth naturally. Being able to birth at home with an experienced midwife or naturopathic physician allows me to not have my rights to a peaceful, natural and beautiful birth be taken away.

Midwives who are certified are taught in a certain way in how to help a woman birth. Just because her title is "midwife" does not mean she thinks like a midwife should and walk. If she is required to get specific licensing, she would be forced to be educated under the conventional model of birthing which is exactly what women like myself are trying to avoid by not going to a hospital for a birth.

I have given birth in both a hospital and at a home. My experience at home was much safer on my body and for my baby compared to my birth in a hospital. To not allow me to birth at home with whom I choose would be taking away the RIGHTS I have as a woman!

Jochebed Moses  
freebirthhawaii@gmail.com

**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Monday, February 6, 2017 4:57 PM  
**To:** CPH Testimony  
**Cc:** drlorikimata@gmail.com  
**Subject:** Submitted testimony for SB1312 on Feb 14, 2017 09:00AM

**SB1312**

Submitted on: 2/6/2017

Testimony for CPH on Feb 14, 2017 09:00AM in Conference Room 229

| Submitted By | Organization | Testifier Position | Present at Hearing |
|--------------|--------------|--------------------|--------------------|
| Lori kimata  | Individual   | Oppose             | Yes                |

Comments: REGULAR SESSION OF 2017 For: Honorable Senate CPH Chair Baker and Committee members Hearing date 2-14-17, 9 am Rm 229 RE: SB 1312 Relating to the Licensure of Midwives IN OPPOSITION Aloha honorable chair and committee members, My name is Dr. Lori Kimata, I am a fourth generation Hawaii resident., attended Punahou for 13 years, UCLA for 4 and received by medical degree from National College of Naturopathic Medicine in 1988. I have been a licensed naturopathic physician and have been practicing midwifery as part of the scope of my practice for over twenty eight years. Chap 455 licensing naturopathic physicians has been existence in Hawaii since 1925. I strongly oppose SB 1312 for the following reasons, and feel strongly that there are too many problematic areas to simply amend this bill: • Regulating how, with whom and where someone gives birth is a very complex matter. It is an issue of body sovereignty and reproductive choice. My primary concerns are for the welfare of mothers and babies and the preservation of culture, tradition and people's choices. This bill does not give sufficient consideration to Hawaii 's unique customs, traditions and geographical conditions. This bill like other bills seeking to regulate midwifery treat birth as a dangerous medical condition, whereas the midwifery model sees birth as a normal natural life event. Twenty-four other states have also chosen NOT to regulate home birth, so we are not alone in trusting families to make informed choices for themselves! • If public safety is the main reason for this bill, the Jan 2017 Auditors Sunrise Analysis shows that planned out-of- hospital births have much lower fetal death rates than those reported overall in the USA. Why then is there a need to regulate this field? If there are concerns, in my opinion the best way to address these concerns are for practitioners from the medical model and the midwifery model to sincerely and respectfully sit at a table together (ie task force mandated by the state), listen to each other and collaborate on more comprehensive solutions. • The appointed advisory committee suggested in this bill to determine policy for all of the out-of-hospital birth practitioners is designed to put control in the hands of the conventional medical establishment, rather than the wide variety of home birth practitioners that serve Hawaii's people. It raises the question, what other professions have members of other professions sitting on their board? Currently midwives have no representation on the nursing or medical boards. • The exemption section is most concerning personally! The

first exemption is for student midwives training directly under a licensed midwife. That would make my students illegal because I, like others, am practicing midwifery under a different license. The exemptions also do not take into account cultural/traditional practitioners or other ohana members whom a family might choose to support them in their birth. Lay people supporting birth have a long-standing cultural significance in Hawaii. Again, if the purpose of this bill is to increase public safety, criminalizing the lay attendant will certainly not achieve this goal. History shows women will continue to feel it is their right to choose whomever they want to support them in their birth, and making some choices illegal will cause further distancing, and could potentially create more harm for mothers and babies. For these reasons and more I oppose SB1312 as it stands. Sincerely, Dr. Lori Kimata ND, midwife

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**SB1312**

Submitted on: 2/6/2017

Testimony for CPH on Feb 14, 2017 09:00AM in Conference Room 229

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

Comments: Please vote no on SB1312 for it limits consumer's legal birthing options and can criminalize competent practicing midwives. Please honor women's birthing choices. Mahalo

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Submitted on: 2/6/2017

Testimony for CPH on Feb 14, 2017 09:00AM in Conference Room 229

| <b>Submitted By</b> | <b>Organization</b> | <b>Testifier Position</b> | <b>Present at Hearing</b> |
|---------------------|---------------------|---------------------------|---------------------------|
| Pennie Bumrungsiri  | Individual          | Oppose                    | Yes                       |

Comments: The legislature seeks to dictate birth options for women thereby disempowering them to pursue care suitable to their needs and wishes. It uses language that instills fear, shows lack of understanding for the midwifery model of care, and extends negativity through restricting access and fellowship among the out-of-hospital birthing community.

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**SB1312**

Submitted on: 2/6/2017

Testimony for CPH on Feb 14, 2017 09:00AM in Conference Room 229

| <b>Submitted By</b> | <b>Organization</b> | <b>Testifier Position</b> | <b>Present at Hearing</b> |
|---------------------|---------------------|---------------------------|---------------------------|
| Meryl Abrams        | Individual          | Oppose                    | No                        |

Comments: I believe that a woman should choose the location of her birth place. A healthy birth happens when a woman feels safe and supported.

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Submitted on: 2/6/2017

Testimony for CPH on Feb 14, 2017 09:00AM in Conference Room 229

| <b>Submitted By</b> | <b>Organization</b> | <b>Testifier Position</b> | <b>Present at Hearing</b> |
|---------------------|---------------------|---------------------------|---------------------------|
| Anastasia Aea       | Individual          | Oppose                    | No                        |

Comments: I believe it is every woman's right to choose where and with whom she will give birth. This is an issue of body sovereignty and reproductive choice. I have witnessed several mid-wife births, one being my two grandsons by my daughter. I am thankful that she had the choice and I do not want to see future generations of women being denied their choice of the birthing experience.

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Submitted on: 2/6/2017

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| <b>Submitted By</b> | <b>Organization</b> | <b>Testifier Position</b> | <b>Present at Hearing</b> |
|---------------------|---------------------|---------------------------|---------------------------|
| Melodie Reyes       | Individual          | Oppose                    | No                        |

Comments:

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**Sent:** Monday, February 6, 2017 1:13 PM  
**To:** CPH Testimony  
**Cc:** lainehamamura@gmail.com  
**Subject:** Submitted testimony for SB1312 on Feb 14, 2017 09:00AM

**SB1312**

Submitted on: 2/6/2017

Testimony for CPH on Feb 14, 2017 09:00AM in Conference Room 229

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

Comments: I oppose this bill because the wording treats out-of-hospital birthing as dangerous and controls birthing mothers' choices and the practice of midwifery by the medical establishment. It doesn't fully understand the midwifery model and doesn't address the needs of the out-of-hospital birthing community. I personally have had two out-of-hospital births and both were beautiful, healthy, safe, and peaceful. I am in favor of women being able to choose when and with whom they want to birth with and where. Please stop this bill from passing as it will limit women's legal options and criminalize some presently practicing midwives. A simple amendment to this bill is not a possibility because of all the problematic areas within it. Thank you for hearing my testimony on my opposition of SB1312.

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Sunday, February 5, 2017 7:37 PM  
**To:** CPH Testimony  
**Cc:** clareloprinzi@gmail.com  
**Subject:** Submitted testimony for SB1312 on Feb 14, 2017 09:00AM

**SB1312**

Submitted on: 2/5/2017

Testimony for CPH on Feb 14, 2017 09:00AM in Conference Room 229

| <b>Submitted By</b> | <b>Organization</b> | <b>Testifier Position</b> | <b>Present at Hearing</b> |
|---------------------|---------------------|---------------------------|---------------------------|
| clare loprinzi      | Individual          | Oppose                    | No                        |

Comments: 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, this bill is discriminate against the midwives. I would recommend Senator Baker to examine the high infant and maternal mortality rates in the OB/GYN hospital setting and focus on that instead. With respect, Clare

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Sunday, February 5, 2017 5:45 PM  
**To:** CPH Testimony  
**Cc:** drjoeka@gmail.com  
**Subject:** Submitted testimony for SB1312 on Feb 14, 2017 09:00AM

**SB1312**

Submitted on: 2/5/2017

Testimony for CPH on Feb 14, 2017 09:00AM in Conference Room 229

| <b>Submitted By</b> | <b>Organization</b> | <b>Testifier Position</b> | <b>Present at Hearing</b> |
|---------------------|---------------------|---------------------------|---------------------------|
| joe kassel          | Individual          | Oppose                    | No                        |

Comments: Dear Representatives and 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  
**Sent:** Sunday, February 5, 2017 1:22 PM  
**To:** CPH Testimony  
**Cc:** babatunji@gmail.com  
**Subject:** \*Submitted testimony for SB1312 on Feb 14, 2017 09:00AM\*

**SB1312**

Submitted on: 2/5/2017

Testimony for CPH on Feb 14, 2017 09:00AM in Conference Room 229

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

Comments:

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Sunday, February 5, 2017 11:40 AM  
**To:** CPH Testimony  
**Cc:** joyamarshall0416@gmail.com  
**Subject:** \*Submitted testimony for SB1312 on Feb 14, 2017 09:00AM\*

**SB1312**

Submitted on: 2/5/2017

Testimony for CPH on Feb 14, 2017 09:00AM in Conference Room 229

| <b>Submitted By</b> | <b>Organization</b> | <b>Testifier Position</b> | <b>Present at Hearing</b> |
|---------------------|---------------------|---------------------------|---------------------------|
| Joy Marshall        | Individual          | Support                   | No                        |

Comments:

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Sunday, February 5, 2017 9:57 AM  
**To:** CPH Testimony  
**Cc:** naomi.picinich@gmail.com  
**Subject:** Submitted testimony for SB1312 on Feb 14, 2017 09:00AM

**SB1312**

Submitted on: 2/5/2017

Testimony for CPH on Feb 14, 2017 09:00AM in Conference Room 229

| Submitted By | Organization | Testifier Position | Present at Hearing |
|--------------|--------------|--------------------|--------------------|
| naomi        | Individual   | Oppose             | No                 |

Comments: I testify in opposition to this bill for several reasons. I have been working as a student midwife in the rural north of the big Island and over the last four years of my study term, I have seen a great need for licensure in the profession of midwifery in Hawaii. This bill does not completely answer the need that I believe the community most requires. Primarily, the makeup of the board is not as reflective of the profession of midwifery as it must be and the educational pathway for licensure is too limited. It is obvious that this bill has not been drafted with input from the Hawaii Midwives community. Because of these discrepancies, this bill should die in the upcoming hearing. I support the other bill licensing CPMs and look forward to a new and improved chapter for midwifery care in Hawaii. Thank you, Naomi Picinich

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Saturday, February 4, 2017 1:41 PM  
**To:** CPH Testimony  
**Cc:** Vanessacpmwaldorf@gmail.com  
**Subject:** Submitted testimony for SB1312 on Feb 14, 2017 09:00AM

**SB1312**

Submitted on: 2/4/2017

Testimony for CPH on Feb 14, 2017 09:00AM in Conference Room 229

| <b>Submitted By</b> | <b>Organization</b> | <b>Testifier Position</b> | <b>Present at Hearing</b> |
|---------------------|---------------------|---------------------------|---------------------------|
| Vanessa Jansen      | Individual          | Oppose                    | No                        |

Comments: Dear legislators, I oppose this bill because it essentially outlaws traditional midwives and cultural practioners from helping the families of Hawaii with birthing their children in the way that they wish. Freedom to choose your provider is part of being an American and a human right. I would hope that this bill gets killed in order to keep options for Hawaiian families.

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Friday, February 3, 2017 6:00 PM  
**To:** CPH Testimony  
**Cc:** morningglorymidwifery@gmail.com  
**Subject:** Submitted testimony for SB1312 on Feb 14, 2017 09:00AM

**SB1312**

Submitted on: 2/3/2017

Testimony for CPH on Feb 14, 2017 09:00AM in Conference Room 229

| <b>Submitted By</b> | <b>Organization</b> | <b>Testifier Position</b> | <b>Present at Hearing</b> |
|---------------------|---------------------|---------------------------|---------------------------|
| Leah Hatcher        | Individual          | Oppose                    | No                        |

Comments: I am a resident of Kauai County. I am a Certified Professional Midwife. I am opposed to bill HB1312. I am not opposed to licensure, in fact I am highly in favor of it, but not as it is proposed in this bill.

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Friday, February 3, 2017 1:26 PM  
**To:** CPH Testimony  
**Cc:** thekirbows@yahoo.com  
**Subject:** Submitted testimony for SB1312 on Feb 14, 2017 09:00AM

**SB1312**

Submitted on: 2/3/2017

Testimony for CPH on Feb 14, 2017 09:00AM in Conference Room 229

| <b>Submitted By</b> | <b>Organization</b> | <b>Testifier Position</b> | <b>Present at Hearing</b> |
|---------------------|---------------------|---------------------------|---------------------------|
| Derek Kirbow        | Individual          | Oppose                    | No                        |

Comments: I strongly oppose this bill on the grounds that it does little to effect positive change and choice for the women of HAawaii. I believe in expanding services and alleviating much of the backlog and overcrowding in the field of maternal and child health services. This bill actually does the opposite as it makes the vast majority of Certified Professional Midwives unable to practice midwifery in the state. Of all valid CPMs in Hawaii, less than 10% would meet the criteria to earn a license under this bill. Until major modifications can be made to the criteria for earning a license under SB 1312 I will have to firmly OPPOSE this bill.

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Sunday, February 12, 2017 5:58 PM  
**To:** CPH Testimony  
**Cc:** mariadiessner@gmail.com  
**Subject:** Submitted testimony for SB1312 on Feb 14, 2017 09:00AM

**SB1312**

Submitted on: 2/12/2017

Testimony for CPH on Feb 14, 2017 09:00AM in Conference Room 229

| <b>Submitted By</b> | <b>Organization</b> | <b>Testifier Position</b> | <b>Present at Hearing</b> |
|---------------------|---------------------|---------------------------|---------------------------|
| maria diessner      | Individual          | Oppose                    | No                        |

Comments: As a Mother of 4 and having had 3 home births with traditional midwives I am apposed to regulations on CPMs and traditional midwives. It is our right as mothers to be able to choose who we have attended us. Weather it be certified nurses, traditional midwives or CPMs. Please do not regulate our rights as humans.

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Sunday, February 12, 2017 5:40 PM  
**To:** CPH Testimony  
**Cc:** ykhiga@yahoo.com  
**Subject:** Submitted testimony for SB1312 on Feb 14, 2017 09:00AM

**SB1312**

Submitted on: 2/12/2017

Testimony for CPH on Feb 14, 2017 09:00AM in Conference Room 229

| <b>Submitted By</b> | <b>Organization</b> | <b>Testifier Position</b> | <b>Present at Hearing</b> |
|---------------------|---------------------|---------------------------|---------------------------|
| susan higa          | Individual          | Oppose                    | No                        |

Comments: TRADITIONAL MIDWIVES, and CULTURAL PRACTITIONERS are all wise women who deserve to serve our communities.

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From: Sarah Teehee  
Submitted on: Feb. 12th, 2017

Testimony in SUPPORT of SB1312, Relating to the Licensure of Midwives

Submitted to: The Senate Committees on Commerce, Consumer Protection, and Health (CPH)  
and Ways and Means (WAM)

Aloha Committee members,

I am a registered voter, writing because I OPPOSE SB 1312.

I had my first child at Waimea Women's Center where I was looked after by the revolving staff of midwives and nurses that were on duty over the two days I spent there while in labor and recovery. A doctor came in twice during my stay and did not spend any time with me beyond confirming the answers to several health status questions. The midwives and nurses did all of the "grunt work" and took care of me. I was under the care of these midwives during my stay, and although they were all licensed, I know there are many who are out there practicing in the community who are not. It is true that occasionally, there are unforeseen circumstances and risks with births assisted by a midwife, but that is true of ALL births.

I know MANY mothers, particularly in Puna (and the more rural areas of the Big Island) who have had successful at-home births with non-licensed midwives and couldn't be happier with their decisions. There are FAR more women who come home from hospitals (who were patients under the care of doctors) who are saddened, traumatized, and distressed by their birthing experiences there than they might have otherwise been at home under the watchful, supportive coaching of their own personal midwife.

Before the birth of my first child, I attended a birthing class in the home of a midwife in my neighborhood. That class educated me and made me a more empowered and informed woman. It was hosted by a licensed midwife and she was assisted by an unlicensed aspiring midwife. Apprenticeship in all its various forms is crucial to gaining experience. I would like to point out that of ALL the midwives that ARE licensed, 100% were NOT licensed at one time. Limiting the PRACTICE of midwifery unless the person is an acknowledged student on their way to licensure is a great disservice to the calling.

As women being wives and mothers often means our lives do not always follow direct linear paths – such as rigid licensure requirements. The birth and subsequent raising of our children (or the need for a caregiver for an ailing loved one) often take our careers on a detour other than we had initially planned. This is the same for aspiring midwives. 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.

I am currently 13 weeks pregnant with my second child and have been seriously considering having this child at home. SB 1312 would limit the knowledgeable and capable midwives I could choose from while penalizing the women who are not yet licensed.

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](mailto:ms.sarahteehee@gmail.com)  
phone: (808) 345-1808



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February 12, 2017

Senator Rosalyn Baker  
State Capitol  
415 S. Beretania Street  
Honolulu, Hawaii 96813

RE: SB1312

POSITION: OPPOSE

Dear Senator Baker,

I am a certified nurse-midwife and a member of the Hawaii Affiliate of the American College of Nursing. I live and work on Oahu. I am submitting written testimony and my position about this bill.

I appreciate your efforts to protect the health and well-being of women and infants by considering the regulation of midwives who are not nurse-midwives in the state; however, I cannot support this bill (i.e., I am in opposition to it). My objection is based on the fact that, if enacted, the bill will establish the governance and oversight of midwives who are not nurses under the Hawaii Board of Nursing (BON). Currently, CNMs are licensed as advanced practice registered nursing (APRNs) by the BON under the Hawaii Nurse Practice Act and, as such, are authorized to provide full scope of services to women across their lifespan, specifically to “provide independent management of women’s health care, focusing particularly on pregnancy, childbirth, the postpartum period, care of the newborn, and *the family planning and gynecological needs of women*” [see HAR § 16-89-81, emphasis added]. CNMs seeking recognition as APRNs must, among other things, have an unencumbered RN license; complete an accredited *graduate* level education program leading to a master’s or higher degree as a certified nurse-midwife; and have current, unencumbered national certification [see Haw. Rev. Stat. §457-8.5]. Requiring the Hawaii BON to assume regulatory and licensure responsibility for midwives who are not nurses may lead to confusion about the different scopes of practice between the two different midwifery groups (CNMs and professional [non-nurse] midwives). Moreover, there is a possibility that the full scope of services that CNMs are now authorized to provide under the Nurse Practice Act could be restricted if there is any misunderstanding about the differences in the preparation and scope of practice between these groups of midwives. The Hawaii Nurse Practice Act provides the authority for nurses, especially APRNs (i.e., CNMs) to practice. It is unclear where this authority will come from for midwives who are not nurses but seek to practice in Hawaii. Finally, the SB1312 does not appear to be in compliance with the US Midwifery, Education, Regulation and Association (US MERA) standards for education and licensure of midwives. Understanding and being in compliance with the US MERA standards for midwives is critical for any division responsible for the licensing and regulation of this group of practitioners.

I am in agreement with the American College of Nurse-Midwives’ and our Hawaii Affiliate’s recommendation that a multidisciplinary task force, including consumers, be appointed to work with legislators to draft a single, comprehensive bill in order to be able to submit this to the legislature in 2018. As a CNM, I appreciate the work that many are doing to provide an opportunity for Certified Professional Midwives to be licensed in Hawaii and I am more than willing to assist with that endeavor.

Respectfully,

Mary Heaney MSN, CNM  
732-856-0680  
beanghluine@gmail.com

**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Sunday, February 12, 2017 2:13 PM  
**To:** CPH Testimony  
**Cc:** telekat@gmail.com  
**Subject:** Submitted testimony for SB1312 on Feb 14, 2017 09:00AM

**SB1312**

Submitted on: 2/12/2017

Testimony for CPH on Feb 14, 2017 09:00AM in Conference Room 229

| <b>Submitted By</b> | <b>Organization</b> | <b>Testifier Position</b> | <b>Present at Hearing</b> |
|---------------------|---------------------|---------------------------|---------------------------|
| Noa Helela          | Individual          | Comments Only             | No                        |

Comments: I was not born in a hospital. I was born in a heiau in a forest. My birth had lots of cultural significance, and is a big part of who I am today. The midwife who helped bring me into this world is still a very important part of my life 23 years later. When I was born, I did not breathe at first, for nine minutes. This was a nearly deadly complication, but the midwife, my mother, and other family and close friends helped get me to breathe again, without the assistance of an obstetrician or any other medical officials. I believe my story is proof that midwives and family are more than capable of handling birth-related complications as well if not better than a hospital. Every person should have full decision-making power over their own body. That is basic human rights.

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Sunday, February 12, 2017 1:27 PM  
**To:** CPH Testimony  
**Cc:** crazychick2913@yahoo.com  
**Subject:** Submitted testimony for SB1312 on Feb 14, 2017 09:00AM

**SB1312**

Submitted on: 2/12/2017

Testimony for CPH on Feb 14, 2017 09:00AM in Conference Room 229

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

Comments: There is strong consensus that it is every woman's right to choose where and with whom she will give birth. This is an issue of body sovereignty and reproductive choice. 1. SB 1312 is highly problematic and needs to be strongly opposed. It treats out-of-hospital birthing as dangerous and is designed to control women's choices and the practice of midwifery by the medical establishment. It shows a lack of understanding for the midwifery model and the needs of the out-of-hospital birthing community. Hawaii has unique customs, traditions and geographical considerations which do not always work with the conventional medical model and families deserve the choice. SB 1312 as written will limit consumers legal options and criminalize some presently practicing midwives. There are too many problematic areas in this bill to simply amend sections.

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February 12, 2017

Senator Rosalyn Baker  
State Capitol  
415 S. Beretania Street  
Honolulu, Hawaii 96813

RE: SB1312

POSITION: OPPOSE

Dear Senator Baker,

I am a certified nurse-midwife and a member of the Hawaii Affiliate of the American College of Nursing. I live and work on the Big Island and I am submitting written testimony and my position about this bill.

I appreciate your efforts to protect the health and well being of women and infants by considering the regulation of midwives who are not nurse-midwives in the state; however, I cannot support this bill (i.e., I am in opposition to it). My objection is based on the fact that, if enacted, the bill will establish the governance and oversight of midwives who are not nurses under the Hawaii Board of Nursing (BON). Currently, CNMs are licensed as advanced practice registered nursing (APRNs) by the BON under the Hawaii Nurse Practice Act and, as such, are authorized to provide full scope of services to women across their lifespan, specifically to “provide independent management of women’s health care, focusing particularly on pregnancy, childbirth, the postpartum period, care of the newborn, and *the family planning and gynecological needs of women*” [see HAR § 16-89-81, emphasis added]. CNMs seeking recognition as APRNs must, among other things, have an unencumbered RN license; complete an accredited *graduate* level education program leading to a master’s or higher degree as a certified nurse-midwife; and have current, unencumbered national certification [see Haw. Rev. Stat. §457-8.5]. Requiring the Hawaii BON to assume regulatory and licensure responsibility for midwives who are not nurses may lead to confusion about the different scopes of practice between the two different midwifery groups (CNMs and professional [non-nurse] midwives). Moreover, there is a possibility that the full scope of services that CNMs are now authorized to provide under the Nurse Practice Act could be restricted if there is any misunderstanding about the differences in the preparation and scope of practice between these groups of midwives. The Hawaii Nurse Practice Act provides the authority for nurses, especially APRNs (i.e., CNMs) to practice. It is unclear where this authority will come from for midwives who are not nurses but seek to practice in Hawaii. Finally, the SB1312 does not appear to be in compliance with the US Midwifery, Education, Regulation and Association (US MERA) standards for education and licensure of midwives. Understanding and being in compliance with the US MERA standards for midwives is critical for any division responsible for the licensing and regulation of this group of practitioners.

I am in agreement with the American College of Nurse-Midwives’ and our Hawaii Affiliate’s recommendation that a multidisciplinary task force, including consumers, be appointed to work with legislators to draft a single, comprehensive bill in order to be able to submit this to the legislature in 2018. As a CNM, I appreciate the work that many are doing to provide an opportunity for Certified Professional Midwives to be licensed in Hawaii and I am more than willing to assist with that endeavor.

Respectfully,  
Annette Manant, PhD, APRN, CNM

**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Sunday, February 12, 2017 12:28 PM  
**To:** CPH Testimony  
**Cc:** angrybraids@aol.com  
**Subject:** \*Submitted testimony for SB1312 on Feb 14, 2017 09:00AM\*

**SB1312**

Submitted on: 2/12/2017

Testimony for CPH on Feb 14, 2017 09:00AM in Conference Room 229

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

Comments:

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REGULAR SESSION OF 2017

For: Honorable Senate CPH Chair Baker and Committee members

Hearing date 2-14-17, 9 am Rm 229

RE: **SB 1312 Relating to the Licensure of Midwives**  
**IN OPPOSITION**

Aloha honorable chair and committee members,

I am writing you today in opposition to SB 1312. As the proposed HRS chapter amendment is currently structured, it is far too narrow in scope; it fails to take into consideration the many pathways to regulating midwifery in Hawaii. The purpose of this Act is "to establish mandatory licensing for persons who engage in the practice of midwifery care." It should also be to ensure access to the best providers of midwifery care. The wording of this Act raises many questions as to its inception:

1. As defined in this Act, "Board" means the state board of nursing established under section 457-3. Why is the Hawaii Board of Nursing overseeing the licensing and practice of midwifery? Nursing and midwifery are two different disciplines, with different educational paths and sometimes, very different philosophies of care. There is overlap in the form of CNMs (Certified Nurse Midwives.) However, by having a board of nursing determining the practice standards of a distinctly separate discipline makes little sense and is restrictive to practitioners whose education and care giving goals are outside that scope. More importantly, it excludes practitioners with greater knowledge, expertise and experience from having a hand in regulating the profession to which they have dedicated themselves.
2. As proof of the inadequacy of having a board of nursing oversee midwifery in Hawaii, the Act continues by stating that "The board shall appoint an advisory committee to serve **as experts** [emphasis added] to the board in licensing matters." The make up of this seven person board includes four voting members described as (2) Certified Professional Midwives (CPMs) and (2) Certified Nurse Midwives (CNMs.) No definitions of these two types of midwives are given and these are not the only qualified practitioners of midwifery. Why aren't all types of qualified practitioners of midwifery being included?
3. The 3 remaining, non-voting members of the advisory committee are the chair of the board (unspecified qualifications), a licensed physician who has provided primary maternity care for at

least twenty births in the twelve-month period prior to appointment and has **attended at least one home birth** [emphasis added], and one out-of-hospital birth consumer. Why is the scope of the advisory committee so narrow and limited to a homogenous medical view that runs counter to many practitioners' and to what many home birth consumers are looking for when they consider midwifery in the first place? For example, my home birth provider is undeniably more qualified than a CPM or CNM with three years of practice under their belt, or a physician who has done 20 births in a year (and she is certainly more experienced in the variations of need required in home births than a physician who has attended ONE home birth.) It is only reasonable to feel that a 20+ year practitioner of home births would have a better idea of the requirements for regulation and licensing than those descriptions of the "experts" detailed in this Act.

4. The Act states that the practice standards for midwifery would be set by the board and that they would "prohibit a licensed midwife from providing care for a client with a history of disorders, diagnoses, conditions or symptoms outside the scope of practice **approved by the board**" [emphasis added] There is no mention of what these disorders etc. might be or how it is to be determined that they are outside the scope of practice. Once again, this Act is assigning power to a board and advisory committee over a medical profession in which their knowledge does not comprise the totality or even the majority of qualified opinion and experience.

My personal experience is that I had a home birth in 1991 by a well qualified, licensed naturopathic physician who provided excellent care as described here in the Midwives Model of Care:

The Midwives Model of care is based on the fact that pregnancy and birth are normal life processes.

The Midwives Model of Care includes:

- Monitoring the physical, psychological, and social well-being of the mother throughout the childbearing cycle
- Providing the mother with individualized education, counseling, and prenatal care, continuous hands-on assistance during labor and delivery, and postpartum support
- Minimizing technological interventions
- Identifying and referring women who require obstetrical attention

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

I decided to deliver my second child at home because I believe that a hospital is an unnecessary setting for a normal life event such as childbirth. A hospital birth has its own potential detriments and is no safer or more likely to have a positive outcome than a home birth, in my lay opinion and experience. My first child was born in a hospital and while it wasn't a horrible experience, it just wasn't what I wanted when my second child was due.

I take being a parent very seriously and I chose to be informed, safe and responsible in the most important effort of my life - bringing my children into the world. I don't believe in ceding over every nuance of life to the oversight of others. I appreciate the safeguards that government regulation provides to society as a whole, but when it comes to issues of a personal nature, I am competent and have more vested in these life decisions than any outside body.

I oppose SB 1312 because it either seeks purposefully to limit consumers' choices in midwifery options or it does so unwittingly by being incomplete and negligent in its duty to include all qualified practitioners in the decisions governing their own profession.

Thank you for your time and attention.

Sincerely,

Catherine Richardson

Concerned mother and tax payer



**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Sunday, February 12, 2017 10:42 AM  
**To:** CPH Testimony  
**Cc:** goddessclarity@yahoo.com  
**Subject:** Submitted testimony for SB1312 on Feb 14, 2017 09:00AM

**SB1312**

Submitted on: 2/12/2017

Testimony for CPH on Feb 14, 2017 09:00AM in Conference Room 229

| <b>Submitted By</b> | <b>Organization</b> | <b>Testifier Position</b> | <b>Present at Hearing</b> |
|---------------------|---------------------|---------------------------|---------------------------|
| Amy Skoglund        | Individual          | Comments Only             | No                        |

Comments: To Whom It May Concern, I am writing on behalf of concerned mothers everywhere. Every single woman I know believes that a mother has the right to choose her own path in regard to childbirth. I birthed my daughter at Anini Beach on Kauai 18 years ago unaided by doctor or midwife. In the end, I had a slight tear that needed a few stitches. Luckily, 2 amazing midwives agreed to see me and stitched me up, saving me an unnecessary trip to the hospital. These women were and are my heroes. Many women feel less safe in a hospital environment when going through the most intense and vulnerable experience of their lives. I was one such woman. Please allow midwives to perform their duties without further restriction. They provide an invaluable service to a growing number of women who prefer to give birth at home. Laws are meant to protect people. Further restricting midwives would achieve the opposite. Much Aloha, Amy Skoglund 360-306-0047 3006 Sullivan Rd Sebastopol, CA 95472

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Sunday, February 12, 2017 8:04 AM  
**To:** CPH Testimony  
**Cc:** megan\_vernon@yahoo.com  
**Subject:** Submitted testimony for SB1312 on Feb 14, 2017 09:00AM

**SB1312**

Submitted on: 2/12/2017

Testimony for CPH on Feb 14, 2017 09:00AM in Conference Room 229

| <b>Submitted By</b> | <b>Organization</b> | <b>Testifier Position</b> | <b>Present at Hearing</b> |
|---------------------|---------------------|---------------------------|---------------------------|
| Megan Vernon        | Individual          | Oppose                    | Yes                       |

Comments: As a new mother, recently having decided on my preferences for birthing, and having the options and freedom of choice to be able to birth in a way that felt natural, safe, and normal to me was paramount. I feel so honored and privileged to have been able to choose my birthing team, and to have birthed my son in the comfort of our own home, in a way that was affordable to us, without any unnecessary intervention/expense/undesired elements involved. SB 1312 relating to the licensure of midwives is highly problematic and needs to be strongly opposed. a) It treats out-of-hospital birthing as dangerous and is designed to control women's choices and the practice of midwifery by the medical establishment. b) It shows a lack of understanding for the midwifery model and the needs of the out-of-hospital birthing community. c) Hawaii has unique customs, traditions and geographical considerations which do not always work with the conventional medical model SB 1312 as written will limit consumers legal options and criminalize some presently practicing midwives. There are too many problematic areas in this bill to simply amend sections.

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REGULAR SESSION OF 2017

For: Honorable Senate CPH Chair Baker and committee members

Hearing date 2-14-17, 9 am Rm 229

**RE: SB 1312 Relating to the Licensure of Midwives**

**IN OPPOSITION**

Aloha Honorable Chair and Committee Members,

I have been a resident of Hawaii since 1998. I have given birth at home to two children who are of Hawaiian ancestry. I am a home birth midwife who is not a CPM. I have a Bachelor's degree from New York University. My education in childbirth has been achieved through a wide variety of learning modalities including apprenticeship with a traditional midwife in this state for over 10 years, attending births with naturopathic and certified professional midwives, and learning from respected teachers from the United States, Australia, Hawaii and the Philippines. In addition, I have completed a Full Midwifery Arts Degree from The Matrona School of Midwifery in Atlanta, GA. I am always continuing my education through workshops and conferences several times a year. If this bill passes it will be illegal for me to practice the profession I have invested over a decade of my life into. In addition, my community, the rural and underserved district of Ka'u on Hawai'i Island will be left with no one to provide birth services to them. They will have to travel at least an hour and a half to the next closest provider in order to receive even a basic prenatal check up.

I strongly oppose SB 1312 for the following reasons, and feel that there are too many problematic areas for amendments to suffice:

1. This bill infringes on women's reproductive rights. Women have the right to choose where they want to give birth and who they want to be there. Whether it is because of religion, philosophy, culture or any other reason, Hawaii is home to many people who walk to the beat of their own drum. They are still citizens of our state and have a right to sovereignty over their own bodies. SB1312 takes away women's choices. Although some may not understand or agree with their choices, it is of utmost importance to remember that these are individual choices and we cannot take them away! If we do, what comes next? Will we start requiring licensing for mothers? Or regulating people's choices on who to have intercourse with? In a year when we have seen an unabashed misogynist take the oval office let's be mindful of how deeply we allow ourselves to wade into the waters of infringement upon a woman's right to choose.

2. By placing the state board of nursing in charge of the practice of midwifery SB1312 medicalizes home birth. Although the dominant culture accepts the obstetric view of safety and risk as unquestionable, some mothers absolutely reject it. These mothers choose home birth because they want an alternative. For some families childbirth is a spiritual event. Some view it as a normal physiological phenomenon. This is not a crime. The medicalization of home birth eliminates the alternative which is a violation of basic human rights.

3. If the state legislates specific requirements for licensure then it is beholden to provide its citizens with the means to attain those requirements. By requiring midwives to complete an educational program or pathway accredited by the Midwifery Education Accreditation Council (MEAC) or the Accreditation Commission for Midwifery Education (ACME) it makes many of the midwives who currently serve the women of our state illegal. The Hawaii Regulatory Licensing Reform Act states that "**Regulation must not unreasonably restrict entry into**

**professions and vocations by all qualified persons...**” but that is exactly what this bill will do. Furthermore, as the Sunrise Audit on Regulation of Certified Professional Midwives states “...**It is our conclusion that the proposed licensure of only practitioners who have obtained a designation from a private trade organization, i.e., CPMs, may create an unfair and unnecessary competitive advantage for that segment of the midwifery profession.**” When you have a population of midwives who have achieved their education through a wide variety of training methods, a license that is based on two of those paths and excludes all others does put them at an unfair advantage. Many midwives in Hawaii have attained the same skills and education as those who completed the approved educational programs but under SB1312 they will be forced to go back to school and start the process over. If the state of Hawaii wants to regulate all midwives fairly it should administer it’s own test and set forth it’s own requirements instead of basing it’s licensure on the requirements of an outside body that will set some practitioners at an unfair advantage from others.

4. SB 1312 does not support the long term vitality of our economy or nurture healthy futures for this constituency. It undermines a healthy and vibrant midwifery profession within our state and subjugates us to people who have taken advantage of opportunities in other states and used them to break down the birth culture here in Hawaii. There are no MEAC or ACME accredited schools in Hawaii. It is apparent that The Midwives Alliance of Hawaii, a private trade organization mostly made up of CPMs, has been one of the strongest lobbies for licensure. Senate Bill 1312 will reward MAH’s members with seamless and immediate licensure while sending other midwives back to square one. Many of the members of MAH are people who acquired their CPM certification in other states and moved to Hawaii relatively recently. I’m confident that our representatives would prefer to create a licensing process which lifts up it’s constituents. If they pass SB1312, the only honorable way to proceed would be to provide funding and access for the midwives who have faithfully served the women of this state for

decades to achieve the requirements for licensure. This includes scholarships to attend the approved schools, payment of fees to take tests and file paperwork, setting up approved schools within the state, airfare to travel to the locations where tests are administered and more.

For these reasons and more I oppose SB1312 as it stands.

Sincerely,

Tara Compehos

REGULAR SESSION of 2017

For Honorable Senate CPH Chair Baker and Committee Members

Hearing 2-14-17, 9 am, Rm 229

**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Sunday, February 12, 2017 2:22 AM  
**To:** CPH Testimony  
**Cc:** kamakaziwasabi@mac.com  
**Subject:** Submitted testimony for SB1312 on Feb 14, 2017 09:00AM

**SB1312**

Submitted on: 2/12/2017

Testimony for CPH on Feb 14, 2017 09:00AM in Conference Room 229

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

Comments: The home birth movement in hawaii is complex and beautiful, women guide other women for years to become active midwives, this has been going on since the dawn of human kind. This bill does not honor our history. This bill does not honor our culture. I was born at home in to the arms of my family and I hope for the same for my children and grandchildren.

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Sunday, February 12, 2017 1:50 AM  
**To:** CPH Testimony  
**Cc:** ktw808@hawaiiantel.net  
**Subject:** Submitted testimony for SB1312 on Feb 14, 2017 09:00AM

**SB1312**

Submitted on: 2/12/2017

Testimony for CPH on Feb 14, 2017 09:00AM in Conference Room 229

| <b>Submitted By</b> | <b>Organization</b> | <b>Testifier Position</b> | <b>Present at Hearing</b> |
|---------------------|---------------------|---------------------------|---------------------------|
| Kristl Woo          | Individual          | Oppose                    | No                        |

Comments: I am against SB1312 because it will limit not only a woman's choice on how she wants to birth & with whom, it will also control the choices parents have for birthing in Hawaii. It shows a lack of understanding of the midwifery model and will control the practice of it. Mahalo.

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**Sent:** Saturday, February 11, 2017 7:20 PM  
**To:** CPH Testimony  
**Cc:** Boundbysommer@gmail.com  
**Subject:** Submitted testimony for SB1312 on Feb 14, 2017 09:00AM

**SB1312**

Submitted on: 2/11/2017

Testimony for CPH on Feb 14, 2017 09:00AM in Conference Room 229

| <b>Submitted By</b> | <b>Organization</b> | <b>Testifier Position</b> | <b>Present at Hearing</b> |
|---------------------|---------------------|---------------------------|---------------------------|
| Sommer Paulson      | Individual          | Oppose                    | Yes                       |

Comments: This legislation on midwifery would be devastating to the homebirthing community in Hawaii. There should be no laws telling us who can or cannot attend our birth. Birth is brilliant, not a medical procedure. This bill would also and most importantly be a detriment to the cultural practitioners of midwifery on the islands. If this bill is to move forward there must be exemptions and amendments to protect the Kanaka Maoli! Women have sovereignty of their bodies, how we choose to birth or children is our BIRTHRIGHT.

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Saturday, February 11, 2017 5:46 PM  
**To:** CPH Testimony  
**Cc:** joyamarshall0416@gmail.com  
**Subject:** \*Submitted testimony for SB1312 on Feb 14, 2017 09:00AM\*

**SB1312**

Submitted on: 2/11/2017

Testimony for CPH on Feb 14, 2017 09:00AM in Conference Room 229

| <b>Submitted By</b> | <b>Organization</b> | <b>Testifier Position</b> | <b>Present at Hearing</b> |
|---------------------|---------------------|---------------------------|---------------------------|
| Joy Marshall        | Individual          | Support                   | No                        |

Comments:

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Saturday, February 11, 2017 3:52 PM  
**To:** CPH Testimony  
**Cc:** ponosize@hotmail.com  
**Subject:** \*Submitted testimony for SB1312 on Feb 14, 2017 09:00AM\*

**SB1312**

Submitted on: 2/11/2017

Testimony for CPH on Feb 14, 2017 09:00AM in Conference Room 229

| <b>Submitted By</b> | <b>Organization</b> | <b>Testifier Position</b> | <b>Present at Hearing</b> |
|---------------------|---------------------|---------------------------|---------------------------|
| Pono Kealoha        | Individual          | Oppose                    | No                        |

Comments:

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Saturday, February 11, 2017 3:00 PM  
**To:** CPH Testimony  
**Cc:** adventuresoflele@gmail.com  
**Subject:** Submitted testimony for SB1312 on Feb 14, 2017 09:00AM

**SB1312**

Submitted on: 2/11/2017

Testimony for CPH on Feb 14, 2017 09:00AM in Conference Room 229

| <b>Submitted By</b> | <b>Organization</b> | <b>Testifier Position</b> | <b>Present at Hearing</b> |
|---------------------|---------------------|---------------------------|---------------------------|
| Lele Simon          | Individual          | Oppose                    | No                        |

Comments: out of hospital birth is not necessarily dangerous - this bill is not an appropriate solution. i demand to preserve my choice to birth outside of a hospital faciliy with practioners of my choice including currently practicing midwives

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Saturday, February 11, 2017 12:48 PM  
**To:** CPH Testimony  
**Cc:** Surentoap@gmail.com  
**Subject:** Submitted testimony for SB1312 on Feb 14, 2017 09:00AM

**SB1312**

Submitted on: 2/11/2017

Testimony for CPH on Feb 14, 2017 09:00AM in Conference Room 229

| <b>Submitted By</b> | <b>Organization</b> | <b>Testifier Position</b> | <b>Present at Hearing</b> |
|---------------------|---------------------|---------------------------|---------------------------|
| Anna surento        | Individual          | Comments Only             | Yes                       |

Comments: I wish to support midwifery and their crucial role in natural divine child birth. I had a healthy loving peaceful environment during my birth, the way God intended. This is a sacred process. My daughter is 3, happy loving, peaceful in nature and was allowed to preserve her innocense. Hospitals and Western medicine is only useful in tragic emergency such as war torn victims like innocent children losing limbs because we want to control and own the natural resources also provided in abundance by God and mother earth( same thing really). I support our choices as women, as creators and divine channels honored to carry out our basic yet special role as child barriers. We deserve the respect and support of our government to ensure that the quiet calm warm and home is the place we welcome life. Not full of drugs and seperation, trauma and worry. That is was hospitals are full of. For centuries before that we gave birth without this interference. Some lives where taken yes, but better taken then in God's will, then to live a life of sickness and illness caused by these unhealthy and inhumane practices.

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Saturday, February 11, 2017 10:23 AM  
**To:** CPH Testimony  
**Cc:** maliarae98lo@gmail.com  
**Subject:** \*Submitted testimony for SB1312 on Feb 14, 2017 09:00AM\*

**SB1312**

Submitted on: 2/11/2017

Testimony for CPH on Feb 14, 2017 09:00AM in Conference Room 229

| <b>Submitted By</b> | <b>Organization</b> | <b>Testifier Position</b> | <b>Present at Hearing</b> |
|---------------------|---------------------|---------------------------|---------------------------|
| Malia Loustalot     | Individual          | Oppose                    | No                        |

Comments:

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Saturday, February 11, 2017 9:38 AM  
**To:** CPH Testimony  
**Cc:** albanoble@gmail.com  
**Subject:** Submitted testimony for SB1312 on Feb 14, 2017 09:00AM

**SB1312**

Submitted on: 2/11/2017

Testimony for CPH on Feb 14, 2017 09:00AM in Conference Room 229

| <b>Submitted By</b> | <b>Organization</b> | <b>Testifier Position</b> | <b>Present at Hearing</b> |
|---------------------|---------------------|---------------------------|---------------------------|
| dawn alba noble     | Individual          | Oppose                    | No                        |

Comments: There is strong consensus that it is every woman's right to choose where and with whom she will give birth. This is an issue of body sovereignty and reproductive choice. 1. SB 1312 is highly problematic and needs to be strongly opposed. It treats out-of-hospital birthing as dangerous and is designed to control women's choices and the practice of midwifery by the medical establishment. It shows a lack of understanding for the midwifery model and the needs of the out-of-hospital birthing community. Hawaii has unique customs, traditions and geographical considerations which do not always work with the conventional medical model and families deserve the choice. SB 1312 as written will limit consumers legal options and criminalize some presently practicing midwives. There are too many problematic areas in this bill to simply amend sections.

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REGULAR SESSION OF 2017

For: Honorable Senate CPH Chair Baker and Committee members

Hearing date 2-14-17, 9 am - Rm 229

**RE: SB 1312 Relating to the Licensure of Midwives**

**IN OPPOSITION**

Aloha honorable chair and committee members,

My name is Romey Sealy and I am an R.N. and a graduate nursing student in the Family Nursing Practice program at UH. My original academic goal was to become a Certified Nurse Midwife however the quagmire of practice rights deterred me. I reach out to you today as an educated advocate of home birth. How a woman births is her inherent right to choose how her body is managed during a normal yet deeply profound milestone in her life.

Additionally with this bill you will continue to sever an indigenous people from their practice rights, making it illegal to honor their culture by birthing the way that their ancestors have for thousands of years. You will also make it illegal to pass on these native birthing practices further burying this culture.

I strongly oppose SB 1312 for the following reasons, and feel strongly that there are too many problematic areas to simply amend this bill:

- There are aspects of this bill that reflect a general lack of knowledge of the intricacies of mainland licensing and general home birth practices on island.
- This bill will require native Hawaiian midwives and students to leave or move their families to the mainland to become educated at



an ACME school. For most people born in Hawaii this is cost prohibitive and socially impossible.

I was born in 1976 at home with a nurse midwife who practiced outside the law, she delivered hundreds of babies this way and to this day I know her well. My own child was born at home and the majority of my friends deliver this way, as is our custom and right as humans. We all made this choice from a deep and profoundly educated place. We no longer live in a world where women are duped in to conceding their bodies to charlatans. Statistically the women who choose to birth at home do so after great research, thought and consideration. With or without this bill this practice will continue. By passing this bill you are limiting the midwives we have to choose from and their ability to serve their chosen population.

As a nurse I have been in the delivery suites of a number of different hospitals here on island, many of which still have practices that are not supported by evidence. Some of these practices have actually been proven to have negative affects. If the states interests are truly to safeguard our prenatal mothers and infants we should be focusing our efforts on what causes our poor birth outcomes; substance use, obesity, poor chronic disease management. The funds allocated for this licensing committee would much better be spent in this way rather than further severing of a culture from its roots.

Thank you for your time and consideration in this matter.

**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Saturday, February 11, 2017 12:26 AM  
**To:** CPH Testimony  
**Cc:** shannonkona@gmail.com  
**Subject:** Submitted testimony for SB1312 on Feb 14, 2017 09:00AM

**SB1312**

Submitted on: 2/11/2017

Testimony for CPH on Feb 14, 2017 09:00AM in Conference Room 229

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

Comments: Oppose - should be mother's choice.

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Friday, February 10, 2017 9:55 PM  
**To:** CPH Testimony  
**Cc:** taramattes3@gmail.com  
**Subject:** Submitted testimony for SB1312 on Feb 14, 2017 09:00AM

**SB1312**

Submitted on: 2/10/2017

Testimony for CPH on Feb 14, 2017 09:00AM in Conference Room 229

| Submitted By | Organization | Testifier Position | Present at Hearing |
|--------------|--------------|--------------------|--------------------|
| tara mattes  | Individual   | Oppose             | Yes                |

Comments: Aloha, I am a mother of two daughters. I am a health practitioner and a doula. I was very fortunate to give birth to both my girls at home here in Hawaii attended by two different but both exceptionally talented midwives. I love birth. That is a rare statement I know. But I was shown how birth could be. My first birth was my own. I was going to have a hospital birth at first but as my due date started drawing closer I started asking my OB/gyn more questions. The cesarean rate in Hilo was 30%. There was a 1 in 3 chance basically that someone was gonna come at me with a knife. I was really scared and like most first time mothers feeling very vulnerable. Then I met my midwife and within an hour of talking to her my whole world changed. I was schooled in how wonderful birth can be, I was told what I know I must have known deep in my soul, that birth is a ceremony, not a medical procedure. I was told I was healthy, beautiful and completely capable of birthing my baby. By the time my labor started 2 months later, I was nervous but confident in the process. My birth was everything I needed to prepare for motherhood and the entrance of my child into this world was peaceful and calm. I am forever grateful to my midwives for showing me what can be. Shortly after my own first birth I became a doula. My first hospital assignment was shocking. Completely different from the homebirth experiences. I don't negate the hospital, I think there is a need and when there is i am thankful. But giving birth there is very very different than giving birth at home with a midwife model of care. So I oppose this bill because It may limit what midwives can do and who they can serve. And I am for a woman's right to choose how they want to give birth and with whom. Thank you for listening. Mahalo, Tara mattes

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**Sent:** Friday, February 10, 2017 5:08 PM  
**To:** CPH Testimony  
**Cc:** bob-marion@hawaiiantel.net  
**Subject:** Submitted testimony for SB1312 on Feb 14, 2017 09:00AM

**SB1312**

Submitted on: 2/10/2017

Testimony for CPH on Feb 14, 2017 09:00AM in Conference Room 229

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

Comments: This bill does not have any consideration for cultural practices

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Friday, February 10, 2017 3:22 PM  
**To:** CPH Testimony  
**Cc:** grow.midwifery@gmail.com  
**Subject:** Submitted testimony for SB1312 on Feb 14, 2017 09:00AM

**SB1312**

Submitted on: 2/10/2017

Testimony for CPH on Feb 14, 2017 09:00AM in Conference Room 229

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

Comments: Dear Sen. Baker, Sen. Nishihara and honorable committee members, I am a member of the Midwives Alliance of Hawaii, and I support licensure for midwives in the state of Hawai'i. Licensure is an important measure setting standard that protects both consumers and health care professionals, and that holds us all accountable. SB 1312 goes a long way to establishing licensure here in the state of Hawai'i. However, as the bill stands it is not appropriate or workable for midwives. There are four main changes or amendments that need to be made on this bill: 1) Midwives should not be regulated by the nursing board. This is an inappropriate use of the nursing board's time. Certified Professional Midwives (CPMs), Direct Entry Midwives (DEMs) and Certified Midwives (CMs) are not nurses. They do not belong under the nursing board. Midwives-- like acupuncturists, naturopathic doctors, chiropractors, physician's assistants, etc. -- should be regulated by the Department of Commerce and Consumer Affairs under the Professional & Vocational Licensing division. This makes more sense for everyone involved. 2) The licensing advisory committee should be made up of CPMs and DEMs and home birth consumers-- see HB 1288 for appropriate advisory committee configuration. These are the people who have a stake and the most experience in the protocols and scope of care of home birth and out of hospital birth midwives. No other regulatory advisory committee has members of other professions on their advisory committee. 3) The "Practice of Midwifery" definition needs to be expanded to read: "providing well-woman care for individuals from menarche through menopause, providing maternity and well-newborn care for individuals and their newborns during antepartum, intrapartum and postpartum periods". It is well within the midwife scope of care to provide well-woman visits for all women/individuals, pregnant or not. Amending the definition will allow midwives to fill much needed gaps in well-woman care throughout the Hawai'ian islands, especially in under-served rural communities. 4) The educational requirements of this bill need to be amended to use the NARM as the benchmark for educational competence. The PEP process with the inclusion of the Bridge Certificate put forward by US MERA should be included in this. MEAC is one of the pathways used by NARM, but limiting midwives to only this pathway of education will put an undue burden on midwives. The section on education requirements in HB 1288 is how this should be worded in this bill (HB 1288 S 5 License; Qualifications).

Other amendments to the bill that should be included are offering licensing for Certified Midwives (CMs) and an exemption for native Hawaiian cultural practitioners as recommended by Papa Ola Lokahi. If these changes are made to SB 1312, I believe it will be a great opportunity for midwives, consumers and the state of Hawai'i as a whole to move forward in maternity care. Midwives caring for healthy, low-risk pregnancies have demonstrably good outcomes and can fill much needed gaps in maternity care around the state. Licensing in the proper way will create more access to high quality maternity care. Mahalo for your hard work, and I look forward to working with all of you toward a better future for maternity care in Hawai'i. Sky Connelly CPM

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Friday, February 10, 2017 3:21 PM  
**To:** CPH Testimony  
**Cc:** matsonskej@aol.com  
**Subject:** Submitted testimony for SB1312 on Feb 14, 2017 09:00AM

**SB1312**

Submitted on: 2/10/2017

Testimony for CPH on Feb 14, 2017 09:00AM in Conference Room 229

| <b>Submitted By</b> | <b>Organization</b> | <b>Testifier Position</b> | <b>Present at Hearing</b> |
|---------------------|---------------------|---------------------------|---------------------------|
| john matson         | Individual          | Comments Only             | No                        |

Comments: Thank you for taking my testimony. It is vitally important that we not only allow, but support midwives in our communities. Women need to be able to make the choices about their birthing experience for themselves. Period. How do you think women gave birth before 50 years ago when we started normalizing the hospital experience? What we consider normal now would seem strange to our ancestors. Let's work together to empower and protect the Mothers. Aloha.

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Friday, February 10, 2017 3:01 PM  
**To:** CPH Testimony  
**Cc:** hairspraysalon@hawaii.rr.com  
**Subject:** Submitted testimony for SB1312 on Feb 14, 2017 09:00AM

**SB1312**

Submitted on: 2/10/2017

Testimony for CPH on Feb 14, 2017 09:00AM in Conference Room 229

| <b>Submitted By</b> | <b>Organization</b> | <b>Testifier Position</b> | <b>Present at Hearing</b> |
|---------------------|---------------------|---------------------------|---------------------------|
| jennifer macagnone  | Individual          | Oppose                    | No                        |

Comments: I oppose SB1312 and feel women should have the right to choose how and where and with the person of their choice when birthing their baby. I personally had my son at home and had a wonderful safe birth. I feel that my son is a more peaceful person being born in his home .

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Friday, February 10, 2017 12:59 PM  
**To:** CPH Testimony  
**Cc:** erika.lechugadisalvo@gmail.com  
**Subject:** \*Submitted testimony for SB1312 on Feb 14, 2017 09:00AM\*

**SB1312**

Submitted on: 2/10/2017

Testimony for CPH on Feb 14, 2017 09:00AM in Conference Room 229

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

Comments:

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Friday, February 10, 2017 12:14 PM  
**To:** CPH Testimony  
**Cc:** Renee@myfirststartclass.com  
**Subject:** Submitted testimony for SB1312 on Feb 14, 2017 09:00AM

**SB1312**

Submitted on: 2/10/2017

Testimony for CPH on Feb 14, 2017 09:00AM in Conference Room 229

| <b>Submitted By</b> | <b>Organization</b> | <b>Testifier Position</b> | <b>Present at Hearing</b> |
|---------------------|---------------------|---------------------------|---------------------------|
| Renee Ramsey        | Individual          | Oppose                    | No                        |

Comments: I oppose this bill. Let women be in charge of their own bodies and processes regarding their bodies. Let women help women. You don't need a degree to help someone have a baby!

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Friday, February 10, 2017 9:18 AM  
**To:** CPH Testimony  
**Cc:** jahniappleseed@gmail.com  
**Subject:** \*Submitted testimony for SB1312 on Feb 14, 2017 09:00AM\*

**SB1312**

Submitted on: 2/10/2017

Testimony for CPH on Feb 14, 2017 09:00AM in Conference Room 229

| <b>Submitted By</b>    | <b>Organization</b> | <b>Testifier Position</b> | <b>Present at Hearing</b> |
|------------------------|---------------------|---------------------------|---------------------------|
| Patrick Harley Simmons | Individual          | Oppose                    | No                        |

Comments:

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Friday, February 10, 2017 9:18 AM  
**To:** CPH Testimony  
**Cc:** darci.tretter@gmail.com  
**Subject:** \*Submitted testimony for SB1312 on Feb 14, 2017 09:00AM\*

**SB1312**

Submitted on: 2/10/2017

Testimony for CPH on Feb 14, 2017 09:00AM in Conference Room 229

| <b>Submitted By</b> | <b>Organization</b> | <b>Testifier Position</b> | <b>Present at Hearing</b> |
|---------------------|---------------------|---------------------------|---------------------------|
| Darci Tretter       | Individual          | Oppose                    | No                        |

Comments:

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Friday, February 10, 2017 8:04 AM  
**To:** CPH Testimony  
**Cc:** sestshim@gmail.com  
**Subject:** Submitted testimony for SB1312 on Feb 14, 2017 09:00AM

**SB1312**

Submitted on: 2/10/2017

Testimony for CPH on Feb 14, 2017 09:00AM in Conference Room 229

| <b>Submitted By</b> | <b>Organization</b> | <b>Testifier Position</b> | <b>Present at Hearing</b> |
|---------------------|---------------------|---------------------------|---------------------------|
| Sesame Shim         | Individual          | Oppose                    | No                        |

Comments: Aloha kākou, As a mother of two children, I chose to give birth to my babies in the hospital. However, because of mistreatment and disrespect for how I wanted things to be done when birthing my first child and complications that arose from that, I chose to get the support of an experienced midwife and friend of mine. The restrictions addressed in this bill and the regulations make it harder for people who are so passionate about caring and birthing babies. As a mother we have the right to make a CHOICE in who we trust to birth our babies. It is a cultural practice since the beginning of time. As a mother we make the appropriate decisions of what's best for our babies, and no one can make better decisions for us. If we want a doctor, we go to the doctor, if we want a licensed midwife, we go to a licensed midwife, if we want an experienced and passionate mother/midwife/friend, we should have the choice to do so. My second experience giving birth went so well with no complications and uncomfot all because of the great advice given to me by my midwife. I put my faith in her regardless if some paper said she's allowed to or not. In the medical world we need a venue where we can simply trust our instincts instead of putting it in the hands of money driven entities. Mahalo.

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REGULAR SESSION OF 2017

For: Honorable Senate Committee CPH Chair Baker and Committee Members,  
Hearing date 2-14-17, 9 a.m., Rm 229

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

Dear Madams and Sirs,

This bill will take away women's rights to their reproductive freedom. It is my right as a woman to choose to birth the way I want to and to choose 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 choose 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

**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Thursday, February 9, 2017 2:41 PM  
**To:** CPH Testimony  
**Cc:** alana.ross@hotmail.com  
**Subject:** \*Submitted testimony for SB1312 on Feb 14, 2017 09:00AM\*

**SB1312**

Submitted on: 2/9/2017

Testimony for CPH on Feb 14, 2017 09:00AM in Conference Room 229

| <b>Submitted By</b> | <b>Organization</b> | <b>Testifier Position</b> | <b>Present at Hearing</b> |
|---------------------|---------------------|---------------------------|---------------------------|
| AlanaRoss           | Individual          | Oppose                    | No                        |

Comments:

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Aloha,

As a client of a midwife and mother of one, I oppose SB1312. Mothers should be allowed the alternative care of a midwife without the interference or oversight of the medical community. I chose homebirth because I was opposed to the birth practices of western medicine. I do not believe midwives need to be held to licensing standards established by western medicine and I do not want my rights as a consumer limited.

Mahalo,

Jacquelin Sabin

808-217-6271



Dear Senator

I oppose SB 1312 as it is prejudicial against Hawaiian Cultural Practitioners and limits individual liberty and choice. Government in the State of Hawaii has a responsibility to protect Hawaiian culture and respect its traditions.

Thank you for reading this testimony.

Sincerely,

Frances Salvato

808-344-3682

**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Thursday, February 9, 2017 6:56 AM  
**To:** CPH Testimony  
**Cc:** Karen@RedwoodGames.com  
**Subject:** Submitted testimony for SB1312 on Feb 14, 2017 09:00AM

**SB1312**

Submitted on: 2/9/2017

Testimony for CPH on Feb 14, 2017 09:00AM in Conference Room 229

| <b>Submitted By</b> | <b>Organization</b> | <b>Testifier Position</b> | <b>Present at Hearing</b> |
|---------------------|---------------------|---------------------------|---------------------------|
| Karen Chun          | Individual          | Oppose                    | No                        |

Comments: Please strike this sentence: (a) No person shall engage in the practice of midwifery in this State unless the person holds a current license issued by the board pursuant to this chapter. While creating a path for licensed midwifery and the ability of licensed midwives to use appropriate emergency drugs, this bill goes way too far and makes unlicensed midwives illegal. All three of my children were born at home and attended by unlicensed midwives. This bill takes away choices by those of us who choose NOT to partake of the overly-medicalized, regimented, single-view approach to childbirth as espoused by the mainly MALE medical establishment. Please strike all sections which prohibit lay midwives.

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Wednesday, February 8, 2017 11:24 PM  
**To:** CPH Testimony  
**Cc:** kaleimaile@ahapunaleo.org  
**Subject:** Submitted testimony for SB1312 on Feb 14, 2017 09:00AM

**SB1312**

Submitted on: 2/8/2017

Testimony for CPH on Feb 14, 2017 09:00AM in Conference Room 229

| <b>Submitted By</b> | <b>Organization</b> | <b>Testifier Position</b> | <b>Present at Hearing</b> |
|---------------------|---------------------|---------------------------|---------------------------|
| Kaleimaile A. Robia | Individual          | Oppose                    | No                        |

Comments: I oppose this bill. As a woman of free choice in a free country, we should be able to choose freely how and where we want to birth our child. This bill will not give me my right to choose. If I choose to birth at home with Hawaiian medicine, herbs and lomilomi, that should be my right.

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Wednesday, February 8, 2017 10:26 PM  
**To:** CPH Testimony  
**Cc:** raphiell@gmail.com  
**Subject:** \*Submitted testimony for SB1312 on Feb 14, 2017 09:00AM\*

**SB1312**

Submitted on: 2/8/2017

Testimony for CPH on Feb 14, 2017 09:00AM in Conference Room 229

| <b>Submitted By</b> | <b>Organization</b> | <b>Testifier Position</b> | <b>Present at Hearing</b> |
|---------------------|---------------------|---------------------------|---------------------------|
| Raphiell Nolin      | Individual          | Oppose                    | No                        |

Comments:

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Aloha,

My name is Alexandra Kisitu. I am a Hawaii resident living in Moiliili. I am currently a PhD candidate at the University of Hawaii at Manoa. I am submitting my testimony to oppose S.B. No. 1312 – relating to the licensure of midwives. As a mother to two young children, as an intellectual, and as a person occupying a female body, I strongly oppose this measure. I have birthed both of my children outside of hospital. This was a decision *I* made about my safety, my children’s safety, my body, my birth, and my wishes. The sovereignty of my body and of my choices in care should *not* be regulated. Likewise, it is beyond the scope and reach of any local, state, or federal government to enact laws that breach the sovereignty of the body and of choice in childbirth.

While I oppose this bill in its entirety. I will extrapolate and explain the main issues.

*SECTION 1. 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.*

Response: Regulating every could/potentially harmful activity is beyond the jurisdiction, and frankly the resources, of the government. In this particular instance, midwives are already held to a standard of conduct within the profession and within and between their clients to uphold the utmost safety and health of the women and newborns they serve. Women who choose particular midwives have conducted their due diligence already with regards to safety and health themselves and with their midwives.

Regulating this process is actually a goal that will not be fulfilled as the government even fails to adequately regulate medicalized/hospitalized birth practices. But I digress . . .

*Public health and safety concerns substantially outweigh any negative effects arising from regulation, including the resulting restrictions on individuals entering the profession of midwifery and any increase in the cost of midwifery services caused by regulation of the profession.*

Response: This bill fails to address what constitutes public health and safety and HOW it substantially outweighs and negative effects arising from regulations of midwives. Women who choose out of hospital birth are around 2% of all birthing women. This is actually an incredibly low percentage so any concerns around public health and safety is an overreach of terminology and cannot be applied to all birthing women. In fact, many women choose out of hospital birth because they want safer births – for themselves and their babies. The number of women injured physically, sexually, mentally, and emotionally in hospital births far outweighs homebirth. Anecdotally, my first labor and birth would have resulted in a c-section according to hospital regulations on birth and labor and arguably would have caused PTSD and a variety of other issues as I am afraid of hospitals, of confinement, and of being cut. I also would have lost the right to determine who was at my birth and who was touching my body. The government cannot reconcile this issue by regulating midwives! Accordingly, because of the training and

knowledge of my midwives, I was allowed to labor without restriction as my body and baby were under no immediate duress. I was safer under the care of midwives and so was my baby. Both of my pregnancies and births were normal, uneventful, and wonderful. This would have been otherwise if I didn't have the choice in midwife and place of birth.

Also, did you know babies born through cesarean section have a higher chance of infant mortality and post birth issues like fluid in the lungs??? And moms have higher rates of PTSD and postpartum mood disorders following cesarean? Maybe the public safety and health issue should be directed and focused at medicalized birth? Think more about that for a few minutes if you would . . .

Secondly, increase costs in of midwifery services caused by regulation of the profession and extra student regulations will make it 1. Difficult for senior midwives to train students affordably and 2. Extra costs will be passed onto families/consumers. This extra cost is an undue hardship on parents who are choosing out of hospital births as the state of Hawaii, shamefully so, does not require insurance providers to cover out of hospital births (which are statistically and factually proven to be significantly more affordable for insurance companies than hospital births).

*The auditor recommended that the profession of midwifery be regulated and its practitioners be licensed*

Response: The auditor was a male and has no business tampering with the sovereignty of women's bodies, the rights of traditional midwives to practice, and Hawaiian cultural birthing practices.

*Advisory committee; appointment; term. One licensed physician who has provided primary maternity care for at least twenty births in the twelve-month period prior to appointment, maintains current hospital privileges, and has attended at least one home birth, who shall be a nonvoting member;*

Response: Why is a physician working in birth (i.e. an OBGYN) who are by the way trained in surgery and in pathologizing birth making decisions about women who choose out of hospital births. Midwifery care is not the same as OB care. Why is a physician allowed to be on the advisory committee that makes decisions about midwives?

*License; qualifications. (a) No person shall engage in the practice of midwifery in this State unless the person holds a current license issued by the board pursuant to this chapter. A license shall be granted to an applicant who files a board-approved application for licensure, pays the required application fees, and provides evidence to the board of the following: (1) Completion of an educational program or pathway accredited by the Midwifery Education Accreditation Council or the Accreditation Commission for Midwifery Education; (2) Documentation of a graduate letter from a school accredited by the Midwifery Education Accreditation Council or the Accreditation Commission for Midwifery Education or a letter of completion of portfolio evaluation process; and (3) Successful completion of continuing education requirements.*

Response: So many issues here that are beyond the scope of the government! First, this section completely disregards Hawaiian and other cultural birthing practices. It disregards women who choose to have a trained (but unlicensed) midwife or other birth attendant at their birth. It makes illegal the work of midwives who have been practicing competently, safely, and diligently for years. It disallows moms who want the same midwife for subsequent births to be unable to attend and care for them and their babies if the midwife isn't licensed according to the MEAC.

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

Response: This is a revenue generating law for the state and frankly preposterous.

*In all proceedings before it, the board shall have the same powers respecting administering oaths, compelling the attendance of witnesses and the production of documentary evidence, and examining witnesses as are possessed by circuit courts. In case of disobedience by any person of any order of the board, or of any subpoena issued by the board, or the refusal of any witness to testify to any matter regarding which the witness may be questioned lawfully, any circuit judge, on application by the board, shall compel obedience as in the case of disobedience of the requirements of a subpoena issued by a circuit court, or a refusal to testify therein.*

Response: This has the potential to criminalize mothers who choose out of hospital birth. We cannot trust in this case that case law gives enough precedent to protect mothers and we cannot trust the judges know the complexities and intimacies of birth enough to make a sound judgment. This section is alarming and need be removed immediately.

*§ -8 Exemptions.*

Response: Does not clearly define all reasonable exceptions. This would make uncertified doulas criminalized. This could criminalize friends and family attending out of hospital birth as well. There is no exception or mention of the laboring mother in any of this.

*§-9 Client protection.*

Response: This whole section is unnecessary. Midwives have a code of conduct already established. State regulations on this are redundant, unnecessary, and cause undue hardship on the state, the birthing family, and the midwifery profession.

*§ -11 Immunity from vicarious liability. No licensed medical provider or facility providing medical care or treatment to a person due to an emergency arising during childbirth as a consequence of care received by a licensed midwife shall be held liable for any civil damages as a result of such medical care or treatment unless the damages result from the licensed medical provider or facility's provision of or failure to provide medical care or treatment under circumstances demonstrating a reckless disregard for the consequences so as to affect the life or health of another. A physician*

*who consults with a licensed midwife but who does not examine or treat a client of the midwife shall not be deemed to have created a physician-patient relationship with the client."*

Response: This whole section has the capacity to harm mothers who need emergency services or a hospital transport. This section makes it too ambiguous for insurance purposes and legal purposes should harm arise from the medical/hospital care staff. Can insurance companies now refuse to cover homebirth moms who need emergency or hospital services?

A few notes: Who has the power to appoint individuals to the advisory committees? Why do you wish to regulate women's birthing choices and the practice of midwifery? Have you read about the medicalization of childbirth? Do you have adequate information surrounding the safety and harm of both in hospital and out of hospital childbirth? Have you asked the community of out of hospital birth consumers and midwives what their wishes are (since you are aiming to represent and make legislation for/about this population)? And for heaven's sake, why do states keep trying to regulate women's uteruses?!?!



**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Wednesday, February 8, 2017 9:57 PM  
**To:** CPH Testimony  
**Cc:** tampaltin@gmail.com  
**Subject:** \*Submitted testimony for SB1312 on Feb 14, 2017 09:00AM\*

**SB1312**

Submitted on: 2/8/2017

Testimony for CPH on Feb 14, 2017 09:00AM in Conference Room 229

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

Comments:

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Wednesday, February 8, 2017 9:46 PM  
**To:** CPH Testimony  
**Cc:** jennahia@yahoo.com  
**Subject:** Submitted testimony for SB1312 on Feb 14, 2017 09:00AM

**SB1312**

Submitted on: 2/8/2017

Testimony for CPH on Feb 14, 2017 09:00AM in Conference Room 229

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

Comments: Aloha and Mahalo for your consideration. I am writing in response to SB 1312. I oppose this bill. Midwifery is truly the oldest profession on the planet. It is a completely natural relationship and ancient practice that women have engaged in since women have been giving birth. It should not be over regulated. Cultural midwives, in particular, have sometimes more than a thousand years worth of methods, experience and insight into the process of conceiving, prenatal care and post natal care. A midwife is with the mother sometimes thru her entire process. This relationship is extremely important. There is no medical training that can replicate the deep care and connection an indigenous midwife has to the mothers and children who trust her with their care. Such a long and successful history should be honored and respected. As a healthcare professional and a woman, I support midwives and I believe they need not be regulated in the way this bill requires.

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Wednesday, February 8, 2017 2:19 PM  
**To:** CPH Testimony  
**Cc:** paahana@hawaii.edu  
**Subject:** Submitted testimony for SB1312 on Feb 14, 2017 09:00AM

**SB1312**

Submitted on: 2/8/2017

Testimony for CPH on Feb 14, 2017 09:00AM in Conference Room 229

| <b>Submitted By</b> | <b>Organization</b> | <b>Testifier Position</b> | <b>Present at Hearing</b> |
|---------------------|---------------------|---------------------------|---------------------------|
| Paahana Kincaid     | Individual          | Oppose                    | No                        |

Comments: 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, this bill is discriminate against the midwives. I would recommend Senator Baker to examine the high infant and maternal mortality rates in the OB/GYN hospital setting and focus on that instead.

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REGULAR SESSION OF 2017

For: Honorable Senate CPH Chair Baker and Committee members

Hearing date 2-14-17, 9 am Rm 229

RE: SB 1312 Relating to the Licensure of Midwives

IN OPPOSITION

Aloha honorable chair and committee members,

My name is Jolie Stewart, I am a life long Hawaii resident who attended Pahoa elementary and intermediate school and graduated from Hilo High School in 1997 on the Island of Hawai'i. I attended 3 years of UH Manoa pre-med courses, 4 years of correspondence college with the International Miracle Institute and received by bachelor degree in theology from International Miracle Institute in 2004. I have been a pastor at The Ark Christian Center for the past 13 years as well as a certified doula, certified childbirth educator, and student midwife as part of the ministry of our church to its members and to the community for over 13 years. I have also volunteered as a labor support person with Operation Special Delivery, a free service to military wives of men who are deployed.

I strongly oppose SB 1312 for the following reasons, and feel strongly that there are too many problematic areas to simply amend this bill:

1. I believe that it is every woman's right to choose who she will give birth with, and where (to whatever degree that it is physically possible for her). This is an important issue of body sovereignty and reproductive choice, and should not be compromised. I would like MY CHILDREN to be able to have the liberty and freedom to make informed choices for themselves, to choose to birth the way they feel most comfortable, being fully aware of what is "safest". Current statistics from the Jan 2017 Auditors Sunrise Analysis Regulating midwifery in Hawaii show that planned out-of-hospital births have much lower fetal death rates than those reported overall in the USA. This bill will leave no other choice for MY CHILDREN than to give birth in hospitals where infant mortality

- rates are HIGHER. How does this help to increase public safety? Again, my concern is for MY CHILDREN especially, as well as for every other woman, and family who deserves the right to sovereignly choose with whom, and where she wants to give birth.
2. SB 1312 is highly problematic. It treats out-of-hospital birthing as dangerous and is designed to control women's choices and the practice of midwifery by the medical establishment. It shows a lack of understanding for the needs of our community and of birth itself. Birth is and has been a normal, naturally occurring life event since the beginning of time. Making midwifery choices illegal will cause could potentially create more harm for mothers and babies than good.
  3. We do not, as a community, have consensus on HB 1288. Some feel that the licensure of CPM's is important enough to support the measure. Some feel that the regulation of midwifery as a whole (the recent Sunrise Analysis by the Auditor's office strongly recommends regulating everyone) is dangerous. Under the current bill, some forms of midwifery (such as traditional or direct-entry midwifery, and many types of cultural practice) would be illegal. As a student midwife, that would make all my years of study & experience useless, as well as illegal to continue in Hawaii. The exemption section of HB 1288 does not take into account the cultural & traditional practitioners or even other family members who a family might choose to support them in their birth. This bill doesn't take into account that lay people supporting birth have a long-standing spiritual as well as cultural significance in our community. It is wrong to make these practices illegal as it severely limits the choices women, couples, and families have to birth the way they see as fit and safe for them.

For these reasons I oppose SB1312.

Sincerely,

Jolie Stewart

Pastor, Doula, Childbirth Educator, Student-Midwife

## CPH Testimony

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Tuesday, February 7, 2017 9:41 PM  
**To:** CPH Testimony  
**Cc:** stardove26@yahoo.com  
**Subject:** Submitted testimony for SB823 on Feb 14, 2017 09:00AM

**Categories:** Green Category

### **SB823**

Submitted on: 2/7/2017

Testimony for CPH on Feb 14, 2017 09:00AM in Conference Room 229

| <b>Submitted By</b>    | <b>Organization</b> | <b>Testifier Position</b> | <b>Present at Hearing</b> |
|------------------------|---------------------|---------------------------|---------------------------|
| nancy campbell-kowardy | Individual          | Comments Only             | No                        |

Comments: I am a homebirthing mother of 4 and supporter of midwifery in hawaii islands. I oppose SB1312. I ask that you do also. Mahalo"

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## CPH Testimony

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**From:** Monica Esquivel <mesquivelrd@gmail.com>  
**Sent:** Sunday, February 12, 2017 4:52 PM  
**To:** CPH Testimony  
**Subject:** Opposing SB1312

Dear Senator Baker and CPH Committee Members,

I am writing to voice my concern and opposition to SB1312. I strongly believe that this measure would drastically impede a woman's right to choose where and how she gives birth. Hawaii has unique customs, traditions and geographical considerations which do not always work with the conventional medical model and families deserve the choice. Please choose to protect women's rights and our traditional practices surrounded birth.

Respectfully,

Monica K Esquivel  
Makaha Resident

**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Sunday, February 12, 2017 7:25 PM  
**To:** CPH Testimony  
**Cc:** agirepasi@gmail.com  
**Subject:** \*Submitted testimony for SB1312 on Feb 14, 2017 09:00AM\*

**SB1312**

Submitted on: 2/12/2017

Testimony for CPH on Feb 14, 2017 09:00AM in Conference Room 229

| <b>Submitted By</b> | <b>Organization</b> | <b>Testifier Position</b> | <b>Present at Hearing</b> |
|---------------------|---------------------|---------------------------|---------------------------|
| agnes repasi        | Individual          | Oppose                    | No                        |

Comments:

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Sunday, February 12, 2017 7:19 PM  
**To:** CPH Testimony  
**Cc:** klg92084@yahoo.com  
**Subject:** \*Submitted testimony for SB1312 on Feb 14, 2017 09:00AM\*

**SB1312**

Submitted on: 2/12/2017

Testimony for CPH on Feb 14, 2017 09:00AM in Conference Room 229

| <b>Submitted By</b> | <b>Organization</b> | <b>Testifier Position</b> | <b>Present at Hearing</b> |
|---------------------|---------------------|---------------------------|---------------------------|
| Kelsie Wehren       | Individual          | Oppose                    | No                        |

Comments:

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Sunday, February 12, 2017 7:09 PM  
**To:** CPH Testimony  
**Cc:** nataliah@hawaii.edu  
**Subject:** \*Submitted testimony for SB1312 on Feb 14, 2017 09:00AM\*

**SB1312**

Submitted on: 2/12/2017

Testimony for CPH on Feb 14, 2017 09:00AM in Conference Room 229

| <b>Submitted By</b>    | <b>Organization</b> | <b>Testifier Position</b> | <b>Present at Hearing</b> |
|------------------------|---------------------|---------------------------|---------------------------|
| Natalia Hussey-Burdick | Individual          | Oppose                    | No                        |

Comments:

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Sunday, February 12, 2017 6:48 PM  
**To:** CPH Testimony  
**Cc:** freenancer@gmail.com  
**Subject:** Submitted testimony for SB1312 on Feb 14, 2017 09:00AM

**SB1312**

Submitted on: 2/12/2017

Testimony for CPH on Feb 14, 2017 09:00AM in Conference Room 229

| <b>Submitted By</b> | <b>Organization</b> | <b>Testifier Position</b> | <b>Present at Hearing</b> |
|---------------------|---------------------|---------------------------|---------------------------|
| Nancy Cohen         | Individual          | Oppose                    | No                        |

Comments: There is no need for this bill!

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Sunday, February 12, 2017 6:39 PM  
**To:** CPH Testimony  
**Cc:** kuaipbkids@yahoo.com  
**Subject:** \*Submitted testimony for SB1312 on Feb 14, 2017 09:00AM\*

**SB1312**

Submitted on: 2/12/2017

Testimony for CPH on Feb 14, 2017 09:00AM in Conference Room 229

| <b>Submitted By</b> | <b>Organization</b> | <b>Testifier Position</b> | <b>Present at Hearing</b> |
|---------------------|---------------------|---------------------------|---------------------------|
| Rachel Blevins      | Individual          | Oppose                    | No                        |

Comments:

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Sunday, February 12, 2017 6:25 PM  
**To:** CPH Testimony  
**Cc:** SallyRobertson808@gmail.com  
**Subject:** Submitted testimony for SB1312 on Feb 14, 2017 09:00AM

**SB1312**

Submitted on: 2/12/2017

Testimony for CPH on Feb 14, 2017 09:00AM in Conference Room 229

| <b>Submitted By</b> | <b>Organization</b> | <b>Testifier Position</b> | <b>Present at Hearing</b> |
|---------------------|---------------------|---------------------------|---------------------------|
| Sally Robertson     | Individual          | Support                   | No                        |

Comments: As a Labor and Delivery Nurse Manager in Hawaii, I have seen many bad outcomes from Midwives with no medical training. I have four children of my own and two of them were delivered by Certified Nurse Midwives. They are very valuable members of the health care team, if they have training. Licensing midwives should be required to keep our families safe. Maternal mortality is not decreasing in the United States and unlicensed, lay midwives are part of the problem. They are not required to get any medical training. Our families deserve the best care, and by licensing trained midwives we are protecting our families. No one is properly trained to help a mother give birth, just because they have done it themselves, or they have seen someone give birth. There is great risk with each birth and proper training can prevent deaths of both the mother and her baby.

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Sunday, February 12, 2017 6:08 PM  
**To:** CPH Testimony  
**Cc:** rosannawaller@gmail.com  
**Subject:** \*Submitted testimony for SB1312 on Feb 14, 2017 09:00AM\*

**SB1312**

Submitted on: 2/12/2017

Testimony for CPH on Feb 14, 2017 09:00AM in Conference Room 229

| <b>Submitted By</b> | <b>Organization</b> | <b>Testifier Position</b> | <b>Present at Hearing</b> |
|---------------------|---------------------|---------------------------|---------------------------|
| Rosanna Waller      | Individual          | Oppose                    | No                        |

Comments:

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Sunday, February 12, 2017 5:03 PM  
**To:** CPH Testimony  
**Cc:** jmichthus@gmail.com  
**Subject:** \*Submitted testimony for SB1312 on Feb 14, 2017 09:00AM\*

**SB1312**

Submitted on: 2/12/2017

Testimony for CPH on Feb 14, 2017 09:00AM in Conference Room 229

| <b>Submitted By</b> | <b>Organization</b> | <b>Testifier Position</b> | <b>Present at Hearing</b> |
|---------------------|---------------------|---------------------------|---------------------------|
| Jessica McCormick   | Individual          | Oppose                    | No                        |

Comments:

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Sunday, February 12, 2017 9:33 AM  
**To:** CPH Testimony  
**Cc:** jhawaii8@gmail.com  
**Subject:** \*Submitted testimony for SB1312 on Feb 14, 2017 09:00AM\*

**SB1312**

Submitted on: 2/12/2017

Testimony for CPH on Feb 14, 2017 09:00AM in Conference Room 229

| <b>Submitted By</b> | <b>Organization</b> | <b>Testifier Position</b> | <b>Present at Hearing</b> |
|---------------------|---------------------|---------------------------|---------------------------|
| Juliana Koo         | Individual          | Oppose                    | No                        |

Comments:

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## CPH Testimony

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Monday, February 13, 2017 8:25 AM  
**To:** CPH Testimony  
**Cc:** stewart.brady@ymail.com  
**Subject:** Submitted testimony for SB1312 on Feb 14, 2017 09:00AM  
**Attachments:** sb1312 testimony.pages.zip

### **SB1312**

Submitted on: 2/13/2017

Testimony for CPH on Feb 14, 2017 09:00AM in Conference Room 229

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

Comments: State licensure and regulation are yet another example of the government trying to sell citizens security by infringing on their liberty to make their own choices. The state is ALWAYS an intrusion and an obstruction rather than a solution. Stop attempting to tell people how to live their lives and just allow them to be responsible for their own adult decisions.

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REGULAR SESSION OF 2017

For: Honorable Senate CPH Chair Baker and Committee members

Hearing date 2-14-17, 9 am Rm 229

**RE: SB 1312 Relating to the Licensure of Midwives**

**IN OPPOSITION**

Aloha honorable chair and committee members,

My name is Mieko Aoki, I am a Hawaii resident, and am a CPM candidate, have attended National College of Midwifery and studied under homebirth midwives with experiences over 20-30 years for the last 7 years.

I strongly oppose SB 1312 for the following reasons, and feel strongly that there are too many problematic areas to simply amend this bill:

- Regulating how, with whom and where someone gives birth is a very complex matter. It is an issue of body sovereignty and reproductive choice. My primary concerns are for the welfare of mothers and babies and the preservation of culture, tradition and people's choices. This bill does not give sufficient consideration to Hawaii 's unique customs, traditions and geographical conditions. This bill like other bills seeking to regulate midwifery treat birth as a dangerous medical condition, whereas the midwifery model sees birth as a normal natural life event. Twenty-four other states have also chosen NOT to regulate home birth, so we are not alone in trusting families to make informed choices for themselves!
- If public safety is the main reason for this bill, the Jan 2017 Auditors Sunrise Analysis shows that planned out-of- hospital births have much lower fetal death rates than those reported overall in the USA. Why then is there a need to regulate this field? If there are concerns, in my opinion

the best way to address these concerns are for practitioners from the medical model and the midwifery model to sincerely and respectfully sit at a table together (ie. task force mandated by the state), listen to each other and collaborate on more comprehensive solutions.

- The appointed advisory committee suggested in this bill to determine policy for all of the out-of-hospital birth practitioners is designed to put control in the hands of the conventional medical establishment, rather than the wide variety of home birth practitioners that serve Hawaii's people. It raises the question, what other professions have members of other professions sitting on their board? Currently midwives have no representation on the nursing or medical boards.
- **The exemption section is most concerning personally!** The first exemption is for student midwives training directly under a licensed midwife. That would make my students illegal because I, like others, am practicing midwifery under a different license. The exemptions also do not take into account cultural/traditional practitioners or other ohana members whom a family might choose to support them in their birth. Lay people supporting birth have a long-standing cultural significance in Hawaii. Again, if the purpose of this bill is to increase public safety, criminalizing the lay attendant will certainly not achieve this goal. History shows women will continue to feel it is their right to choose whomever they want to support them in their birth, and making some choices illegal will cause further distancing, and could potentially create more harm for mothers and babies.

For these reasons and more I oppose SB1312 as it stands.

Sincerely,

Mieko Aoki, Student Midwife

**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Monday, February 13, 2017 8:14 AM  
**To:** CPH Testimony  
**Cc:** drjoeka@gmail.com  
**Subject:** Submitted testimony for SB1312 on Feb 14, 2017 09:00AM

**SB1312**

Submitted on: 2/13/2017

Testimony for CPH on Feb 14, 2017 09:00AM in Conference Room 229

| <b>Submitted By</b> | <b>Organization</b> | <b>Testifier Position</b> | <b>Present at Hearing</b> |
|---------------------|---------------------|---------------------------|---------------------------|
| 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  
**Sent:** Monday, February 13, 2017 8:03 AM  
**To:** CPH Testimony  
**Cc:** jade@lemuria8.com  
**Subject:** Submitted testimony for SB1312 on Feb 14, 2017 09:00AM

**SB1312**

Submitted on: 2/13/2017

Testimony for CPH on Feb 14, 2017 09:00AM in Conference Room 229

| <b>Submitted By</b> | <b>Organization</b> | <b>Testifier Position</b> | <b>Present at Hearing</b> |
|---------------------|---------------------|---------------------------|---------------------------|
| jade mcgaff         | Individual          | Oppose                    | No                        |

Comments: As a BOARD Certified OB GYN for 30 years, I OPPOSE this bill as it is confrontational, doesnt provide the severely needed care for women on this island and all islands in Hawaii, and overall the risks are lower at home than hospital. Babies die in hospitals all the time. US is 35th in the world for maternal and infant mortality. BIRTH SOVEREIGNTY has tried for 3 years to have a state wide committee to address this problem. WE have continued education locally. Please set up the Task Force as originally promised. DO not hstily pass this bill as you will deny women access for healthy birth.

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Monday, February 13, 2017 7:58 AM  
**To:** CPH Testimony  
**Cc:** sierradew.info@gmail.com  
**Subject:** Submitted testimony for SB1312 on Feb 14, 2017 09:00AM

**SB1312**

Submitted on: 2/13/2017

Testimony for CPH on Feb 14, 2017 09:00AM in Conference Room 229

| <b>Submitted By</b> | <b>Organization</b> | <b>Testifier Position</b> | <b>Present at Hearing</b> |
|---------------------|---------------------|---------------------------|---------------------------|
| Sierra Dew          | Individual          | Oppose                    | No                        |

Comments: I chose to have a home birth last year and it was very, very important to me to be able to choose my team and method of birthing. I am one that does not feel safe or comfortable in a hospital and being that giving birth is a very intimate and emotional process, I believe It is every woman's right to choose where she will give birth and with whom. This is a matter of reproductive freedom and body sovereignty. Government does not have the right to interfere in any way. I do believe all types of practices need support and protection.

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Monday, February 13, 2017 7:54 AM  
**To:** CPH Testimony  
**Cc:** jngibbs@hotmail.com  
**Subject:** Submitted testimony for SB1312 on Feb 14, 2017 09:00AM

**SB1312**

Submitted on: 2/13/2017

Testimony for CPH on Feb 14, 2017 09:00AM in Conference Room 229

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

Comments: Hawaii birth testimony 2017Feb13 RE: SB 1312 Relating to the Licensure of Midwives IN OPPOSITION submitted by Nancy Gibbs I am a Consumer of birth and a home birth mom (home birth after two cesareans). Birth belongs to mothers. Birth is not a medical event. Birth is safe, interference is risky. The sovereignty of the mother is both a right and our own burden to carry. I am faced with all the consequences of my birth so I should make all the decisions about my birth. NO ONE cares more about myself and my baby than I. Statutes, rules, and regulations restrict – by their very definition, that's what they do – they restrict. For example, like there exists no statute that says "chew gum wherever and how ever and with whomever you want". There are only SR&Rs that say "you can't chew gum here or in this way". Licensing doesn't make anything nor anyone safer nor does it give protections; licensing is a permission slip from the government; it will only restrict, it will not loosen (see Arizona midwives). Licensing doesn't protect midwives, it doesn't protect birth, and it doesn't protect babies and birthing persons. Certification and licensing would not "protect" someone like me - a vaginal birth after two cesareans. Certification and licensing do not help someone who is post dates (gestating over 42 weeks); has gestational diabetes; is carrying multiples (twins, triplets, or more); is carrying a perceived big baby; or many other "risk factors". Birthing persons are smart enough to choose whomever they want (including no one) at their birth. Introducing laws which limit a woman's human right to choose her attendant have never been shown to improve the health of women and babies, just the opposite. Licensing does not give mothers more options; it robs them and their babies. Midwives are not more important than mothers. Hawaii is one of the remaining unique places where birth is sacred. Please help keep it this way.

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Monday, February 13, 2017 7:54 AM  
**To:** CPH Testimony  
**Cc:** tulsigreenlee@icloud.com  
**Subject:** \*Submitted testimony for SB1312 on Feb 14, 2017 09:00AM\*

**SB1312**

Submitted on: 2/13/2017

Testimony for CPH on Feb 14, 2017 09:00AM in Conference Room 229

| <b>Submitted By</b> | <b>Organization</b> | <b>Testifier Position</b> | <b>Present at Hearing</b> |
|---------------------|---------------------|---------------------------|---------------------------|
| Tulsi Greenlee      | Individual          | Oppose                    | No                        |

Comments:

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**Sent:** Monday, February 13, 2017 7:21 AM  
**To:** CPH Testimony  
**Cc:** katjabajema@gmail.com  
**Subject:** Submitted testimony for SB1312 on Feb 14, 2017 09:00AM

**SB1312**

Submitted on: 2/13/2017

Testimony for CPH on Feb 14, 2017 09:00AM in Conference Room 229

| <b>Submitted By</b> | <b>Organization</b> | <b>Testifier Position</b> | <b>Present at Hearing</b> |
|---------------------|---------------------|---------------------------|---------------------------|
| Katja Bajema        | Individual          | Oppose                    | No                        |

Comments: Aloha, I appreciate the efforts being made to get midwives licensed in the state of Hawaii. However, SB 1312 excludes many types of midwives and would therefore limit the choices women/families have too much. It is every woman's right to birth with whom and where she chooses. There are many ways for a person to become a midwife, they include a lot of education and training. These different ways of becoming a midwife should be taken into consideration when issuing licenses and should not be limited to one or two types of midwives only. I oppose SB 1312 because it excludes too many types of midwives. Mahalo, Katja Bajema, Mother of 2 hospital born children and 1 at home, childbirth educator, doula and certified lactation counselor.

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Monday, February 13, 2017 7:20 AM  
**To:** CPH Testimony  
**Cc:** chilioil@hotmail.com  
**Subject:** Submitted testimony for SB1312 on Feb 14, 2017 09:00AM

**SB1312**

Submitted on: 2/13/2017

Testimony for CPH on Feb 14, 2017 09:00AM in Conference Room 229

| <b>Submitted By</b> | <b>Organization</b> | <b>Testifier Position</b> | <b>Present at Hearing</b> |
|---------------------|---------------------|---------------------------|---------------------------|
| Dusty Middleton     | Individual          | Oppose                    | No                        |

Comments: Birth is a natural human function. Midwives and Doulas are there to help, just as mothers and sisters have always done. Would you tell your mother or sister she needs to be licensed in order to help your daughter or wife? The Hippocratic Oath contains this line: I will remember that there is art to medicine as well as science, and that warmth, sympathy, and understanding may outweigh the surgeon's knife or the chemist's drug. In an age where money rules, it's important to remember that compassion is the key to community.

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Monday, February 13, 2017 7:19 AM  
**To:** CPH Testimony  
**Cc:** noelanilove@gmail.com  
**Subject:** Submitted testimony for SB1312 on Feb 14, 2017 09:00AM

**SB1312**

Submitted on: 2/13/2017

Testimony for CPH on Feb 14, 2017 09:00AM in Conference Room 229

| Submitted By | Organization | Testifier Position | Present at Hearing |
|--------------|--------------|--------------------|--------------------|
| Noelani Love | Individual   | Oppose             | Yes                |

Comments: Aloha, My name is Noelani Love, and I am a native Hawaiian woman and an empowered and proud home birth mama. I strongly oppose BILL 1312. Birth is a natural physiological process, and every woman has the right to choose when and where she will birth her child. Birth is not an emergency, and it is not something that the government or medical system needs to be involved in. Birth is a SACRED process, and in order to bring children into the world peacefully and comfortably, and a woman should have the freedom of choice to decide how she will do this. I had a beautiful birth experience in the comfort of my home with midwife Dr. Lori Kimata, and I could not imagine having my baby any other way. As most mammals birth their babies, I too needed to be in a quiet, comfortable, familiar place where i felt I could allow my body to open up and surrender to the process of birth. I cannot imagine this happening in any hospital setting. Hospitals, in my opinion are for emergencies and the sick and dying. Pregnant women are not to be considered an emergency or sick UNLESS there is some kind of complication. Home birth midwives are trained to recognize the signs of emergency and make the transfer to a hospital if necessary. A study from The American Journal of Obstetrics and Gynecology which shows that there are far fewer complications for home births than hospital birth in the U.S. (Wax et al. 2010): Results: "Planned home births were associated with fewer maternal interventions including epidural analgesia, electronic fetal heart rate monitoring, episiotomy, and operative delivery. These women were less likely to experience lacerations, hemorrhage and infections. Neonatal outcomes of planned home births revealed less frequent prematurity, low birthweight and assisted newborn ventilation." I strongly oppose BILL 1312. As written, Bill 1312 would essentially make it illegal for the currently practicing home birth midwives to assist a home birth. This would take away my right (and all women's rights) to choose the option for a home birth. As a Native Hawaiian, I have deeply rooted cultural practices that should be respected as to how I choose to birth. This cannot be regulated by the State. I view this bill as an attempt to limit a woman's right to have freedom of choice. There are no current issues associated with midwife care in Hawaii at this time. The State has no right to interfere with the birth process. Birth is NOT a business, and it is NOT the State's Business. Let the women choose what is best for them. Thank you.

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Monday, February 13, 2017 7:04 AM  
**To:** CPH Testimony  
**Cc:** barryandnalani@yahoo.com  
**Subject:** Submitted testimony for SB1312 on Feb 14, 2017 09:00AM

**SB1312**

Submitted on: 2/13/2017

Testimony for CPH on Feb 14, 2017 09:00AM in Conference Room 229

| <b>Submitted By</b> | <b>Organization</b> | <b>Testifier Position</b> | <b>Present at Hearing</b> |
|---------------------|---------------------|---------------------------|---------------------------|
| Nalani Sato         | Individual          | Oppose                    | Yes                       |

Comments: I oppose Bill SB1312 on the account it is every woman's right to birth as she feels fit for her lifestyle. We have been successfully birthing naturally for thousands of years and will continue to do so not only for the sake of our own bodies, but of our babies who deserve to be birthed the way nature and God intended. To deny us of our right to birth at home with the assistance of a midwife is unAmerican and oppressive.  
Nalani Sato

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2/12/17

Testimony regarding SB1312

My name is Bobbie VanBatenburg, a woman, a mother, and a student midwife. I would like to express my concerns over SB1312. There are several aspects of this bill that cause me alarm. First and foremost, I feel that the nature of this bill crosses boundaries into territory that can only belong to a woman. Where and with whom a woman chooses to give birth is a choice only she can make. This is an issue of body sovereignty and I am concerned that the law is overstepping its jurisdiction, infringing upon the freedom of women in the state of Hawai'i.

As a mother, I have personally been touched by the Midwifery Model of Care in Hawai'i. The level of compassion shown to me by a prominent Maui midwife, exceeded my expectations at a critical moment in my first pregnancy. It is important to me that midwifery remains unhindered, so every mother who chooses the support of a midwife, traditional or certified, can experience this connection.

As a student midwife in pursuit of my CPM, it is important to me to see that midwives, traditional or certified, can continue to practice in the mode of their choosing. I firmly believe that there is a midwife for every mother and freedom of choice as to the level of certification or traditional experience, belongs to the mother. Apprenticeship has been the time-honored path to midwifery and we must uphold its legitimacy. While I am in favor of voluntary licensure in Hawai'i, limiting midwifery practice to those only holding licenses without creating a path to licensure to include all the wise women who have learned in the traditional method of apprenticeship is irresponsible on behalf of the lawmakers. The true freedom of choice is at stake and it is vital that we protect it.

There are many other states which have laws permitting the practice of all types of midwives— Utah, Michigan and Oregon are prime examples. Finding ways to alter this bill to promote a free market of midwives is in the best interest of both midwives and consumers. Offering a path to licensure without mandating it will generate a natural drift toward consistency in licensure, as the market will demand it over time.

Drawing a hard line, demanding licensure will only come at the cost of women's health, especially of women in the Hawai'ian culture, whose rights to choose their own cultural practitioner to attend birth need to be respected. It is unacceptable to demand that the Hawai'ian culture submit to colonization of reproductive sovereignty. Requiring licensure of traditional midwives in direct service to women who choose to adhere to their traditional cultural practices is absurd and should not even be up for discussion. It is of utmost importance that this bill be modified to reflect a respect for Hawai'ian cultural practices surrounding birth.

SB1312 has midwifery regulated under the nursing board, medicalizing midwifery, which is in direct conflict with the core belief that childbirth is a natural physiological event. To maintain the integrity of the Midwifery Model of Care, we must ensure that regulation is handled appropriately. It is preferred to use the model demonstrated by HB1288 for this process.

In short, I am in opposition of SB1312 as it stands now. I am under limited support of SB1312 with amendments as put forth by the Midwives Alliance of Hawai'i. To gain my full support of this bill, significant alterations must be made, specifically:

- 1) Exemption for cultural practitioners
- 2) Self-regulation as opposed to regulation under the nursing board
- 3) Optional licensure, permitting a free market of midwifery
- 4) Creating a path to licensure for traditional midwives
- 5) Exemption for student midwives apprenticing with traditional midwives

I am grateful for the opportunity to share my testimony. With careful consideration, we can find a solution that meets the needs of all involved.

Bobbie VanBatenburg  
Student Midwife

**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Monday, February 13, 2017 5:58 AM  
**To:** CPH Testimony  
**Cc:** kurisko808@gmail.com  
**Subject:** \*Submitted testimony for SB1312 on Feb 14, 2017 09:00AM\*

**SB1312**

Submitted on: 2/13/2017

Testimony for CPH on Feb 14, 2017 09:00AM in Conference Room 229

| <b>Submitted By</b> | <b>Organization</b> | <b>Testifier Position</b> | <b>Present at Hearing</b> |
|---------------------|---------------------|---------------------------|---------------------------|
| Amy Kurisko         | Individual          | Oppose                    | No                        |

Comments:

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**To:** CPH Testimony  
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**SB1312**

Submitted on: 2/13/2017

Testimony for CPH on Feb 14, 2017 09:00AM in Conference Room 229

| <b>Submitted By</b> | <b>Organization</b> | <b>Testifier Position</b> | <b>Present at Hearing</b> |
|---------------------|---------------------|---------------------------|---------------------------|
| Caterina Desiato    | Individual          | Oppose                    | No                        |

Comments: The proposed licensure does not take into consideration WHO's recommendations such as the following as it refers to independent direct entry midwives (not necessarily trained under licensed midwives): "More important than the type of preparation for practice offered by any government is the midwife's competence and ability to act decisively and independently." (Care in Normal Birth WHO/FRH/MSM/96.24 p. 6) Midwives competences cannot be defined solely by the suggested licensing organizations: diverse competencies must be facilitated in order to meet diverse mothers' and children's needs, doing otherwise can put at risk mothers and children by interfering with women's comfort during labor and by closing communication channels between diverse birth assistance professionals.

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**To:** CPH Testimony  
**Cc:** alawrence.herschel@gmail.com  
**Subject:** \*Submitted testimony for SB1312 on Feb 14, 2017 09:00AM\*

**SB1312**

Submitted on: 2/13/2017

Testimony for CPH on Feb 14, 2017 09:00AM in Conference Room 229

| <b>Submitted By</b> | <b>Organization</b> | <b>Testifier Position</b> | <b>Present at Hearing</b> |
|---------------------|---------------------|---------------------------|---------------------------|
| ALLISON HERSCHEL    | Individual          | Oppose                    | No                        |

Comments:

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Aloha Honorable Chair Rosalyn Baker & fellow committee members,

My name is Ye Nguyen. I am a licensed naturopathic physician, doula & midwife. I came to Hawaii after graduating from Bastyr University in 2003 to do a residency with a naturopathic physician & midwife. I have had the honor of supporting women in both a home & hospital setting for over 14 years. I currently practice midwifery under my Hawaii naturopathic medical license, as it is within my scope of practice.

I am also a mother of 2 home birth babies, who are 7 & 3 years of age. I received care from both my midwife colleagues and Ob/Gyn during both my pregnancies.

My highest calling is to support the empowerment of women through freedom of choice.

I oppose SB 1312, as written.

First and foremost, I take my stance as a mother, a consumer. I do not wish to have the State of Hawaii decide who can & cannot help me in delivering my babies. This is a very sacred & personal choice. I believe that women need to be able to freely decide who will support them through this time. At the end of the day, each woman needs to decide what brings them peace.

I understand that public safety is the main issue regarding a home birth. And yet I feel, that by making certain midwifery practitioners illegal, the practice of home birth may become even more dangerous. By making them illegal, we run the risk of moms not receiving medical help when necessary for fear of persecution. We need to focus on bridging the world of home births & hospitals, when medically necessary.

I also feel that the exemption section as listed is incomplete. Cultural/traditional Hawaiian practitioners, other family members, Traditional Midwives, and students of other practitioners who may practice midwifery under their scope of practice all need to be included.

Thank you for your time & careful consideration.

Respectfully,

Dr. Ye Nguyen

REGULAR SESSION OF 2017

For: Honorable Senate CPH Chair Baker and Committee members

Hearing date 2-14-17, 9 am Rm 229

**RE: SB 1312 Relating to the Licensure of Midwives**

**IN OPPOSITION**

Aloha honorable chair and committee members,

My name is Sara Kahele. I am a mother of four children and currently pregnant with my fifth child. All of my children were born here in Hawaii and I've lived here all my life.

I strongly oppose SB 1312 for the following reasons, and feel strongly that there are too many problematic areas to simply amend this bill:

- Giving birth is sacred. It is normal and is not a medical emergency, thus it should not be treated as such. Because it is such a personal and private event, women deserve the right to have who they desire at their birth whether it be an OBGYN or a homebirth midwife.
- It is completely understandable to desire safety for all women. However, there are other ways to go about this. As a mother, it would be less stressful for me, personally, to be able to go to my physician (as my medical backup) without be criticized and judged for choosing to birth at home. Perhaps we could find a way to have the people we desire at our births to be able to communicate openly with medical physicians.
- The appointed advisory committee suggested in this bill to determine policy for all of the out-of-hospital birth practitioners is designed to put control in the hands of the conventional medical establishment, rather than the wide variety of home birth practitioners that serve Hawaii's people. It raises the question, what other professions

have members of other professions sitting on their board? Currently midwives have no representation on the nursing or medical boards.

- **The exemption section is most concerning personally!** The first exemption is for student midwives training directly under a licensed midwife. Not only have I been a doula for 6 years, but I am also a student midwife. Lay people supporting birth have a long-standing cultural significance in Hawaii. Again, if the purpose of this bill is to increase public safety, criminalizing the lay attendant will certainly not achieve this goal. I believe that women should birth where they feel safe and comfortable. The greatest fear I have about my pregnancy is that I would have to give birth in a hospital. It gives me anxiety thinking about it, especially cause it is not always necessary. History shows women will continue to feel it is their right to choose whomever they want to support them in their birth, and making some choices illegal will cause further distancing, and could potentially create more harm for mothers and babies.

For these reasons and more I oppose SB1312 as it stands.

Sincerely,

Sara Kahele

REGULAR SESSION of 2017

For Honorable Senate CPH Chair Baker and Committee Members

Hearing 2-14-17, 9 am, Rm 229

**RE: SB 823 Relating to Naturopathic Physicians**

**IN SUPPORT**

My name is Sara Kahele and I have known and been seeing Dr. Lori Kimata for year. She has been a licensed Naturopathic Physician since 1989. I respectfully support this bill's intention to have Naturopathic Physicians recognized as Primary Care Providers for insurance reimbursement purposes. Chapter 455 licensed Naturopathic Physicians as primary care general practice doctors in 1925, and the lack of insurance coverage has been an extreme burden on patients having to pay completely out of pocket for their health care. This will be big support for those seeking alternatives as well as others who would like to see a Naturopathic Physician and are not able to without insurance reimbursement.

Please support SB 823.

Sincerely,

Sara Kahele

**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Sunday, February 12, 2017 11:39 PM  
**To:** CPH Testimony  
**Cc:** amberskyfire@yahoo.com  
**Subject:** Submitted testimony for SB1312 on Feb 14, 2017 09:00AM

**SB1312**

Submitted on: 2/12/2017

Testimony for CPH on Feb 14, 2017 09:00AM in Conference Room 229

| Submitted By | Organization | Testifier Position | Present at Hearing |
|--------------|--------------|--------------------|--------------------|
| Amber Seber  | Individual   | Comments Only      | No                 |

Comments: REGULAR SESSION OF 2017 For: Honorable Senate CPH Chair Baker and Committee Members Hearing Date 2/14/17, 9am, Room 229 RE: SB1312 Relating to the Licensure of Midwives IN OPPOSITION Aloha Honorable Chair and Committee Members, I strongly oppose SB1312 for the following reasons, and I feel that there are too many problematic areas to allow amendments to the bill to suffice: I feel SB1312 infringes on a woman's reproductive rights. Birthrights are the most basic of human rights! Women in Hawai'i currently have the right to choose where they want to give birth and who they want attending them at their birth. This choice to birth at home with an attendant of their choice is made for a variety of reasons. It may be their private philosophy, a cultural practice, a religious belief or for many other countless reasons. Hawai'i is a melting pot of cultures and beliefs that are all valid and are deserving of equal respect. All citizens of our state have a right to sovereignty over their own bodies. SB1312 takes away a woman's fundamental choice of what she may do with her own body; it is her body and her choice alone with whom she births her child. Although not everyone may understand or agree with a mother's choice, it is of the utmost importance to remember that these are individual choices and freedoms that we must not take away. Please be mindful how deeply you allow the government to infringe upon a woman's right to choose. In addition to taking away a woman's right to choose where, how, and with whom she gives birth, forced licensure of all practicing midwives puts birthing women in danger. Women who do not wish to have a medicalized birth currently choose midwifery over obstetric care. If licensure is forced, midwives will be regulated in what type of care they provide women. This means that women who want unmedicalized home births will no longer be able to have them with a midwife as the law will require specific testing and interventive practices in order for the midwife to retain her licensure. This means that if a woman disagrees with any part of her midwife's forced standard of care, the midwife must then drop the client. It is a false belief that women who are dropped by their midwives will then seek obstetric care. On the contrary, most of these women turn to last-minute unassisted home births with no caregiver at all in an attempt to avoid interventive obstetric care. Forced licensure of all midwives increases the number of women who are forced to go unassisted, alone at home. While I fully support women who choose to give birth this way, it is not

considered a choice if a woman chooses it as a last resort due to having her care stripped from her. It is absolutely imperative that we allow women to make their own care choices for where, how, and with whom they give birth. This means allowing women to choose if they want a licensed, medicalized midwife or a traditional or direct-entry midwife without license. SB1312 would place the Hawai'i State Board of Nursing in charge of regulating the practice of the homebirth midwife there by medicalizing homebirth it's self. Although many women accept the obstetric way of birth as normal, some mothers absolutely reject this line of thinking. Mothers who choose homebirth do so because they want an alternative to what is already offered to them in a hospital setting where nurse midwives predominately work. Many women view childbirth as a spiritual journey or as a normal physiological event and would prefer to have a non-medicalized birth experience. This choice is not a crime nor should it be viewed as a crime. Likewise, the wise women attending these mothers are also not committing a crime. The medicalization of homebirth eliminates many alternative birth choices which is again a violation of our most basic human rights and specifically a woman's right of choice. To quote the Midwives' Alliance of North America's position on the practice of midwifery; "Approved May 1994 The Midwives' Alliance of North America holds the position that the practice of midwifery is not a criminal offense and that midwifery practice is not the practice of medicine. In keeping with this position, MANA \* supports the passage of legislation which ensures that the rights of women and midwives are preserved \* supports the right of midwives from diverse educational backgrounds to practice in the setting of their choice \* supports the right of all women to choose their caregivers and where they will receive care Any effort to separate the midwife who wishes to serve from the woman who seeks her care is detrimental to the community. The Midwives' Alliance of North America calls for the immediate decriminalization of all midwifery practice." If the state of Hawai'i legislates specific requirements for licensure then it is beholden to provide its citizens with the reasonable means to attain those requirements. By requiring all currently practicing midwives to complete an educational program or pathway accredited by the Midwifery Education Accreditation Council (MEAC) or the Accreditation Commission for Midwifery Education (ACME) it makes many of the currently practicing midwives in our state illegal. These are wise women who have served the mothers of this state since the beginning of childbirth, whereas the CPM pathway to midwifery has only been available since the 1990's. The Hawaii Regulatory Reform Act clearly states "Regulation must not unreasonably restrict entry into professions and vocations by ALL qualified persons..." But that is exactly what this bill will do. Furthermore, as the Sunrise Audit on regulation of certified professional midwives stated "...It is our conclusion that the proposed licensure of only practitioners who have obtained a designation from a private trade organization, i.e., CPM's, may create an unfair and unnecessary competitive advantage for that segment of the midwifery profession." Clearly when you have a population of midwives who have achieved their education through a wide variety of training modalities, a license based on only two of those pathways which excludes all others will ultimately put some of our state's midwives at an unfair advantage over their non-CPM counterparts. These traditional midwives attained the same skills and education as those who completed the approved educational programs proposed under SB1312 but they will still be forced to go back to school and start their educational process over. This requirement would



force these experienced midwives to leave the state to pursue said training as there are no midwifery schools or programs currently available to them in the state of Hawai'i. If the state of Hawai'i wants to regulate all midwives fairly it should consider writing and administering its own test and set forth its own culturally inclusive requirements instead of basing its way since you're on the requirements of an outside body that will put many of its practitioners in a position of an unfair advantage from others. SB1312 does not support the long-term vitality of our economy or nurture the healthy futures of this constituency. It undermines the healthy and vibrant midwifery profession that currently exists within our state and subjugates our states traditional midwives to others who have taken advantage of opportunities in other states and allows them to be used to break down the existing birth culture here in Hawai'i. I see this as one more layer in the continued colonization of the people of Hawai'i, colonization of our very birthrights themselves! There are no MEAC or ACME accredited schools in Hawai'i. It is apparent that the Midwives Alliance of Hawai'i (MAH), a private trade organization mostly made up of CPM's, has been one of the strongest lobbies for licensure. SB1312 would reward this organization and their members with a seamless and immediate licensure while sending many of our states currently practicing elder midwives back to square one. Most members of MAH are recent mainland transplants who acquired their CPM certification in other states and then moved to Hawai'i. As with many newer residents to our state, they seek to make Hawai'i more like the mainland without recognizing our long-standing unique and diverse cultural ways. I am confident that that our representatives would preferred to create a licensing process which would support all of their constituents. If SB1312 moves forward, the only honorable way to proceed would be to grandmother in all currently practicing traditional midwives and cultural practitioners and if deemed necessary, to provide them with the funding and access necessary to achieve all of the newly imposed requirements for licensure so that ALL of the midwives who have faithfully served the women of Hawai'i may continue offering women the choice to give birth with the practitioner of their choice. This includes but is not limited to scholarships to attend approved schools, payment of the fees to take the tests and file the necessary paperwork, Setting up an approved MEAC or ACME school within the state of Hawai'i, airfare to travel to the locations where the tests are administered and more... For these reasons and so many more I respectfully oppose SB1312 Mahalo for your consideration in this matter! Amber Seber REGULAR SESSION of 2017 For Honorable Senate CPH Chair Baker and Committee Members Hearing 2/14/17, 9am, Room 229

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2/12/2017

Re: In Opposition to SB1312, Relating to Licensure of Midwives

Dear Chairs, Vice Chairs & members of CPH & WAM Committees:

As a licensed Naturopathic Physician, I can appreciate the complexities of creating laws regarding home birthing. There appear to be some inherent issues with the current draft, so I ask that this bill be rewritten to reflect the coordinated efforts of the entire midwifery community in Hawaii.

Please refer to the detailed analysis of problems in this bill cited by Dr Lori Kimata, Naturopathic Physician & Midwife of Oahu.

Thank you for the opportunity to provide testimony. Your attention to this matter is appreciated.

Respectfully,

Dr Karen Frangos

Karen M. Frangos, PT, ND  
Past President, Hawaii Society of Naturopathic Physicians  
Owner, Maui Natural Medicine & Physical Therapy, LLC  
[drkmfrangos@aol.com](mailto:drkmfrangos@aol.com)  
808-891-1111

Dear Madams and Sirs,

I am writing in opposition to Bill SB1312.

Considered high risk, my wife would have never been allowed to have a homebirth by medically oriented midwives. Only by the blessing and grace and professionalism of a traditional practitioner were we able make our own choice: the choice of homebirth instead of a hospital birth. Reproductive freedom is imperative. Families deserve a CHOICE.

My understanding is that this bill makes the practice of many forms of midwifery illegal. I fully support the parent's right to choose the best birth option that aligns with their own culture and beliefs, and I am deeply concerned and troubled by making any non-medical forms of midwifery practice illegal, or at least impossible. I also oppose any law that forbids traditional and cultural midwives from collecting payment or earning an income: it is a profession that takes much training and our midwives deserve the respect of having their professionalism recognized, and the government certainly shouldn't get in the way of allowing our midwives to earn a living.

My understanding is that this law mandates that all midwives able to collect compensation conform to being one of only two types of midwife: CPM, CNM, which are both similar in that they have to go through certain regulating bodies, and more conventional schooling. Yet many families seek traditional or cultural midwives who are outside of the prevailing conventions. By denying these traditional or cultural midwives the ability to earn a living, effectively that ends up forcing families to take a midwife that is not part of their culture or their religion. In other words, it is a form of religious oppression, and cultural genocide.

Thank you for your consideration.

Sincerely,

Ben Kinsey

Dear Senator Baker, Senator Nishihara, and committee members:

I am a Certified Professional Midwife, and I have been in practice on the Big Island since September of 2013. I was previously licensed in Oregon before moving to Hawaii.

**I want licensure in Hawaii so that the public and the medical community will recognize midwives as the legitimate, competent, safe care providers for low risk pregnant women that we are. I want midwives in Hawaii to be able to care better for their clients by having easy and legal access to lab accounts, ultrasound, medications and have continuing education in the state. I want a standard of care to for midwifery be established in Hawaii.**

I previously submitted testimony as opposing SB1312 as it is currently written. I still stand by that and do oppose SB1312 as it is currently written.

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 to provide an opportunity to license certified professional midwives. I believe midwives should be licensed and regulated under a program in the DCCA, rather than the Board of Nursing.

Three changes I ask to be implemented that HB1288 does **not** say:

1) Eligible midwife educational pathways to licensure should include the PEP: "portfolio evaluation process" as agreed upon by the US Midwifery Education.

2) I request that the bill include a licensing pathway to be established for non-CPM midwives/traditional midwives such as

a grandmothereing in of practicing current non-CPM midwives.

3) I also support an exemption for native Hawaiian cultural practitioners recommended by Papa Ola Lokahi be included in the amendment of SB1312.

I support the Midwifery board to include **exclusively** out-of-hospital care providers (Licensed Midwives) and a consumer, as HB1288 stated. Therefore **I request that SB1312 be completely replaced with the language of HB1288** as well as my three amendments listed above. HB1288 was developed with input from certified professional midwives, whom are the experts of their own profession. These amendments to the bill will provide us with a more solid foundation to move forward in the pursuit to receive licenses as midwives in Hawaii. 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.

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

Sincerely,

Darby L. Partner CPM

Kealakekua, Hawaii

REGULAR SESSION OF 2017

For: Honorable Senate CPH Chair Baker and Committee members

Hearing date 2-14-17, 9 am Rm 229

**RE: SB 1312 Relating to the Licensure of Midwives**

**IN OPPOSITION**

Aloha honorable chair and committee members,

I am person of mixed ancestry with Kanaka, Native Hawaiian, ancestral ties to Hawai‘i that span back more than 14 generations. My Kanaka ancestors left an abundance of cultural birth practices that are not known and/or recognized within hospital or midwifery practices. This bill restricts the use of my cultural practices and values within the realm of birth. I say this not to create a divide between the practices but to highlight a need for more inclusive practices and regulations.

I'd also like to open by acknowledging the monarchy of the Kingdom of Hawai‘i who first established hospitals in Hawai‘i. Queen Emma and King Kamehameha IV Alexander Liholiho who went door to door soliciting funds to create Queens Hospital in 1854 and Queen Kapi‘olani and King Kalākaua who established Kapi‘olani Medical Center for Women and Children in 1890. Our ali‘i established hospitals to hybridize both modern health technologies and traditional knowledge to provide health services to all the people in Hawai‘i. With the illegal overthrow of Hawai‘i by a group of Euro-American businessmen in 1893 and then the illegal occupation of the United States of America soon after, the values our ali‘i first established hospitals on were changed to exclusively Western Medicine. When my close associate gave birth early April her nurse told her that 95% of Kaiser Hospitals births are done with some type of intervention: Pitocin, Epidural, cesarean section, or other. These statistics are too high and the remedy to that, in the words of Dr. Lori Kimata practicing Naturopathic doctor and midwife, "the best way to address these concerns are for practitioners from the medical model, the midwifery model, (and I add cultural birth specialist) to sincerely and respectfully sit at a table together (i.e. task force mandated by the state), listen to each other and collaborate on more comprehensive solutions. This bill does not do that.

I strongly oppose SB 1312 for the following reasons, and feel strongly that there are too many problematic areas to simply amend this bill:

- This bill is too one sided of modern medical practices that lacks a holistic and diverse approach that is respectful to the varying cultures found in Hawai‘i. It does not acknowledge the high costs of giving birth within a hospital, the risks of giving birth in a hospital that treat a wide range of diseases and emergency, the high statistics within the hospital of the use of intervention practices for example but not limiting of Pitocin, Epidural, cesarean section, forceps, vacuum, shots, antibiotics, and other medical practices. This bill like other bills seeking to regulate midwifery treat birth as a dangerous medical condition, whereas the midwifery model sees birth as a normal natural life event. Twenty-four other states have also chosen NOT to regulate home birth, so we are not alone in trusting families to make informed choices for themselves!
- If public safety is the main reason for this bill, the Jan 2017 Auditors Sunrise Analysis shows that planned out-of- hospital births have much lower fetal death rates than those reported overall in the USA. Why then is there a need to regulate this field? If there are concerns, in my opinion the best way to address these concerns are for practitioners from the medical model and the midwifery model to sincerely and respectfully sit at a table together (i.e. task force mandated by the state), listen to each other and collaborate on more comprehensive solutions.
- The appointed advisory committee suggested in this bill to determine policy for all the out-of-hospital birth practitioners is designed to put control in the hands of the conventional medical establishment, rather than the wide variety of home birth practitioners that serve Hawaii’s people. It raises the question, what other professions have members of other professions sitting on their board? Currently midwives have no representation on the nursing or medical boards.
- Hawai‘i needs a bill that will support the growing need for midwives to help lower the high statistics of interventions used currently in the hospital. We need a bill that will help to offer training to midwives for in or out of the hospital births. A bill that does not criminalize a family's choice to birth outside of the hospital and be condemned if an emergency transition from home to hospital occurs.
- As a Kanaka, Native Hawaiian, there are no midwives currently trained to offer the training or services of our Kanaka culture, that require fluency in ‘Ōlelo Hawai‘i, adequate training of Hawai‘i's history, and cultural understanding of Kanaka world

views. In this light a bill cannot be made to regulate all births in Hawai'i under certified nurse midwives to service the diversity of cultures in Hawai'i.

- The scope of practice standards needs to include both natural and cultural practices standards to offer a holistic approach rather than just training in drug formulary recommendations.
- The price of the new and renewal license is too short of time to require a renewal and too expensive. For that fee there are no reciprocal benefits or services for the licensee that would be beneficial to update their training or tools to help with their trade.

For these reasons and more I oppose SB1312 as it stands.

Ke aloha no,

Pua 'O Eleili K. Pinto



**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Sunday, February 12, 2017 10:50 PM  
**To:** CPH Testimony  
**Cc:** pococompehos@yahoo.com  
**Subject:** Submitted testimony for SB1312 on Feb 14, 2017 09:00AM

**SB1312**

Submitted on: 2/12/2017

Testimony for CPH on Feb 14, 2017 09:00AM in Conference Room 229

| <b>Submitted By</b> | <b>Organization</b> | <b>Testifier Position</b> | <b>Present at Hearing</b> |
|---------------------|---------------------|---------------------------|---------------------------|
| poco compehos       | Individual          | Oppose                    | Yes                       |

Comments: Aloha I oppose this bill. I am a father of two children who were both born at home. These births were two of the most galvanizing moments of my family's life. I feel that this bill, if it passes will potentially take away the choices for other families to experience the joy we had with our homebirths. In addition to the reality that if my own children were to want a similar experience it wouldn't be allowed if this bill is passed. Again I strongly oppose SB 1312. Poco Compehos

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Sunday, February 12, 2017 10:46 PM  
**To:** CPH Testimony  
**Cc:** Kauai.Trainer@gmail.com  
**Subject:** Submitted testimony for SB1312 on Feb 14, 2017 09:00AM

**SB1312**

Submitted on: 2/12/2017

Testimony for CPH on Feb 14, 2017 09:00AM in Conference Room 229

| <b>Submitted By</b> | <b>Organization</b> | <b>Testifier Position</b> | <b>Present at Hearing</b> |
|---------------------|---------------------|---------------------------|---------------------------|
| Kauai Trainer       | Individual          | Comments Only             | No                        |

Comments: I opposed SB 1312 because it seeks to criminalize the birth options of women who desire to give birth at home without attending physicians/licensed midwives. There is a growing population of women who are choosing to give birth according to their cultural traditions, utilizing family members to help. Please continue to support the rights of women for reproductive freedom!

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Sunday, February 12, 2017 10:08 PM  
**To:** CPH Testimony  
**Cc:** Struempf22@gmail.com  
**Subject:** Submitted testimony for SB1312 on Feb 14, 2017 09:00AM

**SB1312**

Submitted on: 2/12/2017

Testimony for CPH on Feb 14, 2017 09:00AM in Conference Room 229

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

Comments: REGULAR SESSION of 2017 For Honorable Senate CPH Chair Baker and Committee Members Hearing 2/14/17, 9am, Room 229 Aloha, My name is Nicole Struempf. I am the 18 year old daughter of a traditional midwife. As a young woman with my childbearing years ahead of me, I am greatly concerned that the state of Hawai'i feels it has the right to involve itself in my reproductive rights. I want to be able to have a birth attendant of MY choice when it is my time to birth my children. I have watched my mom catch babies my whole life. Birth is a normal thing women do. Women don't need regulations about where and with whom we may birth our babies. It is a personal choice and this is why I oppose SB1312. I strongly oppose SB1312 for the following reasons, and I feel that there are too many problematic areas to allow amendments to the bill to suffice: 1. I feel SB1312 infringes on a woman's reproductive rights. Birthrights are the most basic of human rights! Women in Hawai'i currently have the right to choose where they want to give birth and who they want attending them at their birth. This choice to birth at home with an attendant of their choice is made for a variety of reasons. It may be their private philosophy, a cultural practice, a religious belief or for many other countless reasons. Hawai'i is a melting pot of cultures and beliefs that are all valid and are deserving of equal respect. All citizens of our state have a right to sovereignty over their own bodies. SB1312 takes away a woman's fundamental choice of what she may do with her own body; it is her body and her choice alone with whom she births her child. Although not everyone may understand or agree with a mother's choice, it is of the utmost importance to remember that these are individual choices and freedoms that we must not take away. Please be mindful how deeply you allow the government to infringe upon a woman's right to choose... 2. SB1312 would place the Hawai'i State Board of Nursing in charge of regulating the practice of the homebirth midwife there by medicalizing homebirth it's self. Although many women accept the obstetric way of birth as normal, some mothers absolutely reject this line of thinking. Mothers who choose homebirth do so because they want an alternative to what is already offered to them in a hospital setting where nurse midwives predominately work. Many women view childbirth as a spiritual journey or as a normal physiological event and would prefer to have a non-medicalized birth experience. This choice is not a crime nor should it be viewed as a crime. Likewise, the wise women attending these mothers are also not

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

schools in Hawai'i. It is apparent that the Midwives Alliance of Hawai'i (MAH), a private trade organization mostly made up of CPM's, has been one of the strongest lobbies for licensure. SB1312 would reward this organization and their members with a seamless and immediate licensure while sending many of our states currently practicing elder midwives back to square one. Most members of MAH are recent mainland transplants who acquired their CPM certification in other states and then moved to Hawai'i. As with many newer residents to our state, they seek to make Hawai'i more like the mainland without recognizing our long-standing unique and diverse cultural ways. I am confident that that our representatives would preferred to create a licensing process which would support all of their constituents. If SB1312 moves forward, the only honorable way to proceed would be to grandmother in all currently practicing traditional midwives and cultural practitioners and if deemed necessary, to provide them with the funding and access necessary to achieve all of the newly imposed requirements for licensure so that ALL of the midwives who have faithfully served the women of Hawai'i may continue offering women the choice to give birth with the practitioner of their choice. This includes but is not limited to scholarships to attend approved schools, payment of the fees to take the tests and file the necessary paperwork, Setting up an approved MEAC or ACME school within the state of Hawai'i, airfare to travel to the locations where the tests are administered and more... For these reasons and so many more I respectfully oppose SB1312 Mahalo for your consideration in this matter! Nicole E. Struempf  
REGULAR SESSION of 2017 For Honorable Senate CPH Chair Baker and Committee Members Hearing 2/14/17, 9am, Room 229

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February 12, 2017

Senator Rosalyn Baker, Chair  
Senator Clarence Nishihara, Vice Chair  
Committee on Commerce, Consumer Protection, and Health  
Hawaii State Capitol  
415 S. Beretania Street  
Honolulu, Hawaii 96813

Opposition to SB1312 Relating to the Licensure of Midwives

Dear Honorable Senator Baker, Honorable Senator Nishihara, and Members of this Committee:

Thank you for this opportunity to submit testimony on SB1312. I am a certified nurse-midwife and a member of the Hawaii Affiliate of the American College of Nursing, and Midwives Alliance of Hawaii. I trained as a homebirth midwife, and birthed my two sons at home, one on the island of Oahu. I live and work on Oahu, and am submitting written testimony in opposition to SB1312 as it is currently written.

I appreciate your efforts to protect the health and well being of women and infants by considering the regulation of midwives who are not nurse-midwives in the state; however, I cannot support this bill as it is written due to the following reasons.

1. This bill will establish governance and oversight of non-nurse midwives under the Hawaii Board of Nursing (BON), rather than with the Department of Commerce and Consumer Affairs (DCCA)
2. This bill is not in compliance with the US Midwifery, Education, Regulation and Association (US MERA) standards for education and licensure of midwives
3. This bill does not provide a pathway for traditional midwives and non-CPM midwives who have been practicing in this State for many years to continue their practice

In summary, I urge this committee to oppose SB1312 as it is written. I support the development of a multidisciplinary task force to draft a single, comprehensive bill in order to be able to submit this to the legislature in 2018. As a CNM, homebirth mother and advocate, I appreciate the work that has been done to licensure for Certified Professional Midwives and I am more than willing to assist with that endeavor.

Respectfully,

Cheryl Eiko Cusick  
CNM, APRN, IBCLC, MPH  
[eikocusick@gmail.com](mailto:eikocusick@gmail.com)

As a woman and a mother, I cannot support SB1312 because it would make traditional midwives and cultural practitioners illegal and limit the birthing choices of women in Hawaii.

I have worked with many of the traditional midwives in Hawaii. Not only are they more than competent but they are exceptional in providing care to birthing women.

That fact aside, it is a mother's right to choose to birth when, where, and with whom she feels comfortable. SB1312 would be in direct opposition to these essential human rights and would severely limit the women of Hawaii's choices. This would drive women to birth under circumstances where they may feel less than comfortable and would cost the state monetarily in the form of care for mothers suffering PPD and other forms of morbidity from lack of or substandard care.

Pregnancy and birth are normal functions of biology and are not medical events. As such, women must be free to choose caregivers who are not medical professionals to attend to them should they choose.

One of my previous births occurred in California and I was forced to transfer to a hospital for assistance where I was severely injured and violated by the Obstetrician on call. If not for the then recently passed licensure laws I would have called my trusted and competent midwife instead. She had sadly been arrested two weeks prior to my birth simply for practicing as a religious midwife under what was the religious exemption clause in California.

Aloha mai kakou,

I present this as a mother of three whom has given birth both in a hospital and at home. All three births were beautiful in their own way, but what matters most is that I chose where and with whom I gave birth. I educated myself with the options available here in Hawai'i, and chose accordingly. Now awaiting the birth of my fourth child, I deserve that same right to trust in myself, my kupuna, and my ohana to birth in the best way we see fit. It is my ancestral right to labor and birth in the same way they did. Our midwives and doulas are experts in their fields who build strong relationships with the families they serve. They deserve to practice in the ways and knowledge that has been passed down to them for generations. I oppose this proposed bill and the regulations it would impose.

Mahalo,

T. Kapeka Forges



**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Sunday, February 12, 2017 9:34 PM  
**To:** CPH Testimony  
**Cc:** paolomorgan@yahoo.com  
**Subject:** Submitted testimony for SB1312 on Feb 14, 2017 09:00AM

**SB1312**

Submitted on: 2/12/2017

Testimony for CPH on Feb 14, 2017 09:00AM in Conference Room 229

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

Comments: REGULAR SESSION OF 2017 For: Honorable Senate CPH Chair Baker and committee members Hearing date 2-14-17, 9 am, Rm 229 RE: SB 1312 Relating to the Licensure of Midwives IN OPPOSITION Aloha Honorable Chair and Committee Members, I have been a resident in the great state of Hawaii since 2005. I am a Father, Husband and small business owner on the Big Island of Hawaii. I came here to build farms and work the land to produce local, organic, sustainable food, and ended up starting a family too. I am an active participant in the social contract, politically active and in touch with my community. I oppose bill SB1312 for the following reasons: 1. Current laws in Hawaii must show respect to and representation of cultural traditions still held by the people. In my 12 years here I have embraced the rich cultural history of the islands. In Hawaii, there are two distinct ideologies that must be represented when laws are made. While we are one of fifty states in a union of governments, we are also a relatively new system draped delicately over the top of a culture and set of agreements much more ancient, and for many, still sacred. State Government's role in Hawaii must represent both the current understanding of legal frameworks throughout our country, while maintaining a guardianship of the system that came before. New laws must be viewed not just by current perspectives, but also through the lens of cultural preservation and representation. It is with this understanding that I write in opposition to SB1312. This is a poorly constructed bill that will serve to delegitimize real working women in our state, and harms a long lineage of past women in the process. 2. SB1312 would serve to criminalize traditional midwifery. Elevating one path to midwifery over other, more tested methods of training is a disservice to the countless generations of women it took to develop midwifery in the first place. Midwifery is a worldwide heritage relying upon apprenticeship and real birth experience. Several generations back, all of our relatives were born into the loving hands of what we now know as a DEM (direct entry midwife). Legislation that serves to interrupt this unbroken heritage is both irresponsible and historically blind. 3. This is dividing an important circle of women in our community. There is no safety net for the midwives, mothers, and infants who are directly impacted by SB1312. Beyond politics, this is personal for me. My wife is a DEM. Through the ancient art of apprenticeship, she learned and has legally practiced traditional midwifery in this state for 15 years. I'm one of the privileged few. I have heard

what really happens, and the women who do this have to trust each other. This bill is dividing them. The dialog is shifting from caring for mothers and their infants to billing insurance and licensure. Legitimate women are fearful of losing their positions, their practices, and their way of life. This bill is shortsighted and directly targets and effectively criminalizes a career path that takes a decade to complete, with no safety net in place, and no respect given to the women in the middle of this journey. 4. Finally, SB1312 destroys family heritage by criminalizing a peaceful, intentional, loving human process. Birth at home is a choice, and ultimately a fundamental human right. My son, Henry Winston, was born at home, in a birth pool on our lanai, attended by a DEM. My daughter, Abbea Rose, was born at home in our bedroom, attended by the same DEM. I was born in 1979, at home, attended by a DEM. Both of my grandmothers, and their grandmothers were a part of this lineage. I expect the Hawaii State Government to represent me, and people like me. I expect my son and daughter to also have the right to this fundamental choice of who gets invited to the sacred family ceremony of birth. I am in full opposition to SB1312. Thank you for your time and consideration of this matter. Sincerely, Paolo Morgan REGULAR SESSION of 2017 For Honorable Senate CPH Chair Baker and Committee Members Hearing 2-14-17, 9 am, Rm 229

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**To:** CPH Testimony  
**Cc:** kelseypinhawaii@hotmail.com  
**Subject:** Submitted testimony for SB1312 on Feb 14, 2017 09:00AM

**SB1312**

Submitted on: 2/12/2017

Testimony for CPH on Feb 14, 2017 09:00AM in Conference Room 229

| <b>Submitted By</b> | <b>Organization</b> | <b>Testifier Position</b> | <b>Present at Hearing</b> |
|---------------------|---------------------|---------------------------|---------------------------|
| Kelsey Poaha        | Individual          | Oppose                    | No                        |

Comments: OPPOSING BILL 1312!!! This bill restricts the rights of a woman's choice regarding her labor and delivery. A woman should be able to choose whom shall be present. Birth is NOT a medical procedure. Birth is a natural process of bringing a baby into the world. Licensure should NOT be necessary for midwives, CPM's or anyone who assists a mother with her birth. The bill should not dictate women's options relating to birth. It's her body, her baby, her choice. Let her decide who will be present to assist her whether its someone licensed or not.

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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:** Sunday, February 12, 2017 9:26 PM  
**To:** CPH Testimony  
**Cc:** bonniejchang@yahoo.com  
**Subject:** Submitted testimony for SB1312 on Feb 14, 2017 09:00AM

**SB1312**

Submitted on: 2/12/2017

Testimony for CPH on Feb 14, 2017 09:00AM in Conference Room 229

| Submitted By  | Organization | Testifier Position | Present at Hearing |
|---------------|--------------|--------------------|--------------------|
| Bonnie Parker | Individual   | Oppose             | No                 |

Comments: REGULAR SESSION OF 2017 For: Honorable Senate CPH Chair Baker and Committee members Hearing date 2-14-17, 9 am Rm 229 RE: SB 1312 Relating to the Licensure of Midwives IN OPPOSITION Aloha honorable chair and committee members, My name is Bonnie Parker, mother of three boys through natural births, two of which were home births. I strongly oppose SB 1312 for the following reasons, and feel strongly that there are too many problematic areas to simply amend this bill: • Regulating how, with whom and where someone gives birth is a very complex matter. It is an issue of body sovereignty and reproductive choice. My primary concerns are for the welfare of mothers and babies and the preservation of culture, tradition and people's choices. This bill does not give sufficient consideration to Hawaii 's unique customs, traditions and geographical conditions. This bill like other bills seeking to regulate midwifery treat birth as a dangerous medical condition, whereas the midwifery model sees birth as a normal natural life event. Twenty-four other states have also chosen NOT to regulate home birth, so we are not alone in trusting families to make informed choices for themselves! • If public safety is the main reason for this bill, the Jan 2017 Auditors Sunrise Analysis shows that planned out-of- hospital births have much lower fetal death rates than those reported overall in the USA. Why then is there a need to regulate this field? If there are concerns, in my opinion the best way to address these concerns are for practitioners from the medical model and the midwifery model to sincerely and respectfully sit at a table together (ie task force mandated by the state), listen to each other and collaborate on more comprehensive solutions. • The appointed advisory committee suggested in this bill to determine policy for all of the out-of-hospital birth practitioners is designed to put control in the hands of the conventional medical establishment, rather than the wide variety of home birth practitioners that serve Hawaii's people. It raises the question, what other professions have members of other professions sitting on their board? Currently midwives have no representation on the nursing or medical boards. • The exemption section is most concerning personally! The first exemption is for student midwives training directly under a licensed midwife. That would make my students illegal because I, like others, am practicing midwifery under a different license. The exemptions also do not take into account cultural/traditional practitioners or other ohana members whom a family might choose to support them in

their birth. Lay people supporting birth have a long-standing cultural significance in Hawaii. Again, if the purpose of this bill is to increase public safety, criminalizing the lay attendant will certainly not achieve this goal. History shows women will continue to feel it is their right to choose whomever they want to support them in their birth, and making some choices illegal will cause further distancing, and could potentially create more harm for mothers and babies. For these reasons and more I oppose SB1312 as it stands. Sincerely, Bonnie Parker, Mother and Community Member

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Sunday, February 12, 2017 9:22 PM  
**To:** CPH Testimony  
**Cc:** lindacnm@yahoo.com  
**Subject:** \*Submitted testimony for SB1312 on Feb 14, 2017 09:00AM\*

**SB1312**

Submitted on: 2/12/2017

Testimony for CPH on Feb 14, 2017 09:00AM in Conference Room 229

| <b>Submitted By</b> | <b>Organization</b> | <b>Testifier Position</b> | <b>Present at Hearing</b> |
|---------------------|---------------------|---------------------------|---------------------------|
| Linda S. Chong Tim  | Individual          | Oppose                    | No                        |

Comments:

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To whom it may concern,

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

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

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

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

Thank you for your time.

Anabel Kinsey



**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Sunday, February 12, 2017 9:16 PM  
**To:** CPH Testimony  
**Cc:** drkimhaine@mac.com  
**Subject:** Submitted testimony for SB1312 on Feb 14, 2017 09:00AM

**SB1312**

Submitted on: 2/12/2017

Testimony for CPH on Feb 14, 2017 09:00AM in Conference Room 229

| <b>Submitted By</b> | <b>Organization</b> | <b>Testifier Position</b> | <b>Present at Hearing</b> |
|---------------------|---------------------|---------------------------|---------------------------|
| Dr. Kim Haine       | Individual          | Oppose                    | No                        |

Comments: I feel that a new bill should be introduced that does not discriminate and includes ALL currently unregulated midwives.

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## CPH Testimony

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Sunday, February 12, 2017 9:14 PM  
**To:** CPH Testimony  
**Cc:** gmachawaii@gmail.com  
**Subject:** Submitted testimony for SB1312 on Feb 14, 2017 09:00AM  
**Attachments:** Nicole McNamara Testimony.pages

**Categories:** Green Category

### **SB1312**

Submitted on: 2/12/2017

Testimony for CPH on Feb 14, 2017 09:00AM in Conference Room 229

| <b>Submitted By</b> | <b>Organization</b> | <b>Testifier Position</b> | <b>Present at Hearing</b> |
|---------------------|---------------------|---------------------------|---------------------------|
| Nicole McNamara     | Individual          | Oppose                    | Yes                       |

#### Comments:

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Sunday, February 12, 2017 9:06 PM  
**To:** CPH Testimony  
**Cc:** kaloko4@aol.com  
**Subject:** Submitted testimony for SB1312 on Feb 14, 2017 09:00AM

**SB1312**

Submitted on: 2/12/2017

Testimony for CPH on Feb 14, 2017 09:00AM in Conference Room 229

| Submitted By                     | Organization | Testifier Position | Present at Hearing |
|----------------------------------|--------------|--------------------|--------------------|
| Rachel L. Curnel<br>Struempf DEM | Individual   | Oppose             | No                 |

Comments: REGULAR SESSION OF 2017 For: Honorable Senate CPH Chair Baker and Committee Members Hearing Date 2/14/17, 9am, Room 229 RE: SB1312 Relating to the Licensure of Midwives IN OPPOSITION Aloha Honorable Chair and Committee Members, My name is Rachel Struempf, I am a mother who has given birth at home with a traditional midwife to four of my five children. I am also a practicing traditional homebirth midwife with over a decade of serving the women of this fine state of Hawai'i as a primary midwife. I am not a CPM not do I want to be. I am proud to be a traditional midwife! I am unique in that my education in midwifery has been achieved entirely in the state of Hawai'i through the only pathway currently available to it's residents. I served a lengthy decade long apprenticeship with a very wise and experienced traditional midwife, in addition I attended births with multiple traditional midwives, CPM midwives, nurse midwives as well as obstetricians. On my journey I have had the pleasure to learn from many highly respected teachers from around the globe. I voluntarily attend continuing education courses throughout the United States, these courses have included but are not limited to attendance of international midwifery conferences, advanced technique advanced workshops in suturing, unusual birth presentations, dealing with maternal shock, postpartum hemorrhage and assessing a newborn at birth. I feel it is imperative for all midwives to maintain current certifications for neonatal resuscitation as well as infant, child and adult CPR. If this bill passes, it will no longer be legal for me to practice my profession, a profession that I have dedicated over 22 years of my life to. In addition, the women and families of my community on Hawai'i island will be left with fewer choices to provide safe, out of hospital birth services-- forcing many of these women instead to choose an unassisted homebirth. I strongly oppose SB1312 for the following reasons, and I feel that there are too many problematic areas to allow amendments to the bill to suffice: 1. I feel SB1312 infringes on a woman's reproductive rights. Birthrights are the most basic of human rights! Women in Hawai'i currently have the right to choose where they want to give birth and who they want attending them at their birth. This choice to birth at home with an attendant of their choice is made for a variety of reasons. It may be their private philosophy, a cultural practice, a religious belief or for many other countless reasons. Hawai'i is a melting pot of cultures and

beliefs that are all valid and are deserving of equal respect. All citizens of our state have a right to sovereignty over their own bodies. SB1312 takes away a woman's fundamental choice of what she may do with her own body; it is her body and her choice alone with whom she births her child. Although not everyone may understand or agree with a mother's choice, it is of the utmost importance to remember that these are individual choices and freedoms that we must not take away. Please be mindful how deeply you allow the government to infringe upon a woman's right to choose... 2. SB1312 would place the Hawai'i State Board of Nursing in charge of regulating the practice of the homebirth midwife there by medicalizing homebirth it's self. Although many women accept the obstetric way of birth as normal, some mothers absolutely reject this line of thinking. Mothers who choose homebirth do so because they want an alternative to what is already offered to them in a hospital setting where nurse midwives predominately work. Many women view childbirth as a spiritual journey or as a normal physiological event and would prefer to have a non-medicalized birth experience. This choice is not a crime nor should it be viewed as a crime. Likewise, the wise women attending these mothers are also not committing a crime. The medicalization of homebirth eliminates many alternative birth choices which is again a violation of our most basic human rights and specifically a woman's right of choice. To quote the Midwives' Alliance of North America's position on the practice of midwifery; "Approved May 1994 The Midwives' Alliance of North America holds the position that the practice of midwifery is not a criminal offense and that midwifery practice is not the practice of medicine. In keeping with this position, MANA \* supports the passage of legislation which ensures that the rights of women and midwives are preserved \* supports the right of midwives from diverse educational backgrounds to practice in the setting of their choice \* supports the right of all women to choose their caregivers and where they will receive care Any effort to separate the midwife who wishes to serve from the woman who seeks her care is detrimental to the community. The Midwives' Alliance of North America calls for the immediate decriminalization of all midwifery practice." 3. If the state of Hawai'i legislates specific requirements for licensure then it is beholden to provide its citizens with the reasonable means to attain those requirements. By requiring all currently practicing midwives to complete an educational program or pathway accredited by the Midwifery Education Accreditation Council (MEAC) or the Accreditation Commission for Midwifery Education (ACME) it makes many of the currently practicing midwives in our state illegal. These are wise women who have served the mothers of this state since the beginning of childbirth, whereas the CPM pathway to midwifery has only been available since the 1990's. The Hawaii Regulatory Reform Act clearly states "Regulation must not unreasonably restrict entry into professions and vocations by ALL qualified persons..." But that is exactly what this bill will do. Furthermore, as the Sunrise Audit on regulation of certified professional midwives stated "...It is our conclusion that the proposed licensure of only practitioners who have obtained a designation from a private trade organization, i.e., CPM's, may create an unfair and unnecessary competitive advantage for that segment of the midwifery profession." Clearly when you have a population of midwives who have achieved their education through a wide variety of training modalities, a license based on only two of those pathways which excludes all others will ultimately put some of our state's midwives at an unfair advantage over their non-CPM counterparts. These

traditional midwives attained the same skills and education as those who completed the approved educational programs proposed under SB1312 but they will still be forced to go back to school and start their educational process over. This requirement would force these experienced midwives to leave the state to pursue said training as there are no midwifery schools or programs currently available to them in the state of Hawai'i. If the state of Hawai'i wants to regulate all midwives fairly it should consider writing and administering its own test and set forth its own culturally inclusive requirements instead of basing its way since you're on the requirements of an outside body that will put many of its practitioners in a position of an unfair advantage from others. 4. SB1312 does not support the long-term vitality of our economy or nurture the healthy futures of this constituency. It undermines the healthy and vibrant midwifery profession that currently exists within our state and subjugates our states traditional midwives to others who have taken advantage of opportunities in other states and allows them to be used to break down the existing birth culture here in Hawai'i. I see this as one more layer in the continued colonization of the people of Hawai'i, colonization of our very birthrights themselves! There are no MEAC or ACME accredited schools in Hawai'i. It is apparent that the Midwives Alliance of Hawai'i (MAH), a private trade organization mostly made up of CPM's, has been one of the strongest lobbies for licensure. SB1312 would reward this organization and their members with a seamless and immediate licensure while sending many of our states currently practicing elder midwives back to square one. Most members of MAH are recent mainland transplants who acquired their CPM certification in other states and then moved to Hawai'i. As with many newer residents to our state, they seek to make Hawai'i more like the mainland without recognizing our long-standing unique and diverse cultural ways. I am confident that that our representatives would preferred to create a licensing process which would support all of their constituents. If SB1312 moves forward, the only honorable way to proceed would be to grandmother in all currently practicing traditional midwives and cultural practitioners and if deemed necessary, to provide them with the funding and access necessary to achieve all of the newly imposed requirements for licensure so that ALL of the midwives who have faithfully served the women of Hawai'i may continue offering women the choice to give birth with the practitioner of their choice. This includes but is not limited to scholarships to attend approved schools, payment of the fees to take the tests and file the necessary paperwork, Setting up an approved MEAC or ACME school within the state of Hawai'i, airfare to travel to the locations where the tests are administered and more... For these reasons and so many more I respectfully oppose SB1312 Mahalo for your consideration in this matter! Rachel L. Curnel Struempf, Traditional Midwife REGULAR SESSION of 2017 For Honorable Senate CPH Chair Baker and Committee Members Hearing 2/14/17, 9am, Room 229

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Sunday, February 12, 2017 9:03 PM  
**To:** CPH Testimony  
**Cc:** Puafurtado7@gmail.com  
**Subject:** \*Submitted testimony for SB1312 on Feb 14, 2017 09:00AM\*

**SB1312**

Submitted on: 2/12/2017

Testimony for CPH on Feb 14, 2017 09:00AM in Conference Room 229

| <b>Submitted By</b> | <b>Organization</b> | <b>Testifier Position</b> | <b>Present at Hearing</b> |
|---------------------|---------------------|---------------------------|---------------------------|
| Puanani Furtado     | Individual          | Oppose                    | No                        |

Comments:

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Sunday, February 12, 2017 8:50 PM  
**To:** CPH Testimony  
**Cc:** noellemanriquez@gmail.com  
**Subject:** Submitted testimony for SB1312 on Feb 14, 2017 09:00AM

**SB1312**

Submitted on: 2/12/2017

Testimony for CPH on Feb 14, 2017 09:00AM in Conference Room 229

| <b>Submitted By</b> | <b>Organization</b> | <b>Testifier Position</b> | <b>Present at Hearing</b> |
|---------------------|---------------------|---------------------------|---------------------------|
| noelle manriquez    | Individual          | Support                   | No                        |

Comments: In 2014 I attempted a homebirth on Maui- but was "unsuccessful" because of my babies positioning, I transferred to the hospital but my midwife was not allowed to come with me. I was treated as a total pariah for wanting to birth at home, and my midwife had no respect as the health care professional that she was. In 2016 I had another baby and stayed home again for her birth. Long story short- I love homebirth and options and support for childbirth is very needed in Hawaii. I support this bill but would like to see an amendment to include/protect those of Hawaiian lineage who are cultural practitioners ( Pale Keiki).

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Sunday, February 12, 2017 7:44 PM  
**To:** CPH Testimony  
**Cc:** vidiearthbirth@gmail.com  
**Subject:** \*Submitted testimony for SB1312 on Feb 14, 2017 09:00AM\*

**SB1312**

Submitted on: 2/12/2017

Testimony for CPH on Feb 14, 2017 09:00AM in Conference Room 229

| <b>Submitted By</b> | <b>Organization</b> | <b>Testifier Position</b> | <b>Present at Hearing</b> |
|---------------------|---------------------|---------------------------|---------------------------|
| Vicki Diloia        | Individual          | Oppose                    | No                        |

Comments:

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## CPH Testimony

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**From:** Mala Light <gentlebirthheals@gmail.com>  
**Sent:** Monday, February 13, 2017 8:12 AM  
**To:** CPH Testimony  
**Subject:** Fwd: testimomny against Bill SB1312

Sent from my iPhone

Begin forwarded message:

> Feb. 13,2017

>

> To All Concerned Citizens,

>

> This is a testimony against Bill SB1312.

>

> I am a Certified Professional Midwife practicing in Hawaii and I practice in the hospital and out of the hospital.

> The North American Midwives Association of North America has created the necessary support, standards and documentation to show that CPM's are competent to deliver Comprehensive Obstetric Care to all races ,all colors ,all cultures. Hawaii with its rich influence of these cultures needs to provide better cultural sensitive care to these people.

> A pregnant women is not sick and therefore does not need to be n the hospital to birth her baby.

> Certified Professional Midwives need to be included in this Bill for licensure because Hawaii needs to acknowledge the choices people have to birth their babies, which is in hospital or out of hospital birth.The CPM's need health insurance to cover them so they can join the medical workforce in collaboration with the nurses and doctors.

>

> I would like to adjust the following points in this bill; 1-Replace

> SB1313 with the language used in Bill SB1288 2-Specifically include

> Licensure for Certified Professional Midwives with 3-Health insurance

> coverage for these Certified midwives

> 4- Support the practice of midwifery proposed by Papa Ola Lokahi

>

> I am not in support of bill SB1312.

> Thank you

> Martha Landt,CPM,LMT.

>

## CPH Testimony

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**From:** Robert Pantell <bobpantell@yahoo.com>  
**Sent:** Sunday, February 12, 2017 10:24 PM  
**To:** CPH Testimony  
**Subject:** SB 1312

Senator Baker,

Thank you for your efforts to assure a safe birthing experience for women and their newborns through SB1312. However I am opposed to the bill due to numerous flaws. In parts it blurs the distinction between nurse midwives and professional midwives. There are substantial differences; nurse midwives are Advanced Practice Registered Nurses with substantial advanced training in midwifery, the care of newborns and pharmacology. They are recurrently licensed under the Board of Nursing. This bill goes too far in giving professional midwives the right to prescribe medication despite the lack of training of nurse midwives

I have been involved in the training of nurse practitioners since 1970, employed 5 when I was in practice in Idaho in the early 1970s and worked closely with the Idaho Board of Nursing and State Legislature to assure they were entitled to independent practice and gained prescriptive authority. I have worked closely with nurse practitioners in 4 states and continue to do so today. Two of my wife's births were attended by nurse midwives.

Nurse midwives always have back up plans in case of obstetrical emergencies to care for the mother and newborn. I see no such assurances in this bill. The bill also introduces home births, an issue that merits separate consideration. Finally, the board seems inadequate to the task with only 4 voting members. Also, the composition and experience of the medical advisor is inadequate at 20 births annually. I did 35 births as a medical student hardly making me competent.

As a practicing pediatrician for the past 45+ years, I urge you to bring together a group of qualified individuals to create a regulatory and licensing system that will guarantee that mothers and infants receive the high quality care they deserve.

Respectfully,

Robert H. Pantell, MD, FAAP

## CPH Testimony

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**From:** Paolo Morgan <paolomorgan@yahoo.com>  
**Sent:** Sunday, February 12, 2017 9:42 PM  
**To:** CPH Testimony  
**Subject:** SB1312 testimony

REGULAR SESSION OF 2017

For: Honorable Senate CPH Chair Baker and Committee Members

Hearing date 2-14-17, 9 am, Rm 229

**RE: SB 1312 Relating to the Licensure of Midwives**

### **IN OPPOSITION**

Aloha Honorable Chair and Committee Members,

I have been a resident in the great state of Hawai'i since 2005. I am a Father, Husband and small business owner on the Big Island of Hawai'i. I came here to build farms and work the land to produce local, organic, sustainable food, and ended up starting a family too. I am an active participant in the social contract, politically active and in touch with my community. I oppose bill SB1312 for the following reasons:

1. Current laws in Hawai'i must show respect to and representation of cultural traditions still held by the people.

In my 12 years here I have embraced the rich cultural history of the islands. In Hawai'i, there are two distinct ideologies that must be represented when laws are made. While we are one of fifty states in a union of governments, we are also a relatively new system draped delicately over the top of a culture and set of agreements much more ancient, and for many, still sacred. State Government's role in Hawai'i must represent both the current understanding of legal frameworks throughout our country, while maintaining a guardianship of the system that came before. New laws must be viewed not just by current perspectives, but also through the lens of cultural preservation and representation. It is with this understanding that I write in opposition to SB1312. This is a poorly constructed bill that will serve to delegitimize real working women in our state, and harms a long lineage of past women in the process.

2. SB1312 would serve to criminalize traditional midwifery.

Elevating one path to midwifery over other, more tested methods of training is a disservice to the countless generations of women it took to develop midwifery in the first place. Midwifery is a worldwide heritage relying upon apprenticeship and real birth experience. Several generations back, all of our relatives were born into the

loving hands of what we now know as a traditional midwife or DEM (direct entry midwife). Legislation that serves to interrupt this unbroken heritage is both irresponsible and historically blind.

3. This legislation is dividing an important circle of wise women in our community. There is no safety net for the midwives, mothers, and infants who are directly impacted by SB1312.

Beyond politics, this is personal for me. My wife is a traditional midwife (DEM). Through the ancient art of apprenticeship, she learned her profession and has legally practiced traditional midwifery in this state for 15 years. I'm one of the privileged few. I have heard what really happens, and the women who do this have to trust each other. This bill is dividing them. The dialog is shifting from caring for mothers and their infants to billing insurance and licensure. Legitimate women are fearful of losing their positions, their practices, and their way of life. This bill is shortsighted and directly targets and effectively criminalizes a career path that takes a decade to complete, with no safety net in place, and no respect given to the women in the middle of this journey.

4. Finally, SB1312 destroys family heritage by criminalizing a peaceful, intentional, loving human process. Birth at home is a choice, and ultimately a fundamental human right.

My son, Henry Winston, was born at home, in a birth pool on our lanai, attended by a DEM. My daughter, Abbea Rose, was born at home in our bedroom, attended by the same DEM. I was born in 1979, at home, attended by a DEM. Both of my grandmothers, and their grandmothers were a part of this lineage. I expect the Hawai'i State Government to represent me, and people like me. I expect my son and daughter to also have the right to this fundamental choice of who gets invited to the sacred family ceremony of birth.

I am in full opposition to SB1312. Thank you for your time and consideration of this matter.

Sincerely,

Paolo Morgan

REGULAR SESSION of 2017

For Honorable Senate CPH Chair Baker and Committee Members

Hearing 2-14-17, 9 am, Rm 229

## CPH Testimony

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**From:** Dawn M Brown <dawnm\_b@yahoo.com>  
**Sent:** Sunday, February 12, 2017 9:29 PM  
**To:** CPH Testimony  
**Subject:** TESTIMONY IN SUPPORT WITH AMENDMENTS OF SB1312,

Date: Feb 12, 2016

To:  
Senate Committee on Commerce, Consumer Protection, and Health  
Senator Rosalyn H. Baker, Chair  
Senator Clarence K. Nishihara, Vice Chair  
Conference Room 229  
Hawaii State Capitol  
415 South Beretania Street  
Honolulu, HI 96813

From: Dawn M Brown-CPM

Time: Twenty-Ninth Legislature Regular Session of 2017  
Tuesday, February 14, 2017 at 9:00am

TESTIMONY IN SUPPORT WITH AMENDMENTS OF SB1312,  
RELATING TO LICENSURE OF CERTIFIED PROFESSIONAL MIDWIVES

Dear Senator Baker, Senator Nishihara, and committee members:

Thank you for the opportunity to testify in support, with amendments, of SB1312. 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.

My pathway to becoming a CPM, Certified Professional Midwife, was such like many others. Upon starting my midwifery schooling, I came in with a Bachelors Degree in Health and Science, studied midwifery at an MEAC, Midwifery Education and Accreditation Council school with apprenticeship of 3 years and then finishing the PEP, Portfolio Evaluation Process in a time frame of 5 years. With my national certification of a CPM, this made me eligible to sit for two different state licenses exams in the state of Idaho and Washington where I lived and trained. I want to further my education by obtaining my Masters in Midwifery this upcoming year and to use my midwifery to focus on developing more resources and health education for low income families in my area.

Upon moving to Hawaii, I found myself caught in the decision to step aside from my midwifery dream and career due to the lack of license in this state. I feel the best way to practice and support families in my community is to have a license for CPM's in which all practitioners will be held to the highest standard and governed by their peers. This is why 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 to provide an opportunity to regulate certified professional midwives.

I believe non-nurse midwives should be licensed and regulated under a program in the DCCA, rather than the Board of Nursing; that eligible midwife educational pathways should include the portfolio process as agreed upon by the US Midwifery Education, Regulation & Association; and that all recognized midwifery providers should be eligible for protection under this license law. Therefore we request that SB1312 be completely replaced with the language of HB1288 which was developed with input from certified professional midwives, whom are the experts of their own profession. Further, I request the bill include a licensing pathway for certified midwives, as they are also nationally certified providers, and that any exemption for native Hawaiian cultural practitioners recommended by Papa Ola Lokahi be included in the amendment of SB1312.

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

## CPH Testimony

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**From:** Rachel Struempf <kaloko4@aol.com>  
**Sent:** Sunday, February 12, 2017 9:01 PM  
**To:** CPH Testimony  
**Subject:** SB1312 testimony

REGULAR SESSION OF 2017

For: Honorable Senate CPH Chair Baker and Committee Members

Hearing Date 2/14/17, 9am, Room 229

**RE: SB1312 Relating to the Licensure of Midwives IN OPPOSITION**

Aloha Honorable Chair and Committee Members,

My name is Rachel Struempf, I am a mother who has given birth at home with a traditional midwife to four of my five children. I am also a practicing traditional homebirth midwife with over a decade of serving the women of this fine state of Hawai'i as a primary midwife. I am not a CPM not do I want to be. I am proud to be a traditional midwife! I am unique in that my education in midwifery has been achieved entirely in the state of Hawai'i through the only pathway currently available to it's residents. I served a lengthy decade long apprenticeship with a very wise and experienced traditional midwife, in addition I attended births with multiple traditional midwives, CPM midwives, nurse midwives as well as obstetricians. On my journey I have had the pleasure to learn from many highly respected teachers from around the globe. I voluntarily attend continuing education courses throughout the United States, these courses have included but are not limited to attendance of international midwifery conferences, advanced technique advanced workshops in suturing, unusual birth presentations, dealing with maternal shock, postpartum hemorrhage and assessing a newborn at birth. I feel it is imperative for all midwives to maintain current certifications for neonatal resuscitation as well as infant, child and adult CPR. If this bill passes, it will no longer be legal for me to practice my profession, a profession that I have dedicated over 22 years of my life to. In addition, the women and families of my community on Hawai'i island will be left with fewer choices to provide safe, out of hospital birth services-- forcing many of these women instead to choose an unassisted homebirth.

I strongly oppose SB1312 for the following reasons, and I feel that there are too many problematic areas to allow amendments to the bill to suffice:

1.

I feel SB1312 infringes on a woman's reproductive rights. Birthrights are the most basic of human rights! Women in Hawai'i currently have the right to choose where they want to give birth and who they want attending them at their birth. This choice to birth at home with an attendant of their choice is made for a variety of reasons. It may be their private philosophy, a cultural practice, a religious belief or for many other countless reasons. Hawai'i is a melting pot of cultures and beliefs that are all valid and are deserving of equal respect. All citizens of our state have a right to sovereignty over their own bodies. SB1312 takes away a woman's fundamental choice of what she may do with her own body; it is her body and her choice alone with whom she births her child. Although not everyone may understand or agree with a mother's choice, it is of the utmost importance to remember that these are individual choices and freedoms that we must not take away. Please be mindful how deeply you allow the government to infringe upon a woman's right to choose...

2.

SB1312 would place the Hawai'i State Board of Nursing in charge of regulating the practice of the homebirth midwife there by medicalizing homebirth it's self. Although many women accept the obstetric way of birth as normal, some mothers absolutely reject this line of thinking. Mothers who choose homebirth do so because they want an alternative to what is already offered to them in a hospital setting where nurse midwives predominately work. Many women view childbirth as a spiritual journey or as a normal physiological event and would prefer to have a non-medicalized birth experience. This choice is not a crime nor should it be viewed as a crime. Likewise, the wise women attending these mothers are also not committing a crime. The medicalization of homebirth eliminates many alternative birth choices which is again a violation of our most basic human rights and specifically a woman's right of choice.

To quote the Midwives' Alliance of North America's position on the practice of midwifery;  
"Approved May 1994

The Midwives' Alliance of North America holds the position that the practice of midwifery is not a criminal offense and that midwifery practice is not the practice of medicine. In keeping with this position, MANA

- \* supports the passage of legislation which ensures that the rights of women and midwives are preserved
- \* supports the right of midwives from diverse educational backgrounds to practice in the setting of their choice
- \* supports the right of all women to choose their caregivers and where they will receive care

Any effort to separate the midwife who wishes to serve from the woman who seeks her care is detrimental to the community. The Midwives' Alliance of North America calls for the immediate decriminalization of all midwifery practice."

3.

If the state of Hawai'i legislates specific requirements for licensure then it is beholden to provide its citizens with the reasonable means to attain those requirements. By requiring all currently practicing midwives to complete an educational program or pathway accredited by the Midwifery Education Accreditation Council (MEAC) or the Accreditation Commission for Midwifery Education (ACME) it makes many of the currently practicing midwives in our state illegal. These are wise women who have served the mothers of this state since the beginning of childbirth, whereas the CPM pathway to midwifery has only been available since the 1990's. The Hawaii Regulatory Reform Act clearly states "**Regulation must not unreasonably restrict entry into professions and vocations by ALL qualified persons...**" But that is exactly what this bill will do. Furthermore, as the Sunrise Audit on regulation of certified professional midwives stated "**...It is our conclusion that the proposed licensure of only practitioners who have obtained a designation from a private trade organization, i.e., CPM's, may create an unfair and unnecessary competitive advantage for that segment of the midwifery profession.**" Clearly when you have a population of midwives who have achieved their education through a wide variety of training modalities, a license based on only two of those pathways which excludes all others will ultimately put some of our state's midwives at an unfair advantage over their non-CPM counterparts. These traditional midwives attained the same skills and education as those who completed the approved educational programs proposed under SB1312 but they will still be forced to go back to school and start their educational process over. This requirement would force these experienced midwives to leave the state to pursue said training as there are no midwifery schools or programs currently available to them in the state of Hawai'i. If the state of Hawai'i wants to regulate all midwives fairly it should consider writing and administering its own test and set forth its own culturally inclusive requirements instead of basing its way since you're on the requirements of an outside body that will put many of its practitioners in a position of an unfair advantage from others.

4.

SB1312 does not support the long-term vitality of our economy or nurture the healthy futures of this constituency. It undermines the healthy and vibrant midwifery profession that currently exists within our state and subjugates our states traditional midwives to others who have taken advantage of opportunities in other states and allows them to be used to break down the existing birth culture here in Hawai'i. I see this as one more



layer in the continued colonization of the people of Hawai'i, colonization of our very birthrights themselves! There are no MEAC or ACME accredited schools in Hawai'i. It is apparent that the Midwives Alliance of Hawai'i (MAH), a private trade organization mostly made up of CPM's, has been one of the strongest lobbies for licensure. SB1312 would reward this organization and their members with a seamless and immediate licensure while sending many of our states currently practicing elder midwives back to square one. Most members of MAH are recent mainland transplants who acquired their CPM certification in other states and then moved to Hawai'i. As with many newer residents to our state, they seek to make Hawai'i more like the mainland without recognizing our long-standing unique and diverse cultural ways. I am confident that that our representatives would preferred to create a licensing process which would support all of their constituents. If SB1312 moves forward, the only honorable way to proceed would be to grandmother in all currently practicing traditional midwives and cultural practitioners and if deemed necessary, to provide them with the funding and access necessary to achieve all of the newly imposed requirements for licensure so that ALL of the midwives who have faithfully served the women of Hawai'i may continue offering women the choice to give birth with the practitioner of their choice. This includes but is not limited to scholarships to attend approved schools, payment of the fees to take the tests and file the necessary paperwork, Setting up an approved MEAC or ACME school within the state of Hawai'i, airfare to travel to the locations where the tests are administered and more...

For these reasons and so many more I respectfully oppose SB1312

Mahalo for your consideration in this matter!

Rachel L. Curnel Struempf, Traditional Midwife

REGULAR SESSION of 2017

For Honorable Senate CPH Chair Baker and Committee Members

Hearing 2/14/17, 9am, Room 229

## CPH Testimony

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Sunday, February 12, 2017 12:52 PM  
**To:** CPH Testimony  
**Cc:** birthandearth@hotmail.com  
**Subject:** Submitted testimony for SB1312 on Feb 14, 2017 09:00AM  
**Attachments:** SB1312 2-14-2017.pages

**Categories:** Green Category

### **SB1312**

Submitted on: 2/12/2017

Testimony for CPH on Feb 14, 2017 09:00AM in Conference Room 229

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

Comments: REGULAR SESSION OF 2017 For: Honorable CPH Chair Baker and Committee Members, Hearing Date: February 14, 2017 at 9am, Rm 229 RE: SB 1312 Relating to Licensure of Midwives IN OPPOSITION Dear Honorable Chair and Committee Members, My name is Sara DiGrazia. I am a life-long resident of the State of Hawai'i, a registered voter, licensed psychologist, and a Mom. I followed my sister's two home births in our family home with two of my own. I had healthy pregnancies and was not at risk for complications. The home birth experience that my family had with my sister and myself set the stage for a very positive family life. We believe home birth to be the healthiest way to bring children into the world in our family in low risk birthing cases. I will encourage my children to pursue home birth in the future, especially if our family values of low intervention and faith our continued. I oppose SB1312 in its current form and do not feel that amending the bill would address my concerns which are as follows: 1. SB 1312 assumes home birth is always unsafe. There is plenty of research which supports the relative safety of birthing at home. Don't regulate a woman's right to choose where and with whom she births. 2. This bill is biased toward a Western medical, hospital-based model and does not take into account the spiritual, cultural, and (non hospital-based) medical beliefs which strongly underly home birth. 3. Criminalizing students of midwifery and home birth choices will further discourage a peaceful dialogue amongst and between midwives and their patients and the medical profession. Limiting women's right to choose always ends in some women going to extreme and dangerous measures to maintain their values. For all of these reasons and more, I oppose SB1312. Yet, I recognize the need for a continued dialogue between and amongst midwives and the medical community in the support of developmentally and medically healthy choices for birthing mothers. Please do not continue the trend in Washington of "us against them" politics. All of us support the safe birthing of our children into this world, and with that in common I believe that we may be able to bridge the differences that we see in this bill. Is there any common ground that can be found through respectful dialogue? Thank you for your time and consideration. Sincerely, Sara DiGrazia, Psy.D. and Family

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## CPH Testimony

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Sunday, February 12, 2017 5:22 PM  
**To:** CPH Testimony  
**Cc:** stra9523@pacificu.edu  
**Subject:** Submitted testimony for SB1312 on Feb 14, 2017 09:00AM  
**Attachments:** Untitled.pages

**Categories:** Green Category

### SB1312

Submitted on: 2/12/2017

Testimony for CPH on Feb 14, 2017 09:00AM in Conference Room 229

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

#### Comments:

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Monday, February 13, 2017 10:30 AM  
**To:** CPH Testimony  
**Cc:** stephandjim@aol.com  
**Subject:** Submitted testimony for SB1312 on Feb 14, 2017 09:00AM

**SB1312**

Submitted on: 2/13/2017

Testimony for CPH on Feb 14, 2017 09:00AM in Conference Room 229

| <b>Submitted By</b> | <b>Organization</b> | <b>Testifier Position</b> | <b>Present at Hearing</b> |
|---------------------|---------------------|---------------------------|---------------------------|
| Stephanie Austin    | Individual          | Oppose                    | No                        |

Comments: Please consider HB1288 as it is much more realistic in terms of offering a path for currently practicing midwives to achieve licensure. SB 1312 gives much less voice to licensed professional midwives: nurse midwives do not attend out-of-hospital births. Many other barriers to licensure are dealt with in HB1288.

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Monday, February 13, 2017 10:26 AM  
**To:** CPH Testimony  
**Cc:** morningglorymidwifery@gmail.com  
**Subject:** Submitted testimony for SB1312 on Feb 14, 2017 09:00AM

**SB1312**

Submitted on: 2/13/2017

Testimony for CPH on Feb 14, 2017 09:00AM in Conference Room 229

| <b>Submitted By</b> | <b>Organization</b> | <b>Testifier Position</b> | <b>Present at Hearing</b> |
|---------------------|---------------------|---------------------------|---------------------------|
| Leah Hatcher        | Individual          | Support                   | No                        |

Comments: I can only support this bill with amendments as presented by the Midwives Alliance of Hawaii. Thank you, Leah Hatcher CPM

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Monday, February 13, 2017 10:02 AM  
**To:** CPH Testimony  
**Cc:** cdobbsiii@gmail.com  
**Subject:** Submitted testimony for SB1312 on Feb 14, 2017 09:00AM

**SB1312**

Submitted on: 2/13/2017

Testimony for CPH on Feb 14, 2017 09:00AM in Conference Room 229

| <b>Submitted By</b> | <b>Organization</b> | <b>Testifier Position</b> | <b>Present at Hearing</b> |
|---------------------|---------------------|---------------------------|---------------------------|
| Charles D Dobbs     | Individual          | Oppose                    | Yes                       |

Comments: This bill, as written, amounts to an egregious imposition on the body sovereignty of parturient women and their families. While I support the art of midwifery, I cannot, in good conscience, stand for the sweeping language and broad implications of this bill. This shoddily written proposal bespeaks a lack of true comprehension of the practice this bill seeks to regulate, and the constituents it purports to protect. For my partner, for my daughters, for my sons and myself, a father who has caught five of his seven children without professional assistance, I OPPOSE THIS BILL. Thank you.

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Monday, February 13, 2017 9:50 AM  
**To:** CPH Testimony  
**Cc:** lovemoreohana@gmail.com  
**Subject:** \*Submitted testimony for SB1312 on Feb 14, 2017 09:00AM\*

**SB1312**

Submitted on: 2/13/2017

Testimony for CPH on Feb 14, 2017 09:00AM in Conference Room 229

| <b>Submitted By</b> | <b>Organization</b> | <b>Testifier Position</b> | <b>Present at Hearing</b> |
|---------------------|---------------------|---------------------------|---------------------------|
| Piper Colemanscurry | Individual          | Oppose                    | Yes                       |

Comments:

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Monday, February 13, 2017 9:42 AM  
**To:** CPH Testimony  
**Cc:** leahv@kppcs.org  
**Subject:** Submitted testimony for SB1312 on Feb 14, 2017 09:00AM

**SB1312**

Submitted on: 2/13/2017

Testimony for CPH on Feb 14, 2017 09:00AM in Conference Room 229

| <b>Submitted By</b> | <b>Organization</b> | <b>Testifier Position</b> | <b>Present at Hearing</b> |
|---------------------|---------------------|---------------------------|---------------------------|
| Leah Vines          | Individual          | Oppose                    | No                        |

Comments: I oppose the section of this bill that makes traditional midwifery against the law. Midwifery is as old as humanity. The women that have learned through experience and apprenticeship are no less qualified to bring babies into the world.

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Monday, February 13, 2017 9:42 AM  
**To:** CPH Testimony  
**Cc:** ramona.hussey@gmail.com  
**Subject:** Submitted testimony for SB1312 on Feb 14, 2017 09:00AM

**SB1312**

Submitted on: 2/13/2017

Testimony for CPH on Feb 14, 2017 09:00AM in Conference Room 229

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

Comments: Senators, I am writing in Opposition to SB 1312 which would require mandatory licensing for midwives. As an educated and professional woman, I chose to have all three of my children with a lay midwife. Requiring licensure would NOT improve the safety of birth, but instead would deter many excellent 'non-professional' (lay) midwives from ever entering the profession. Midwives traditionally train with another experienced midwife, but your bill would require them to have taken a particular course of training, probably not even available in Hawaii. For perspective, please acknowledge that women have been giving birth for literally hundreds of thousands of year with the help of "unlicensed" midwives. Birth is a natural process, and is best done at home when there are no medical complications. Both of my sisters, my mother, my grandmother, her grandmother (on into the beginning of time) gave birth at home with the help of other experienced women. Do not block this opportunity for those of us who wish to have a homebirth with a lay midwife.

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Monday, February 13, 2017 9:41 AM  
**To:** CPH Testimony  
**Cc:** nancy\_holbrook@hotmail.com  
**Subject:** Submitted testimony for SB1312 on Feb 14, 2017 09:00AM

**SB1312**

Submitted on: 2/13/2017

Testimony for CPH on Feb 14, 2017 09:00AM in Conference Room 229

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

Comments: This is bill limits access to birth attendants in a place where there is already limited access to birth attendants and will create more problems as opposed to solving them on many levels. It is inappropriate to propose a board with a CNM who do not attend nor specialize in homebirth and a medical doctor that does not attend nor have any training for home birth situation. Instead of making homebirth safer you will be making it more dangerous for mothers and babies. This bill needs to be rewritten or completely thrown out

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Monday, February 13, 2017 9:06 AM  
**To:** CPH Testimony  
**Cc:** kaleihomai@aol.com  
**Subject:** Submitted testimony for SB1312 on Feb 14, 2017 09:00AM

**SB1312**

Submitted on: 2/13/2017

Testimony for CPH on Feb 14, 2017 09:00AM in Conference Room 229

| <b>Submitted By</b> | <b>Organization</b> | <b>Testifier Position</b> | <b>Present at Hearing</b> |
|---------------------|---------------------|---------------------------|---------------------------|
| Donna Bareng        | Individual          | Oppose                    | No                        |

Comments: Aloha, I am Donna Marie Kaleihomaimakealoha Bareng. I was born and raised in Hawai'i, and I strongly oppose SB1312. I believe it is a woman's right to choose How, Where, and With Whom to give birth. It is my cultural right and my self given right as a woman and owner of my body. Homebirth with a traditional midwife was the best choice for my family. I deserve these same choices and freedoms should I continue to have more children and my daughter, sisters, friends, and all woman deserve this same right. I highly suggest seeking out to collaborate with the current home birth community to address the needs and concerns of all families all islands. A generic bill that does not meet the needs of the entire cultural community on every island as a whole is NOT doing any service to us women. Thank you for your time and consideration.

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Monday, February 13, 2017 9:03 AM  
**To:** CPH Testimony  
**Cc:** sairam2@hawaiiantel.net  
**Subject:** Submitted testimony for SB1312 on Feb 14, 2017 09:00AM

**SB1312**

Submitted on: 2/13/2017

Testimony for CPH on Feb 14, 2017 09:00AM in Conference Room 229

| <b>Submitted By</b> | <b>Organization</b> | <b>Testifier Position</b> | <b>Present at Hearing</b> |
|---------------------|---------------------|---------------------------|---------------------------|
| Geoffrey Lasr       | Individual          | Oppose                    | No                        |

Comments: THERE SHOULD BE SOME OVERSIGHT BUT THIS SOUNDS LIKE ANOTHER REGULATION BEING INTRODUCED BY SPECIAL INTEREST IE MEDICAL INSTITUTIONS ABOUT CONTROL NOT PROTECTION

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Monday, February 13, 2017 9:03 AM  
**To:** CPH Testimony  
**Cc:** kapualei7@gmail.com  
**Subject:** Submitted testimony for SB1312 on Feb 14, 2017 09:00AM

**SB1312**

Submitted on: 2/13/2017

Testimony for CPH on Feb 14, 2017 09:00AM in Conference Room 229

| Submitted By           | Organization | Testifier Position | Present at Hearing |
|------------------------|--------------|--------------------|--------------------|
| Lindsay Hanohano-Tripp | Individual   | Oppose             | Yes                |

Comments: Birth is one of the most sacred events in one's life. As a woman, a mother, and a Native Hawaiian, I strongly oppose SB1312 as I feel it infringes upon my rights to choose how I would like to give birth. I gave birth to my first child on August 6, 2016 in the comfort of my home in Manoa. I am a private person and was very particular about the experience I wanted to have. My midwife and two doulas gave me everything I wanted and more. They encouraged me when I felt like giving up, and assured me that everything was under control and that I could accomplish this great and painful task. The beauty of birthing at home is that you are able to foster an intimate environment that draws upon the strength and encouragement of the individuals dearest to you. This experience has shifted my perspective from seeing birth as a medical event to seeing it as a natural occurrence that I was capable of accomplishing without medicinal intervention. The misconceptions around home birthing practices do not stem from a faulty system of regulations but rather from a lack of knowledge and education by those who oppose it out of fear. I write this testimony not only for my own right, but also for the women around me who have been inspired by my story. I testify on behalf of my sister who has yet to conceive and birth her first child, and for my cousins and friends who fear the hospital but are encouraged by the idea of being in the comfort of their homes. I do it for my children, that they may have the right to the same empowering experience that I have had. Please do not allow this bill to go forward and rob women of the experience they choose to have. Please allow us our basic rights as it relates to our personal preference and the traditional practice in which we were raised.

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Monday, February 13, 2017 9:00 AM  
**To:** CPH Testimony  
**Cc:** drjoeka@gmail.com  
**Subject:** \*Submitted testimony for SB1312 on Feb 14, 2017 09:00AM\*

**SB1312**

Submitted on: 2/13/2017

Testimony for CPH on Feb 14, 2017 09:00AM in Conference Room 229

| <b>Submitted By</b> | <b>Organization</b> | <b>Testifier Position</b> | <b>Present at Hearing</b> |
|---------------------|---------------------|---------------------------|---------------------------|
| dr misha kassel     | Individual          | Oppose                    | Yes                       |

Comments:

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The Midwives Model of Care is based on the fact that pregnancy and birth are normal life processes.

The Midwives Model of Care includes:

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

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

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Citizens for midwifery.com

[www.cfmidwifery.org](http://www.cfmidwifery.org)

Being born and raised in Hawai`i, coming from great-grandparents who came here to find a better life for themselves and their family and having the culture and diversity that Hawai`i has developed running through me, it saddens me that I do not see this diversity among those who are working with women and families.

Being reserved as being the polite and acceptable way to behave has been imbedded in me since the plantation days of my great-grandparents, I still struggle with to this day and led to my 'going with the flow' attitude when having my babies in the hospital.

Having had a traumatic birth experience in the hospital and the lack of discussion about the situations in the hospitals, I have found myself on a path of home birth midwifery training. When I had my children 12 and 10 years ago, I knew I wanted to birth my babies at home. However it was not spoken about at all in the circles that I was in; the mainstream 9-5 workers, consumerists, not really thinking of the future but trying to get by day to day. Didn't think to research any other options than what my insurance would cover for my care, so an OB and hospital is where I went.

In the hospital, you are under their 'rules and protocol' and have very little room for individualization for your care, leaving normal healthy women and births exposed to protocols that apply to high-risk, or problematic births.

Birth is a normal, natural, God given, in-born process of a woman's body. Her informed decision to birth where, with whom or with no one, and how she births is of no one else's concern or decision but hers. Government, medicine, rules and laws don't apply to this sovereign truth.



My third baby is healthy, beautiful and 8 months old now was born at home in Waianae, without the need of an ambulance or doctors. My birth was smooth and total of 6 hours long, my baby wasn't breathing right after birth and got breaths from me, her shoulder dystocia was dislodged to allow her to slip out by my midwife's finger.

Midwives are the answer to our high costs with horrible outcomes in care. Midwives look at the whole picture of each individual woman and family to properly care and provide resources for them to be the healthy, supported, striving family they can be. This involves having a midwife for every mother, one that relates to her and her family's unique situation and life.

Thank you for opening up the conversation about midwifery care in Hawai'i and this process should only truly be about the people of Hawai'i having a choice and ultimate say in their care and not just a determination to regulate a profession, whose skills and knowledge are desperately needed in our communities.

Aloha,

Summer Yadao

**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Monday, February 13, 2017 10:32 AM  
**To:** CPH Testimony  
**Cc:** alohanewbeginnings@yahoo.com  
**Subject:** Submitted testimony for SB1312 on Feb 14, 2017 09:00AM

**SB1312**

Submitted on: 2/13/2017

Testimony for CPH on Feb 14, 2017 09:00AM in Conference Room 229

| <b>Submitted By</b> | <b>Organization</b> | <b>Testifier Position</b> | <b>Present at Hearing</b> |
|---------------------|---------------------|---------------------------|---------------------------|
| Donna Miller        | Individual          | Oppose                    | No                        |

Comments: Protect traditional practices. Women should have the choice to have any woman attend birth, whenever and wherever she chooses.

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Monday, February 13, 2017 9:06 AM  
**To:** CPH Testimony  
**Cc:** k.emms129@gmail.com  
**Subject:** Submitted testimony for SB1312 on Feb 14, 2017 09:00AM

**SB1312**

Submitted on: 2/13/2017

Testimony for CPH on Feb 14, 2017 09:00AM in Conference Room 229

| <b>Submitted By</b> | <b>Organization</b> | <b>Testifier Position</b> | <b>Present at Hearing</b> |
|---------------------|---------------------|---------------------------|---------------------------|
| kary medina         | Individual          | Oppose                    | No                        |

Comments: I oppose SB1312, licensure of Midwifery For several reasons; first traditional home birth is a right for all women and should not be governed. It was this way from the beginning of time. Secondly it will take away the option for many whom choose the home birth over western medical practice. With respect, Kary

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Monday, February 13, 2017 9:00 AM  
**To:** CPH Testimony  
**Cc:** mamaselena.midwife@gmail.com  
**Subject:** Submitted testimony for SB1312 on Feb 14, 2017 09:00AM

**SB1312**

Submitted on: 2/13/2017

Testimony for CPH on Feb 14, 2017 09:00AM in Conference Room 229

| <b>Submitted By</b> | <b>Organization</b> | <b>Testifier Position</b> | <b>Present at Hearing</b> |
|---------------------|---------------------|---------------------------|---------------------------|
| Selena M. Green     | Individual          | Comments Only             | No                        |

Comments: I support SB1312 ONLY with amendments made by Midwives Alliance of Hawaii. I feel women have the right to decide where and with whom they birth. They need information regarding their provider to make an informed decision for their care.

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Monday, February 13, 2017 9:00 AM  
**To:** CPH Testimony  
**Cc:** kalikoamona@gmail.com  
**Subject:** Submitted testimony for SB1312 on Feb 14, 2017 09:00AM

**SB1312**

Submitted on: 2/13/2017

Testimony for CPH on Feb 14, 2017 09:00AM in Conference Room 229

| <b>Submitted By</b> | <b>Organization</b> | <b>Testifier Position</b> | <b>Present at Hearing</b> |
|---------------------|---------------------|---------------------------|---------------------------|
| Kaliko Amona        | Individual          | Oppose                    | Yes                       |

Comments: Aloha Representatives, I am a mother of three young children born at home under the care of highly trained and skilled and professional midwives. I have also attended several births in hospitals and homes in multiple capacities—as a doula, friend, sister, and also as a student learning the practice of midwifery. While I am a strong supporter of midwifery care and licensure of Certified Professional Midwives, I oppose this bill (SB1312). Native Hawaiian practitioners providing pregnancy and birth support should be exempted from this bill. Midwives who have pursued other educational pathways should also be exempted. An exemption is needed for student midwives working under other practitioners working within their scope of practice. The current exemption for student midwives only covers those working directly under CPMs. There are student midwives currently pursuing their education (some seeking a CPM credential) who work under non-CPMs. While I support the licensure of Certified Professional Midwives, I cannot support this current process if the bill will regulate or disallow other forms of midwifery and traditional birth practices, and thus family choices in midwifery care. If this bill is revised to explicitly apply only to CPMs and their practice and would not impede other practitioners and students in the birth field, then I would support it. Mahalo for your consideration, Kaliko Amona

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# **Testimony of Laulani Teale, MPH in OPPOSITION to SB 1312, Relating to the Licensure of Midwives**

COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH

Senator Rosalyn H. Baker, Chair

Senator Clarence K. Nishihara, Vice Chair

Tuesday, February 14, 2017 9:00 a.m. Conference Room 229

Aloha and mahalo for this opportunity to testify.

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

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

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

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

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

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

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

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

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

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

- **Require hospitals to improve standards of respect and body sovereignty.** Let women know that it is in fact safe to seek help when they need it, and they and their babies will not be subjected to interventions that they consider abusive, without their full consent. Investigate the problem of intimidation of families by CWS calls initiated by hospitals, along with other serious mistreatment, and take action to address these very seriously.
- **Make better rural health services available.** In some communities, home birth is a far safer alternative to a two-hour drive to a hospital in labor. And what if a family has no car? While unassisted rural births are certainly a longstanding cultural and traditional practice that needs protection, there should absolutely be medical resources available in case of major complications. Unacceptable expectations on mothers – such as the recommendation that they stay with friends in Hilo for a week (rural Hawaii Island) or fly to Maui and live alone in a

hospital with no support for a month (Lana‘i) are unreasonable and outright cruel. Out-of-hospital birthing is not to be blamed for the inadequacies of basic medical care in these communities.

- **Stop persecuting, and start really supporting, home birth parents and midwives.** Midwives of all kinds provide lower-cost, lower-impact birth services, which need respect and support. Midwives have been recognized by the World Health Organization (WHO) as crucial to maternal/child health worldwide. Hawaii needs to catch up with this standard. If there are concerns about the birth choices of parents, appropriate educational resources can be cooperatively developed. Real support would include recognition of various professional certifications and other standards; broad protection from interference; airfare for practitioners from all islands to attend meetings that affect them; facilitation of real communication with medical organizations; and ability to work fully in whatever style they practice, without fear of persecution.
- **Encourage medical professionals and organizations to communicate with midwives.** The out-of-hospital birthing community has been reaching out extensively over the past few years, often with little response. CPMs have had some commendable success in this, but there seems to be reluctance by medical and governmental representatives to communicate with a broader range of birth practitioners. I would personally support the eventual creation of a task force, comprised of home birth parents, direct-entry midwives, CPMs, cultural practitioners, student midwives, medical professionals, and government representatives, to develop real, comprehensive solutions and better communication. Ironically, Senator Green proposed this in his last draft of SB 2569 (2014). However, he did not have enough time or communicative base at that time to develop it.
- **Build comprehensive solutions.** Legislation is not the answer to everything, and its best use cannot really be determined until a broad strategy is developed.

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

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

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



do. This would not be new; historically, midwives have been underground for hundreds of years at a time in many cultures. They do not, however, ever go away.

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 fluid and elegant, with a long, sweeping tail on the final letter.

Laulani Teale

**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Monday, February 13, 2017 8:48 AM  
**To:** CPH Testimony  
**Cc:** edward.l.kekoa@hawaii.gov  
**Subject:** \*Submitted testimony for SB1312 on Feb 14, 2017 09:00AM\*

**SB1312**

Submitted on: 2/13/2017

Testimony for CPH on Feb 14, 2017 09:00AM in Conference Room 229

| <b>Submitted By</b> | <b>Organization</b> | <b>Testifier Position</b> | <b>Present at Hearing</b> |
|---------------------|---------------------|---------------------------|---------------------------|
| Edward Kekoa Jr     | Individual          | Oppose                    | No                        |

Comments:

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February 13, 2017

Senator Rosalyn Baker  
State Capitol  
415 S. Beretania Street  
Honolulu, Hawaii 96813

RE: SB1312

POSITION: OPPOSE

Dear Senator Baker,

I am a certified nurse-midwife and a member of the Hawaii Affiliate of the American College of Nursing. I live and work on the Big Island of Hawaii, where I have a Home Birth and GYN clinic practice in a federally designated medically underserved area. My services are valuable to women in the community any downsizing of my scope of practice would severely impact the women in the district of Puna. I have spent 10 years in education and training to have the ability to call myself a Certified Nurse Midwife (CNM) and Advanced practice Registered Nurse (APRN). I very much value my professional designation as a CNM, APRN. I am submitting written testimony and my position about this bill.

I appreciate your efforts to protect the health and wellbeing of women and infants by considering the regulation of midwives who are not nurse-midwives in the state; however, I cannot support this bill (i.e., I am in opposition to it). My objection is based on the fact that, if enacted, the bill will establish the governance and oversight of midwives who are not nurses under the Hawaii Board of Nursing (BON). Currently, CNMs are licensed as advanced practice registered nursing (APRNs) by the BON under the Hawaii Nurse Practice Act and, as such, are authorized to provide full scope of services to women across their lifespan, specifically to “provide independent management of women’s health care, focusing particularly on pregnancy, childbirth, the postpartum period, care of the newborn, and *the family planning and gynecological needs of women*” [see HAR § 16-89-81, emphasis added]. CNMs seeking recognition as APRNs must, among other things, have an unencumbered RN license; complete an accredited *graduate* level education program leading to a master’s or higher degree as a certified nurse-midwife; and have current, unencumbered national certification [see Haw. Rev. Stat. §457-8.5]. Requiring the Hawaii BON to assume regulatory and licensure responsibility for midwives who are not nurses may lead to confusion about the different scopes of practice between the two different midwifery groups (CNMs and professional [non-nurse] midwives). Moreover, there is a possibility that the full scope of services that CNMs are now authorized to provide under the Nurse Practice Act could be restricted if there is any misunderstanding about the differences in the preparation and scope of practice between these groups of midwives. The Hawaii Nurse Practice Act provides the authority for nurses, especially APRNs (i.e., CNMs) to practice. It is unclear where this authority will come from for midwives who are not nurses but seek to practice in Hawaii. Finally, the SB1312 does not appear to be in compliance with the US Midwifery, Education, Regulation and Association (US MERA) standards for education and licensure of midwives. Understanding and being in compliance with the US MERA standards for midwives is critical for any division responsible for the licensing and regulation of this group of practitioners.

I am in agreement with the American College of Nurse-Midwives’ and our Hawaii Affiliate’s recommendation that a multidisciplinary task force, including consumers, be appointed to work with legislators to draft a single, comprehensive bill in order to be able to submit this to the legislature in 2018. As a CNM, I appreciate the work that many are doing to provide an opportunity for Certified Professional Midwives to be licensed in Hawaii and I am more than willing to assist with that endeavor.

Respectfully,

Roxanne Estes, CNM, APRN, MSN



AFFILIATE OF



AMERICAN COLLEGE  
of NURSE-MIDWIVES

With women, for a lifetime®

February 12, 2017

Senator Rosalyn Baker  
State Capitol  
415 S. Beretania Street  
Honolulu, Hawaii 96813

RE: SB1312

POSITION: OPPOSE

Dear Senator Baker,

I am a certified nurse-midwife and a member of the Hawaii Affiliate of the American College of Nursing. I live and work on Kauai, where I have had a private practice for the past 3 years. I am submitting written testimony and my position about this bill.

I appreciate your efforts to protect the health and well being of women and infants by considering the regulation of midwives who are not nurse-midwives in the state; however, I cannot support this bill (i.e., I am in opposition to it). My objection is based on the fact that, if enacted, the bill will establish the governance and oversight of midwives who are not nurses under the Hawaii Board of Nursing (BON). Currently, CNMs are licensed as advanced practice registered nursing (APRNs) by the BON under the Hawaii Nurse Practice Act and, as such, are authorized to provide full scope of services to women across their lifespan, specifically to “provide independent management of women’s health care, focusing particularly on pregnancy, childbirth, the postpartum period, care of the newborn, and *the family planning and gynecological needs of women*” [see HAR § 16-89-81, emphasis added]. CNMs seeking recognition as APRNs must, among other things, have an unencumbered RN license; complete an accredited *graduate* level education program leading to a master’s or higher degree as a certified nurse-midwife; and have current, unencumbered national certification [see Haw. Rev. Stat. §457-8.5]. Requiring the Hawaii BON to assume regulatory and licensure responsibility for midwives who are not nurses may lead to confusion about the different scopes of practice between the two different midwifery groups (CNMs and professional [non-nurse] midwives). Moreover, there is a possibility that the full scope of services that CNMs are now authorized to provide under the Nurse Practice Act could be restricted if there is any misunderstanding about the differences in the preparation and scope of practice between these groups of midwives. The Hawaii Nurse Practice Act provides the authority for nurses, especially APRNs (i.e., CNMs) to practice. It is unclear where this authority will come from for midwives who are not nurses but seek to practice in Hawaii. Finally, the SB1312 does not appear to be in compliance with the US Midwifery, Education, Regulation and Association (US MERA) standards for education and licensure of midwives. Understanding and being in compliance with the US MERA standards for midwives is critical for any division responsible for the licensing and regulation of this group of practitioners.

I am in agreement with the American College of Nurse-Midwives’ and our Hawaii Affiliate’s recommendation that a multidisciplinary task force, including consumers, be appointed to work with legislators to draft a single, comprehensive bill in order to be able to submit this to the legislature in 2018. As a CNM, I appreciate the work that many are doing to provide an opportunity for Certified Professional Midwives to be licensed in Hawaii and I am more than willing to assist with that endeavor.

Respectfully,

Sharon Offley, Certified Nurse Midwife

**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Monday, February 13, 2017 8:35 AM  
**To:** CPH Testimony  
**Cc:** merrilydaly@gmail.com  
**Subject:** Submitted testimony for SB1312 on Feb 14, 2017 09:00AM

**SB1312**

Submitted on: 2/13/2017

Testimony for CPH on Feb 14, 2017 09:00AM in Conference Room 229

| Submitted By | Organization | Testifier Position | Present at Hearing |
|--------------|--------------|--------------------|--------------------|
| Merrily Daly | Individual   | Comments Only      | No                 |

Comments: Date February 13, 2017 To: Senate Committee on Commerce, Consumer Protection, and Health Senator Rosalyn H. Baker, Chair Senator Clarence K. Nishihara, Vice Chair Conference Room 229 Hawaii State Capitol 415 South Beretania Street Honolulu, HI 96813 From: Merrily Daly RN, CPM, CLC, CLNC Time: Twenty-Ninth Legislature Regular Session of 2017 Tuesday, February 14, 2017 at 9:00am TESTIMONY IN SUPPORT WITH AMENDMENTS OF SB1312, RELATING TO LICENSURE OF CERTIFIED PROFESSIONAL MIDWIVES Dear Senator Baker, Senator Nishihara, and committee members: Thank you for the opportunity to testify in support, with amendments, of SB1312. 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 to provide an opportunity to regulate certified professional midwives. We believe non-nurse midwives should be licensed and regulated under a program in the DCCA, rather than the Board of Nursing; that eligible midwife educational pathways should include the portfolio process as agreed upon by the US Midwifery Education, Regulation & Association; and that all recognized midwifery providers should be eligible for protection under this licensure law. Therefore we request that SB1312 be completely replaced with the language of HB1288 which was developed with input from certified professional midwives, whom are the experts of their own profession. Further, we request the bill include a licensing pathway for certified midwives, as they are also nationally certified providers, and that any exemption for native Hawaiian cultural practitioners recommended by Papa Ola Lokahi be included in the amendment of SB1312. 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. Thank you for the opportunity to testify and your consideration in this important health care matter.

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Monday, February 13, 2017 11:29 AM  
**To:** CPH Testimony  
**Cc:** mary@mauivortex.com  
**Subject:** Submitted testimony for SB1312 on Feb 14, 2017 09:00AM

**SB1312**

Submitted on: 2/13/2017

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| <b>Submitted By</b>  | <b>Organization</b> | <b>Testifier Position</b> | <b>Present at Hearing</b> |
|----------------------|---------------------|---------------------------|---------------------------|
| Mary Whispering Wind | Individual          | Comments Only             | No                        |

Comments: Please consider these Amendments, nursing board administration is not needed, there should be more pathways to education, and an advisory committee made up of only home birth midwives and home birth families should be established.

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**Sent:** Monday, February 13, 2017 3:50 PM  
**To:** CPH Testimony  
**Cc:** adrien.m.gonzalez@gmail.com  
**Subject:** \*Submitted testimony for SB1312 on Feb 14, 2017 09:00AM\*

**SB1312**

Submitted on: 2/13/2017

Testimony for CPH on Feb 14, 2017 09:00AM in Conference Room 229

| <b>Submitted By</b> | <b>Organization</b> | <b>Testifier Position</b> | <b>Present at Hearing</b> |
|---------------------|---------------------|---------------------------|---------------------------|
| Adrien Gonzalez     | Individual          | Oppose                    | No                        |

Comments:

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Monday, February 13, 2017 3:24 PM  
**To:** CPH Testimony  
**Cc:** barbaraessmandoula@gmail.com  
**Subject:** Submitted testimony for SB1312 on Feb 14, 2017 09:00AM

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Submitted on: 2/13/2017

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| <b>Submitted By</b> | <b>Organization</b> | <b>Testifier Position</b> | <b>Present at Hearing</b> |
|---------------------|---------------------|---------------------------|---------------------------|
| Barbara Essman      | Individual          | Oppose                    | No                        |

Comments: REGULAR SESSION OF 2017 For: Honorable Senate CPH Chair Baker and Committee members Hearing date 2-14-17, 9 am Rm 229 RE: SB 1312 Relating to the Licensure of Midwives IN OPPOSITION Aloha honorable chair and committee members, My name is Barbara Essman. I am a teacher of Sacred Birthing and offer an 18 week doula course called The Sacred Birthing Community Doula/Preconception Course. I work with young women who are aspiring to be doulas (women helping women in pregnancy, labor, birth and beyond). Some of these women will go on to be midwives. I am a resident of Kauai and have been offering this course since January of 2009. I have had 30 years of experience working with families in the early childhood field as well as the birthing field. This experience with families and young children has shown me the absolute importance of safe, soft, gentle birth for the whole family. Families who have the option to choose home birth are more likely to create an environment where the safe, soft and gentle can happen. The hospital environment is not one a women has much if any control over. I strongly oppose SB 1312 for the following reasons, and feel strongly that there are too many problematic areas to simply amend this bill: • Regulating how, with whom and where someone gives birth is a very complex matter. It is an issue of body sovereignty and reproductive choice. My primary concerns are for the welfare of mothers and babies and the preservation of culture, tradition and people’s choices. This bill does not give sufficient consideration to Hawaii’s unique customs, traditions and geographical conditions. This bill like other bills seeking to regulate midwifery treat birth as a dangerous medical condition, whereas the midwifery model sees birth as a normal natural life event. Twenty-four other states have also chosen NOT to regulate home birth, so we are not alone in trusting families to make informed choices for themselves! • If public safety is the main reason for this bill, the Jan 2017 Auditors Sunrise Analysis shows that planned out-of- hospital births have much lower fetal death rates than those reported overall in the USA. Why then is there a need to regulate this field? If there are concerns, in my opinion the best way to address these concerns are for practitioners from the medical model and the midwifery model to sincerely and respectfully sit at a table together (ie. task force mandated by the state), listen to each other and collaborate on more comprehensive solutions. • The appointed advisory committee suggested in this bill to determine policy for all of the out-of-hospital

birth practitioners is designed to put control in the hands of the conventional medical establishment, rather than the wide variety of home birth practitioners that serve Hawaii's people. It raises the question, what other professions have members of other professions sitting on their board? Currently midwives have no representation on the nursing or medical boards. For these reasons and more I oppose SB1312 as it stands. Sincerely, Barbara Essman , doula trainer

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**Sent:** Monday, February 13, 2017 2:14 PM  
**To:** CPH Testimony  
**Cc:** waiala.ahn@gmail.com  
**Subject:** Submitted testimony for SB1312 on Feb 14, 2017 09:00AM

**SB1312**

Submitted on: 2/13/2017

Testimony for CPH on Feb 14, 2017 09:00AM in Conference Room 229

| <b>Submitted By</b> | <b>Organization</b> | <b>Testifier Position</b> | <b>Present at Hearing</b> |
|---------------------|---------------------|---------------------------|---------------------------|
| Wai'ala Ahn         | Individual          | Oppose                    | No                        |

Comments: I strongly oppose this bill that would remove the rights of individuals and families to choose their right to birth with whom and however they choose. Birth is sacred and it shouldn't be mandated and dictated by the government. It is a choice and should remain so without government intervention. Thank you.

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

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Monday, February 13, 2017 2:01 PM  
**To:** CPH Testimony  
**Cc:** f.c.schmid@gmail.com  
**Subject:** \*Submitted testimony for SB1312 on Feb 14, 2017 09:00AM\*

**SB1312**

Submitted on: 2/13/2017

Testimony for CPH on Feb 14, 2017 09:00AM in Conference Room 229

| <b>Submitted By</b> | <b>Organization</b> | <b>Testifier Position</b> | <b>Present at Hearing</b> |
|---------------------|---------------------|---------------------------|---------------------------|
| Francoise Schmid    | Individual          | Oppose                    | No                        |

Comments:

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REGULAR SESSION OF 2017

For: Honorable Senate CPH Chair Baker and Committee members

Hearing date 2-14-17, 9 am Rm 229

RE: **SB 1312 Relating to the Licensure of Midwives**

**IN OPPOSITION**

Aloha honorable chair and committee members,

My name is Brynne Caleda, I am a 17 year Hawaii resident, attended the University of Hawaii, Manoa, and received by masters degree in education in 2007. I have worked with pregnant woman and their families as an educator, yoga teacher and doula for over twelve years. I have seen birth take place both inside and outside of the hospital over my decade of work and in 2012 made the decision to birth my son with a licensed naturopathic midwife in my home.

I strongly oppose SB 1312 for the following reasons, and feel strongly that there are too many problematic areas to simply amend this bill:

- Regulating how, with whom and where someone gives birth is a very complex matter. It is an issue of body sovereignty and reproductive choice. My primary concerns are for the welfare of mothers and babies and the preservation of culture, tradition and people's choices. This bill does not give sufficient consideration to Hawaii 's unique customs, traditions and geographical conditions. This bill like other bills seeking to regulate midwifery treat birth as a dangerous medical condition, whereas the midwifery model sees birth as a normal natural life event. Twenty-four other states have also chosen NOT to regulate home birth, so we are not alone in trusting families to make informed choices for themselves!
- If public safety is the main reason for this bill, the Jan 2017 Auditors Sunrise Analysis shows that planned out-of- hospital births have much lower fetal death rates than those reported overall in the USA. Why then is there a need to regulate this field? If there are concerns, in my opinion the best way to address these concerns are for practitioners from the medical model and the midwifery model to sincerely and respectfully sit at a table together (ie task force mandated by the state), listen to each other and collaborate on more comprehensive solutions.

- The appointed advisory committee suggested in this bill to determine policy for all of the out-of-hospital birth practitioners is designed to put control in the hands of the conventional medical establishment, rather than the wide variety of home birth practitioners that serve Hawaii's people. It raises the question, what other professions have members of other professions sitting on their board? Currently midwives have no representation on the nursing or medical boards.

For these reasons and more I oppose SB1312 as it stands.

Sincerely,

Brynne Caleda, M.Ed., eRYT

REGULAR SESSION of 2017

For Honorable Senate CPH Chair Baker and Committee Members

Hearing 2-14-17, 9 am, Rm 229

**From:** [Momi Fernandez](#)  
**To:** [CPH Testimony](#)  
**Subject:** SB1312 Midwifery  
**Date:** Monday, February 13, 2017 8:48:22 AM

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Aloha: please kill this bill - has a very negative view of midwifery and will not accomplish what is needed. This ill written bill should not be supported. Mahalo, Hawaiian Practitioner



**From:** [Nina Millar](#)  
**To:** [CPH Testimony](#)  
**Cc:** [alohabirth@hawaiiantel.net](mailto:alohabirth@hawaiiantel.net)  
**Subject:** SB1312 support with amendments  
**Date:** Monday, February 13, 2017 8:57:27 AM

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2/13/17

To Senate Committee on Commerce, Consumer Protection and Health

Twenty-Ninth Legislature Regular Session of 2017  
Tuesday, February 14, 2017 at 9:00am

TESTIMONY IN SUPPORT WITH AMENDMENTS OF SB1312, RELATING TO LICENSURE OF CERTIFIED PROFESSIONAL MIDWIVES

To the Honorable Committee Members:

The State Auditor's Sunrise Audit related to licensure for non-nurse midwives determined midwifery should be regulated. As a practicing midwife here in Hawaii I am in strong agreement to this finding with the following exception. Proposed SB1288 was developed with input from certified professional midwives and its content and language are better suited to regulating the profession than SB1312. SB1288 takes into consideration a licensing pathway for certified midwives and possible exemptions for native Hawaiian practitioners.

Respectfully I ask for your support in changing the language of SB1312 with that of SB1288 to assure a complete foundation for regulating midwifery in Hawaii.

Sincerely,  
Nina Millar

**From:** [mailinglist@capitol.hawaii.gov](mailto:mailinglist@capitol.hawaii.gov)  
**To:** [CPH Testimony](#)  
**Cc:** [catdrummer@hotmail.com](mailto:catdrummer@hotmail.com)  
**Subject:** Submitted testimony for SB823 on Feb 14, 2017 09:00AM  
**Date:** Wednesday, February 8, 2017 12:42:57 PM

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**SB823**

Submitted on: 2/8/2017

Testimony for CPH on Feb 14, 2017 09:00AM in Conference Room 229

| Submitted By   | Organization | Testifier Position | Present at Hearing |
|----------------|--------------|--------------------|--------------------|
| Lahela Hekekoa | Individual   | Oppose             | No                 |

Comments: SB823 is problematic in that it unconstitutionally infringes upon traditional cultural practices of La'au Lapa'au, with its important subset of Ho'ohanau (birthing). Our State legislature has historically passed a number of problematic laws making cultural practices illegal, such as requiring medical licenses for traditional Hawaiian practitioners, but importantly a lot of that was repealed in the 1960s. Moreover, although the state has dealt somewhat with traditional cultural practices through the ill-advised "Healers Law," under the medical licensure statute and the Acts enabling HRS 453-2(c) -- a looming problem remains and a full constitutional challenge has yet to be launched in the courts. HRS 453-2(c), requiring that all traditional cultural practitioners have an MD or DO license if not "certified" by the increasingly political "Kupuna Councils," or else be subject to felony charges for practicing "medicine" without a license, is going to be challenged at some point for unequal protection of the laws. Now, you have just added another complication by trying to make it a requirement for traditional cultural practitioners to get a separate license as a midwife. You know perfectly well that traditional cultural practitioners are not likely to go through the amount of Western schooling that would be required to get state licensing as a midwife (or for that matter, an MD or DO pursuant to the medical licensing statute). At least, it is arguable that the medical licensing statute in the most recent Act 153 of 2005 reiterated constitutional protections via Article 12, Section 7 of the Hawaii Constitution. However, notably, there is no provision that I can see in SB 823 reiterating constitutional protections for traditional cultural practices. As a Native Hawaiian Attorney I oppose this legislation as drafted.

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