



DAVID Y. IGE  
GOVERNOR

JOSH GREEN  
LT. GOVERNOR

**STATE OF HAWAII  
OFFICE OF THE DIRECTOR  
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS**

335 MERCHANT STREET, ROOM 310  
P.O. BOX 541  
HONOLULU, HAWAII 96809  
Phone Number: 586-2850  
Fax Number: 586-2856  
cca.hawaii.gov

CATHERINE P. AWAKUNI COLÓN  
DIRECTOR

JO ANN M. UCHIDA TAKEUCHI  
DEPUTY DIRECTOR

**Testimony of the Department of Commerce and Consumer Affairs**

**Before the  
House Committee on Finance**

**Tuesday, March 29, 2019  
3:30 p.m.  
State Capitol, Conference Room 308**

**On the following measure:**

**S.B. 1033, S.D. 2, H.D. 1, RELATING TO THE LICENSURE OF MIDWIVES**

Chair Luke and Members of the Committee:

My name is Charlene Tamanaha, and I am the Licensing Administrator of the Department of Commerce and Consumer Affairs' (DCCA) Professional and Vocational Licensing Division (PVL). The PVL appreciates the intent of H.D. 1 and offers comments.

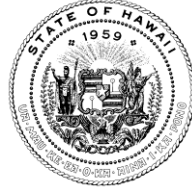
The purposes of this bill are to: (1) establish licensure of midwives; (2) temporarily exempt birth attendants and Native Hawaiian healers from licensure requirements; (3) establish a task force under the Hawaii State Commission on the Status of Women; and (4) appropriate funds out of the general revenues of the State of Hawaii and the Compliance Resolution Fund.

The PVL appreciates the amendments made in H.D. 1 that, among other things, appropriate \$146,000.00 from State general funds and \$73,000.00 from the Compliance Resolution Fund to implement the licensure of midwives, including the hiring of staff.

In addition, the PVL respectfully requests amending section 7 of H.D. 1 to reflect that the recurring sum of \$73,000.00 be appropriated for fiscal year 2020-2021.

The PVL defers to the Department's Regulated Industries Complaints Office on § -12 of this bill.

Thank you for the opportunity to testify on this bill.



DAVID Y. IGE  
GOVERNOR

JOSH GREEN  
LT. GOVERNOR

**STATE OF HAWAII  
OFFICE OF THE DIRECTOR  
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS**

335 MERCHANT STREET, ROOM 310  
P.O. BOX 541  
HONOLULU, HAWAII 96809  
Phone Number: 586-2850  
Fax Number: 586-2856  
cca.hawaii.gov

CATHERINE P. AWAKUNI COLÓN  
DIRECTOR

JO ANN M. UCHIDA TAKEUCHI  
DEPUTY DIRECTOR

**Testimony of the Department of Commerce and Consumer Affairs**

**Before the  
House Committee on Finance  
Friday, March 29, 2019  
3:30 p.m.  
State Capitol, Conference Room 308**

**On the following measure:  
S.B. 1033, S.D. 2, H.D. 1, RELATING TO THE LICENSURE OF MIDWIVES**

Chair Luke and Members of the Committee:

My name is Esther Brown, and I am the Acting Complaints and Enforcement Officer of the Department of Commerce and Consumer Affairs' (Department) Regulated Industries Complaints Office (RICO). RICO offers enforcement-related comments on this bill and requests two amendments.

The purposes of this bill are to: (1) establish licensure requirements for a midwife engaged in the practice of midwifery; (2) recognize an exemption for traditional Hawaiian healers engaged in traditional healing practices of prenatal, maternal, and child care, as recognized by a council of kupuna convened by Papa Ola Lokahi; (3) delineate the grounds upon which the Department may refuse to grant, renew, or condition a license or discipline a licensed midwife; (4) establish a home birth task force under the Hawaii State Commission on the Status of Women; and (5) appropriate funds to the Department and authorize the establishment of fees to administer the licensure of midwives.

Hawaii Revised Statutes section 26-9 mandates that RICO enforce certain professional and vocational licensing laws throughout the State of Hawaii. In addition to investigating and initiating disciplinary actions against individual licensees, RICO prosecutes unlicensed persons for engaging in activity that requires licensure by imposing monetary fines and/or injunctive relief. Accordingly, RICO respectfully requests including a monetary penalty provision as a new section in the bill, on page 20, line 3: “**§ -13 Penalties.** Any person who violates this chapter or rules adopted pursuant thereto shall be subject to a fine of not more than \$1,000 for each separate offense. Each day of each violation shall constitute a separate offense.” This provision will ensure that the enforcement consequences for violations are clear going forward for this newly enacted chapter.

In addition, RICO is concerned the language “[t]hat the client will not have recourse though the State’s authorized complaint process for regulated industries” on page 11, lines 17-19 may cause clients of birth attendants to incorrectly assume that they cannot file a complaint with RICO. Therefore, RICO requests either deleting this language in its entirety or, at a minimum, replacing the word “will” with “may” on page 11, line 17. Either modification will help protect the public by ensuring that clients who use birth attendants have the choice to file a complaint for RICO’s review and potential investigation.

RICO defers to the Department’s Professional Vocational Licensing Division on the administrative and fiscal implementation of this measure.

Thank you for the opportunity to testify on this bill.

# OFFICE OF INFORMATION PRACTICES

STATE OF HAWAII  
NO. 1 CAPITOL DISTRICT BUILDING  
250 SOUTH HOTEL STREET, SUITE 107  
HONOLULU, HAWAII 96813  
TELEPHONE: 808-586-1400 FAX: 808-586-1412  
EMAIL: oip@hawaii.gov

To: House Committee on Finance

From: Cheryl Kakazu Park, Director

Date: March 29, 2019, 3:30 p.m.  
State Capitol, Conference Room 308

Re: Testimony on S.B. No. 1033, S.D. 2, H.D. 1  
Relating to the Licensure of Midwives

---

---

Thank you for the opportunity to submit testimony on this bill, which would establish licensure of midwives and, in its H.D. 1 version, would create a Home Birth Task Force (Task Force). **The Office of Information Practices (OIP) takes no position on the substance of this bill, but is concerned about a provision on page 23 of the bill, lines 12-13, which states that the Task Force added in the H.D. 1 version of the bill “shall be exempt from chapter 92, Hawaii Revised Statutes.”**

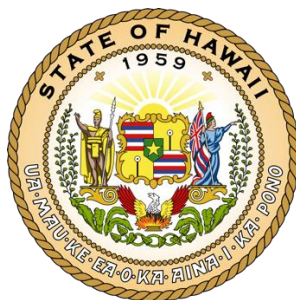
First, as a technical matter, the Sunshine Law is only **part I** of chapter 92. Parts II through IV of chapter 92 relate to non-Sunshine Law issues, such as boards’ general powers and quorum requirements, copy charges for public records, and publication of legal notices, so an exemption from the Sunshine Law should state that a board “shall be exempt from part I of chapter 92” rather than from all of chapter 92, HRS. In this instance, however, **OIP would recommend that this Committee carefully consider whether it is good policy to exempt the Task Force from the Sunshine Law** in light of the following express policy and intent of the statute:

In a democracy, the people are vested with the ultimate decision-making power. Governmental agencies exist to aid the people in the formation and conduct of public policy. Opening up the governmental processes to public scrutiny and participation is the only viable and reasonable method of protecting the public's interest. Therefore, the legislature declares that it is the policy of this State that the formation and conduct of public policy - the discussions, deliberations, decisions, and actions of government agencies - shall be conducted as openly as possible.

Haw. Rev. Stat. §92-1 (1993).

The issues on the issue on which the Task Force is charged with making recommendations are important to and affect the public at large. If it is exempt from the Sunshine Law, the Task Force will not be required to post notice of its meetings or allow the public to testify at its meetings. **Thus, OIP would recommend that this Committee delete the exemption from chapter 92 at bill page 23 lines 12-13.**

Thank you for the opportunity to testify.



Testimony on behalf of the  
**Hawai'i State Commission on the Status of Women**  
Khara Jabola-Carolus, Executive Director

Prepared for the House Committee on Finance  
Friday, March 29, 2019, at 3:30 p.m. in Room 308

Dear Chair Luke, Vice Chair Cullen and Honorable Members,

The Hawai'i State Commission on the Status of Women offers comments on SB1033 SD2, HD1, which seeks to remove barriers to safe midwifery care. The measure incorporates language proposed by the Office of Hawaiian Affairs in 2017 to ensure the perpetuation and revival of traditional and Native Hawaiian healing practices.

At present, women's only choice is to accept hospital care or to pay out of pocket for midwifery. Hospitals are not immune to the impact of institutional racism, and maternal health outcomes suggest that they may not be the safest place to give birth for women on the racial and social margins. No regulations means that only those with socioeconomic class privilege have meaningful access to midwifery care. In that vein, the Commission is concerned that the time-limited exemption for certain birth attendants could have the unintended consequence of limiting rather than expanding access to midwifery care. We support the creation of a measure that provides a way for women to obtain insurance coverage for midwife treatment while exempting traditional practitioners and traditional Native Hawaiian healers involved in prenatal, maternal, and child care that may fall within this measure's broad definition of midwifery.

Sincerely,

Khara Jabola-Carolus



## Hawaii Women's Coalition

### COMMITTEE ON FINANCE

Rep. Sylvia Luke, Chair

Rep. Ty Cullen, Vice Chair

DATE: Friday, March 29, 2019

TIME: 3:30pm

PLACE: Conference Room 308

Aloha Chair Luke, Vice Chair Cullen and members,

The Hawaii Women's Coalition is in support of this measure with the amendments proposed by the American College of Obstetricians and Gynecologists.

They are:

1. Definition of "midwife" – Revise the definition of "midwife" to read:

"Midwife" means a person licensed under this chapter.

This is based off of the definition of "nurse" in HRS Chapter 457. The above definition is consistent with the title protection under section -5 of the bill. For example, in section -5, in order to call yourself a midwife, you must be licensed. As the definition is currently drafted (i.e., engaged in the practice of midwifery) someone could still technically be a "midwife" under the definition, even if they are not licensed.

2. Requirements for licensure.

Clarify that CPMs must have formal education and training by inserting into section -8 the following language as a new sub-paragraph (4) and re-numbering the following sections:

3. For Certified Professional Midwives, proof of successful completion of a formal midwifery education and training program as follows:

(A) An educational program or pathway accredited by the Midwifery Education Accreditation Council; or

(B) A midwifery bridge certificate issued by the North American Registry of Midwives for certified professional midwife applicants who either obtained certification before January 1, 2020, through a non-accredited pathway or who have maintained licensure in a state that does not require an accredited education;

The rationale for this addition is that Certified Professional Midwives are not required to have received an accredited education in order to become a CPM. As the bill is currently drafted, this means that a CPM may not have the necessary skills and competencies to practice safely and that CPM may not meet the global requirements and definition of a midwife. This is especially important because an accredited education should be a minimum requirement to being licensed and to be able to practice.

Mahalo,

Ann S. Freed, Co-Chair, Hawaii Women's Coalition



Date: March 28, 2019

To: House Committee on Finance  
Representative Sylvia Luke, Chair  
Representative Ty Cullen, Vice Chair

Re: Support for SB1033 SD 2 HD 1; relating to the Licensure of Midwives

---

Early Childhood Action Strategy, a statewide public-private collaborative designed to improve the system of care for Hawai'i's youngest children and their families, strongly supports SB 1033 SD 2 HD 1 which would create a licensure for Certified Midwives and Certified Professional Midwives through a midwifery program under the Department of Commerce and Consumer Affairs.

HMIHC agrees with both State Auditor's Reports No. 99-14 and No. 17-01 determination that the midwifery profession should be regulated to ensure all of Hawaii's mothers and babies have an opportunity to choose safe and competent care to ensure safe and happy births.

**We strongly recommend the following amendments:**

**1. Definition of "midwife"** – Revise the definition of "midwife" to read:

"Midwife" means a person licensed under this chapter.

This is based off of the definition of "nurse" in HRS Chapter 457. The above definition is consistent with the title protection under section -5 of the bill. For example, in section -5, in order to call yourself a midwife, you must be licensed. As the definition is currently drafted (i.e., engaged in the practice of midwifery) someone could still technically be a "midwife" under the definition, even if they are not licensed.

**2. Requirements for licensure** – clarify that CPMs must have formal education and training by inserting into section -8 the following language as a new sub-paragraph (4) and re-numbering the following sections:

*(4) For Certified Professional Midwives, proof of successful completion of a formal midwifery education and training program as follows:*

*(A) An educational program or pathway accredited by the Midwifery Education Accreditation Council;*  
*or*

*(B) A midwifery bridge certificate issued by the North American Registry of Midwives for certified professional midwife applicants who either obtained certification before January 1, 2020, through a non-accredited pathway or who have maintained licensure in a state that does not require an accredited education;*

The rationale for this addition is that Certified Professional Midwives are not required to have received an accredited education in order to become a CPM. As the bill is currently drafted, this means that a CPM may not have the necessary skills and competencies to practice safely and that CPM may not meet the global requirements and definition of a midwife. This is especially important because an accredited education should be a minimum requirement to being licensed and to be able to practice.

We respect the Hawaii Home Birth Collective's ask for a task force and support the inclusion of it within this bill.

In addition to the above amendments, we recommend adopting other amendments detailed in the written testimony form the Midwives Alliance of Hawaii.

We are very concerned about the safety of our mothers and their babies who decide on having a planned community birth and deeply respect the autonomy of women in making decisions for their own health and their pregnancies. Some mothers with low-risk pregnancies can safely deliver their babies outside of a hospital setting with midwives who are nationally certified and meet both national and international standards of education and competencies. However, even low-risk pregnancies can quickly, within a few minutes or even seconds, become high-risk during the labor and delivery process and there are many complications that can occur, particularly with high-risk pregnancies. Hawaii is one of 17 states that does not license or regulate midwives, leaving women in Hawaii with no way of telling who is certified to do a community birth and who is not. Virtually anyone can claim they are qualified to do community births regardless of their training or experience in obstetrics. A licensure process would help patients to determine who is qualified to safely deliver their baby in the community. A licensure process would also provide women with the information needed to make their own informed decisions and therefore would respect the autonomy of women in making their own health decisions.

We strongly urge you to **support SB1033 SD2 HD1 with our recommended amendments** in order to effectively establish a regulatory program for the practice of midwifery. ECAS advocates for implementation of the ICM standards to ensure all women have access to safe, qualified, highly skilled providers in all settings. We strongly believe that each woman has the right to make medically informed decisions about her maternity care and delivery.

**SB-1033-HD-1**

Submitted on: 3/28/2019 8:02:11 AM

Testimony for FIN on 3/29/2019 3:30:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Younghi Overly	AAUW of Hawaii	Support	No

Comments:

Dear Chair Luke, Vice-Chair Cullen, and the members of committee,

Thank you for this opportunity to submit a testimony in support of SB1033 SD2 HD1 with a request for amendment.

Women and families in Hawai'i deserve the opportunity to access midwives who are licensed and have been certified with competencies recognized internationally and nationally. We ask that you consider the amendments requested by the Midwives Alliance of Hawaii. Please pass this bill with the amendments and join other 33 states which regulate certified professional midwives. Families in Hawaii deserve it.

American Association of University Women (AAUW) of Hawaii is a state-wide organization made up of six branches (Hilo, Honolulu, Kauai, Kona, Maui, and Windward Oahu) and includes just over 450 active members with over 1700 supporters statewide. As advocates for gender equity, AAUW of Hawaii promotes the economic, social, and physical well-being of all persons.

Thank you for your consideration.



**Friday, March 29, 2019; 3:30 pm**  
**Conference Room 308**

House Committee on Finance

To: Representative Sylvia Luke, Chair  
Representative Ty Cullen, Vice Chair

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

**Re: SB 1033, SD2, HD1 -- Relating To The Licensure Of Midwives  
Testimony in Support**

---

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 for Women and Children (Kapi'olani) is an affiliate of Hawaii Pacific Health. 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.

I am writing in support of SB 1033, SD2, HD1 which establishes 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, I am concerned with certain aspects as outlined below and concur with the amendments recommended by ACOG.

As the bill reads, "the term 'midwife' connotes an expectation of a minimum level of care by consumers and the community," yet the bill does not state what this minimum level of care is or how it is to be evaluated. I support the International Confederation of Midwives (ICM) educational standards as the minimum education and licensure requirement for midwives. The ICM definitions are also accepted throughout the world across 6 regions, by over 130 member organizations and by all U.S. midwifery professional organizations. I urge this Committee to adopt the amendments proposed by ACOG so that the bill is clear on this point.

Additionally, I support the amendments recommended by ACOG regarding the certification required to obtain a license as a midwife as well as the continuing education component for renewals. The amendments specify the nationally recognized accrediting organizations that are able to certify the qualifications of an applicant, and provide assurances that the licensee continues to have the competency necessary to practice as a midwife.

Thank you for the opportunity to provide this testimony.



# HMIHC

HAWAII MATERNAL & INFANT  
HEALTH COLLABORATIVE

**March 28, 2019**

**Thirtieth Legislature Regular Session of 2019  
Friday, March 29, 2019, 3:30 PM  
Hawaii State Capitol, Conference Room 308  
415 South Beretania Street**

**To: House Committee on Finance  
Representative Sylvia Luke, Chair  
Representative Ty J. K., Vice Chair**

**From: Hawaii Maternal and Infant Health Collaborative**

**RE: SB1033 SD2 HD1 RELATING TO THE LICENSURE OF MIDWIVES**

**TESTIMONY IN SUPPORT WITH STRONG RECOMMENDATIONS FOR AMENDMENTS**

Dear Chair Luke, Vice-Chair Cullen and Members of the Committee,

Thank you for the opportunity to provide testimony in **support with strong recommendations for amendments to SB1033 SD2 HD1**.

HMIHC agrees with both State Auditor's Reports No. 99-14 and No. 17-01 determination that the midwifery profession should be regulated to ensure all of Hawaii's mothers and babies have an opportunity to choose safe and competent care to ensure safe and happy births.

**We strongly recommend the following amendments:**

**1. Definition of "midwife"** – Revise the definition of "midwife" to read:

"Midwife" means a person licensed under this chapter.

This is based off of the definition of "nurse" in HRS Chapter 457. The above definition is consistent with the title protection under section -5 of the bill. For example, in section -5, in order to call yourself a midwife, you must be licensed. As the definition is currently drafted (i.e., engaged in the practice of midwifery) someone could still technically be a "midwife" under the definition, even if they are not licensed.

**2. Requirements for licensure** – clarify that CPMs must have formal education and training by inserting into section -8 the following language as a new sub-paragraph (4) and re-numbering the following sections:

*(4) For Certified Professional Midwives, proof of successful completion of a formal midwifery education and training program as follows:*

*(A) An educational program or pathway accredited by the Midwifery Education Accreditation Council; or*

*(B) A midwifery bridge certificate issued by the North American Registry of Midwives for certified professional midwife applicants who either obtained certification before January 1, 2020, through a non-accredited pathway or who have maintained licensure in a state that does not require an accredited education;*

The rationale for this addition is that Certified Professional Midwives are not required to have received an accredited education in order to become a CPM. As the bill is currently drafted, this means that a CPM may not have the necessary skills and competencies to practice safely and that CPM may not meet the global requirements and definition of a midwife. This is especially important because an accredited education should be a minimum requirement to being licensed and to be able to practice.

We respect the Hawaii Home Birth Collective's ask for a task force and support the inclusion of it within this bill.

In addition to the above amendments, we recommend adopting other amendments detailed in the written testimony from the Midwives Alliance of Hawaii.

We are very concerned about the safety of our mothers and their babies who decide on having a planned community birth and deeply respect the autonomy of women in making decisions for their own health and their pregnancies. Some mothers with low-risk pregnancies can safely deliver their babies outside of a hospital setting with midwives who are nationally certified and meet both national and international standards of education and competencies. However, even low-risk pregnancies can quickly, within a few minutes or even seconds, become high-risk during the labor and delivery process and there are many complications that can occur, particularly with high-risk pregnancies. Hawaii is one of 17 states that does not license or regulate midwives, leaving women in Hawaii with no way of telling who is certified to do a community birth and who is not. Virtually anyone can claim they are qualified to do community births regardless of their training or experience in obstetrics. A licensure process would help patients to determine who is qualified to safely deliver their baby in the community. A licensure process would also provide women with the information needed to make their own informed decisions and therefore would respect the autonomy of women in making their own health decisions.

We strongly urge you to **support SB1033 SD2 HD1 with our recommended amendments** in order to effectively establish a regulatory program for the practice of midwifery. HMIHC advocates for implementation of the ICM standards to ensure all women have access to safe, qualified, highly skilled providers in all settings. We strongly believe that each woman has the right to make medically informed decisions about her maternity care and delivery.

Hawaii Maternal and Infant Health Collaborative, founded in 2013, is a public private partnership committed to Improving Birth Outcomes and Reducing Infant Mortality. The Collaborative was developed in partnership with the Executive Office of Early Learning's Action Strategy with help from the Department of Health and National Governors' Association. The [Action Strategy](#) provides Hawaii with a roadmap for an integrated and comprehensive early childhood system, spanning preconception to the transition to Kindergarten. The Collaborative helps advance goals within the Action Strategy by focusing on ensuring that children have the best start in life by being welcomed and healthy. The Collaborative has completed a strategic plan and accompanying Logic Model, *The First 1,000 Days*, aimed at achieving the outcomes of 8% reduction in preterm births and 4% reduction in infant mortality. To date over 150 people across Hawaii have been involved in the Collaborative. These members include physicians and clinicians, public health planners and providers, insurance providers and health care administrators. The work is divided into three primary areas, preconception, pregnancy and

delivery, and the first year of life, and coordinated by a cross sector leadership team. Work is specific, outcome driven, informed by data and primarily accomplished in small work groups.

Thank you for the opportunity to testify.



**Friday, March 29, 2019; 3:30 pm**  
**Conference Room 308**

House Committee on Finance

To: Representative Sylvia Luke, Chair  
Representative Ty Cullen, Vice Chair

From: Michael Robinson  
Vice President, Government Relations & Community Affairs

**Re: Testimony in support of SB 1033, SD2, HD1  
Relating to The Licensure of Midwives**

---

My name is Michael Robinson, Vice President, Government Relations & Community Affairs at Hawai'i Pacific Health. Hawai'i Pacific Health is a not-for-profit health care system comprised of its four medical centers – Kapi'olani, Pali Momi, Straub and Wilcox and over 70 locations statewide with a mission of creating a healthier Hawai'i.

**I am writing in support of SB 1033, SD2, HD1** which establishes 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 of the bill and concur with the amendments recommended by ACOG.

As the bill reads, "the term 'midwife' connotes an expectation of a minimum level of care by consumers and the community," yet the bill does not state what this minimum level of care is or how it is to be evaluated. HPH supports the International Confederation of Midwives (ICM) educational standards as the minimum education and licensure requirement for midwives. The ICM definitions are also accepted throughout the world across 6 regions, by over 130 member organizations and by all U.S. midwifery professional organizations. We urge this Committee to adopt the amendments proposed by ACOG so that the bill is clear on this point.

Additionally, we support the amendments recommended by ACOG regarding the certification required to obtain a license as a midwife as well as the continuing education component for renewals. The amendments specify the nationally recognized accrediting organizations that are able to certify the qualifications of an applicant, and provide assurances that the licensee continues to have the competency necessary to practice as a midwife.

Thank you for the opportunity to provide testimony.



# Midwives Alliance of Hawaii

P.O. BOX 241 HAU'ULA, HI 96717

[MIDWIVESHAWAII@GMAIL.COM](mailto:MIDWIVESHAWAII@GMAIL.COM) [MIDWIVESALLIANCEOFHAWAII.COM](http://MIDWIVESALLIANCEOFHAWAII.COM)

3/27/19

To: House Committee on Finance  
Representative Luke, Chair  
Representative Cullen, Vice Chair  
Conference Room 308  
Hawaii State Capitol  
415 South Beretania Street  
Honolulu, HI 96813

From: Midwives Alliance of Hawai'i

Time: Thirtieth Legislature Regular Session of 2019  
Friday, March 29, 2019 at 3:30pm

## **TESTIMONY IN SUPPORT WITH AMENDMENTS FOR SB1033 SD2 HD1 RELATING TO THE LICENSURE OF MIDWIVES**

Dear Chair Luke, Vice-Chair Cullen and committee members:

Thank you for the opportunity to provide testimony in **support with strong recommendations for amendments to SB1033 SD2 HD1.**

We agree with both State Auditor's Reports No. 99-14 and No.17-01 determination that the midwifery profession should be regulated. Hawai'i had regulation of midwifery from the early 1930's through 1998; we believe it is time to restore regulation of midwifery in Hawai'i to integrate midwifery within our healthcare system and ensure that all persons who receive maternity and women's health services are provided the opportunity to choose safe and competent care.

SB1033 SD2 HD1, as it is written, does not meet International Confederation of Midwives minimums standards and the US Midwifery Education, Regulation and Association agreed upon language. **We strongly recommend the following amendments:**

### **1) § -1. Findings and purpose. (Page 4 Lines 1-3)**

(1) Midwives offer health counseling and education, not only for the woman, but also within the family and the community; preventive measures, maternity and newborn care from the antepartum period through the intrapartum period to the postpartum period; and their work may extend to women's health, sexual or reproductive health and child care.

**2) § -2. Definitions. (Page 6 Lines 1-2)**

"Midwife" means a person ~~engaged in the practice of midwifery~~ who has successfully completed a midwifery education program that is based on the International Confederation of Midwives Essential Competencies for Basic Midwifery Practice and the framework of the International Confederation of Midwives Global Standards for Midwifery Education and is recognized in the country where it is located; who has acquired the requisite qualifications to be registered and/or legally licensed to practice midwifery and use the title 'midwife'; and who demonstrates competency in the practice of midwifery.

**3) § -2. Definitions. (Page 6 Lines 3-8)**

"Midwifery" means ~~providing any of the following services:~~ the health profession of midwives, practiced only by midwives, in which a person provides the following services:

(1) Assessment, monitoring and care during pregnancy, labor, childbirth, post-partum and interconception periods, and for newborns, including ordering and interpreting screenings and diagnostic tests, and carrying out appropriate emergency measures when necessary;

(2) Supervising the conduct of labor and childbirth; ~~and~~

(3) Provision of advice and information regarding the progress of childbirth and care for newborns and infants;

(4) Providing counseling, support and advice regarding sexual and reproductive health;

(5) Storing, carrying, dispensing, and administering drugs specified in the midwife formulary in regulation, and relaying medical regimens prescribed by licensed health care providers with prescriptive authority in Hawai'i, including drug regimens;

(6) Practicing in any setting consistent with nationally accepted standards published by the profession; and

(7) Consistent with the International Confederation of Midwives definition of midwifery, the midwife's graduate education and national certification, may extend to providing care for health promotion and disease prevention for reproductive age women with common, stable conditions and prescriptive authority related to provision of this care.

**4) § - 6. Exemptions: (Page 9 Lines 14-20)**

(a) ~~A person may practice midwifery without a license to practice midwifery if the person is:~~ This chapter shall not apply to any of the following:

- (1) A certified nurse-midwife holding a valid license under chapter 457;
- (2) ~~The practice of a profession by individuals who are licensed and performing work within the scope of practice or duties of the person's profession that overlaps with the practice of midwifery;~~ certified, or registered under the laws of the State who are performing services within their authorized scope of practice;

5) § - 8. Application for license as a midwife: (Page 14 Line 2-3)

- (3) Proof of current, unencumbered certification as a:
  - (A) Certified professional midwife demonstrating proof of successful completion of a formal midwifery educational program or pathway accredited by the Midwifery Education Accreditation Council or a midwifery bridge certificate issued by the North American Registry of Midwives for certified professional midwife applicants who either obtained certification before January 1, 2020 through a non-accredited pathway or who have maintained licensure in a state that does not require an accredited education; or

6) § - 10. Renewals: (Page 14 Line 19-20)

first renewal deadline occurring on June 30, 2023. Renewals shall require continuing education requirements according to department adopted rules. Failure to renew a license shall result in a forfeiture of the license.

7) § - 11. Authority to purchase and administer certain legend drugs and devices: (Page 15 Line 9-13)

(a) A midwife licensed under this chapter may purchase and administer non-controlled legend drugs and devices in accordance with their education and training that are used in pregnancy, birth, postpartum care, newborn care, or resuscitation, and that are deemed integral to providing care to the public by the department.

8) § - 11. Authority to purchase and administer certain legend drugs and devices: (Page 16 Line 12)

(6) ~~Postpartum-hemorrhage~~ hemorrhage.

9) § - 12. Grounds for refusal to grant, renew, reinstate or restore licenses and for revocation, suspension, denial, or condition of licenses: (Page 17 Line 15-21)

(4) Being ~~addicted to,~~ dependent on, or a habitual user of a narcotic, barbiturate, amphetamine, hallucinogen, opium, or cocaine, or other drugs or derivatives of a similar nature;

(5) Practicing as a licensed midwife while impaired by alcohol, drugs, non-accommodated physical disability, or mental instability;

---

The International Confederation of Midwives' (ICM) definitions are accepted throughout the world across 6 regions, by 130+ member associations and by all U.S. midwifery professional organizations. In an effort to standardize the language used in legislation and regulation of midwifery in the US, all of the US midwifery education accrediting organizations, certifying bodies, and professional organizations came together to form the US Midwifery Education, Regulation and Association. Through a consensus process they developed the following documents to ensure legislation and regulation of midwifery in the United States met the ICM definitions, essential competencies and educational standards: [Principles for Model US Midwifery Legislation and Regulation \(2015\)](#), and [Statement on the Licensure of Certified Professional Midwives \(CPMs\) \(2015\)](#).

**We strongly urge the legislature to utilize the International Confederation of Midwives' (ICM) definitions as they are the global standard. Hawai'i would be remiss to utilize the narrow language of SB1033 SD2 HD1.** The legislature states in the preamble to SB1033 SD2 HD1 "that the profession of midwifery has continued to evolve since the lapse in regulation. Common definitions, training, and competency standards for the practice of midwifery have developed both on a global and national level." This is correct. Midwives education and training has evolved to a well-rounded scope of practice that includes family planning, preconception care, well woman, cervical and breast cancer screenings, and administering legend drugs to treat conditions that are identified. Additionally, certified midwives' education includes advanced pharmacology in order to prescribe medications for identified conditions. Certified midwives currently have full, independent prescriptive authority, including DEA, in New York, Rhode Island and Maine. These are the skills that the ICM and national professional midwifery associations state in their scope of practice of a midwife and demonstrate through Job Analyses, and accrediting bodies affirm through exam content covering more than pregnancy, birth and postpartum.

As [The Lancet](#) (2014) series states "One important conclusion is that application of the evidence presented in this Series could avert more than 80% of maternal and newborn deaths, including stillbirths. Midwifery therefore has a pivotal, yet widely neglected, part to play in accelerating progress to end preventable mortality of women and children." According to the Access and Integration Maternity Care Mapping Study (S. Vedam, et al, 2018) the more midwives integrated into the healthcare system, the better outcomes we see for moms and babies. These include increased breastfeeding, vaginal deliveries and vaginal birth after cesareans, and decreased interventions and neonatal death. These demonstrated benefits occur when midwives practice to their fullest scope and are integrated into health care. Currently Hawai'i ranked 40th out of 51 (includes D.C.) in the nation for midwifery integration, meaning we share similar scores with states such as Kentucky, Mississippi, Kansas, and Louisiana.

Midwives Alliance of Hawai‘i believe that women and families in Hawai‘i deserve the opportunity to access a midwife who has been certified as having demonstrated international and nationally recognized competencies. We believe that licensing midwives will increase access to midwifery care across Hawai‘i, especially in rural communities and neighbor islands. The majority of midwives in Hawai‘i who are nationally certified and not nurse-midwives currently live on neighbor islands. Through licensure, midwives should be permitted to work to their fullest scope and within a collaborative health care system. We believe Hawai‘i can be a leader in midwifery care when midwives are practicing to their fullest scope. Utilizing definitions that permit the practice of midwifery according to a midwife’s education and training provide Hawai‘i and our community with the highest potential for achieving optimal health outcomes.

We respect a mother and family’s right to choose to seek care from a midwife, birth attendant, traditional Native Hawaiian healer, cultural practitioner, and/or other person of their choice. We believe mothers have a right to informed choice and that having a licensed midwife program lets the public know that anyone calling themselves a midwife has met and demonstrated international and national standards of midwifery practice. We believe persons with cultural practices who choose to become midwives by obtaining formal education and demonstrating competencies are at an advantage in serving our diverse community because their cultural and midwifery knowledge is synergistic. We believe choosing a midwife as a care provider does not in any way prohibit a client from practicing their own culture.

We respect the Hawai‘i Home Birth Collective’s ask for a task force and support the inclusion of it within this bill.

We strongly urge you to **support SB1033 SD2 HD1 with our recommended amendments** in order to effectively establish a regulatory program for the practice of midwifery.

Thank you for the opportunity to testify.

Mahalo,

Le‘a Minton, MSN, APRN, CNM, IBCLC

Board President, Midwives Alliance of Hawai‘i

**SB-1033-HD-1**

Submitted on: 3/28/2019 1:26:36 PM

Testimony for FIN on 3/29/2019 3:30:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Patricia Bilyk	Breastfeeding Hawaii	Support	Yes

Comments:

Breastfeeding Hawaii

PO Box 4270

Kaneohe HI 96744

TO: Representative Sylvia Luke, Chair and Representative Ty J. k. Cullen, Vice Chair  
Members of House Finance Committee

FROM: Patricia L. Bilyk, APRN, MPH, MSN, IBCLC

Maternal Child Clinical Nurse Specialist (retired)

Breastfeeding Hawaii Board Member

RE: SB 1033 SD2 HD1

DATE: Friday, March 29, 2019 3:30 PM Room 308

**TESTIMONY IN STRONG SUPPORT OF SB 1033 SD2 HB1 INCLUDING  
RECOMMENDED AMENDMENTS OF MIDWIVES ALLIANCE OF HAWAII.**

**Thank you for the opportunity to provide testimony on SB 1033 SD2 HB1.**

**We agree with both State Auditor's Reports No. 99-14 and No. 17-01 determination that the midwifery profession should be regulated. We further feel midwives in our State must be certified and licensed to provide reassurance for women and their families of a qualified midwife to care for them at this very vulnerable time in their lives.**

**We urge this Committee to establish and fund a regulatory program for the practice of midwifery in the State of Hawaii.**







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

TO: House Committee on Finance  
Representative Sylvia Luke, Chair  
Representative Ty J.K. Cullen, Vice Chair

DATE: Friday, March 29, 2019  
PLACE: Hawaii State Capitol, Conference Room 308

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

**Re: SB 1033\_SD2\_HD1 – Relating to the Licensure of Midwives**  
**Position: SUPPORT with strong recommendations for amendments**

The Hawai'i Section of the American College of Obstetricians and Gynecologists (HI ACOG) represents more than 200 obstetrician/gynecologist physicians in our state. We **support SB 1033\_SD2\_HD1 to license the profession of midwifery** which would **increase access to safe, high-quality maternity care** for Hawai'i's women and infants.

HI ACOG agrees with the State Auditor's Report No-17-01 which determined that the Hawaii Regulatory Licensing Reform Act "supports licensure of the entire midwifery program."<sup>1</sup> We agree with the State Auditor's statement that "given our determination that the nature of the services provided by midwives may endanger the public's health and safety, we conclude that the Hawaii Regulatory Licensing Reform Act mandates that the profession of midwifery be regulated."<sup>1</sup> Because many of the services provided by midwives are similar to the services we provide and the complementary nature of our professions can lead to improvements in maternity care, we support the licensure of this profession.

However, as the bill states, "the term 'midwife' connotes an expectation of a minimum level of care by consumers and the community," yet the bill does not state what this minimum level of care is or how it is to be evaluated. ACOG supports the International Confederation of Midwives (ICM) educational standards as the minimum education and licensure requirement for midwives. The ICM definitions are also accepted throughout the world across 6 regions, by over 130 member organizations and by all U.S. midwifery professional organizations. Therefore, we also strongly recommend the following amendments:

- 1) **Definition of "midwife"** – Revise the definition of "midwife" to read:  
*"Midwife" means a person licensed under this chapter.*

This is based off of the definition of "nurse" in HRS chapter 457. The above definition is consistent with the title protection under section -5 of the bill. For example, in section -5, in order to call yourself a midwife, you must be licensed. As the definition is currently

---

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

drafted (i.e. engaged in the practice of midwifery) someone could still technically be a “midwife” under the definition, even if they are not licensed.

- 2) **Requirements for licensure** – clarify that CPMs must have formal education and training by inserting into section -8 the following language as a new sub-paragraph (4) and re-numbering the following sections:

- (4) *For Certified Professional Midwives, proof of successful completion of a formal midwifery education and training program as follows:*
- A. *An education program or pathway accredited by the Midwifery Education Accreditation Council; or*
  - B. *A midwifery bridge certificate issued by the North American Registry of Midwives for certified professional midwife applicants who either obtained certification before January 1, 2020 through a non-accredited pathway or who have maintained licensure in a state that does not require an accredited education;*

The rationale for this addition is that the Certified Professional Midwives are not required to have received an accredited education in order to become a CPM. As the bill is currently drafted, this means that a CPM may not have the necessary skills and competencies to practice safely and that CPM may not meet the global requirements and definition of a midwife. This is especially important because an accredited education should be a minimum requirement to being licensed and to be able to practice.

In addition to the above amendments, we recommend adopting other amendments detailed in the written testimony from the Midwives Alliance of Hawai‘i.

We strongly feel the licensure of the midwifery profession is long overdue in Hawai‘i. We are one of the few states that does not recognize this profession. In addition, as obstetricians, we have seen too many women and infants who have suffered unnecessary complications because the person attending their birth was untrained to recognize a complication or high-risk situation. As the State Auditors Report stated “the nature of the services provided by midwives may endanger the public’s health and safety.” We have seen this happening already. We need to act.

Hawai‘i ACOG advocates for implementation of the ICM standards to ensure all women have access to safe, qualified, highly skilled providers in all settings. We strongly believe that each woman has the right to make medically informed decisions about her maternity care and delivery. For all of the above reasons, **we support SB 1033\_SD2\_HD1 with strong recommendations for amendments** and urge you to pass this measure.

Thank you for the opportunity to testify.

# Testimony of Laulani Teale, MPH in OPPOSITION to SB 1033, SD2 Relating to the Licensure of Midwives

## COMMITTEE ON FINANCE

Rep. Sylvia Luke, Chair

Rep. Ty J.K. Cullen, Vice Chair

Tuesday, March 29, 2019 3:30 p.m. Conference Room 308

Aloha and mahalo for this opportunity to testify.

This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices. **It needs to stop now.** Here is why:

- **The costs alone are prohibitive.** According to the DCCA, “The costs associated with licensing approximately 13 midwives would be **\$203,000.**” Because State licensing law requires licensure to pay for itself, those 13 eligible midwives would bear a cost burden of **\$15,615** each per year, which would be passed directly on to the families they serve. These costs would be greatly increased if a hearing were to take place, a lawsuit or criminal action occurred, or other incidental expenses were incurred for any reason.
- **ONLY Midwives trained outside of Hawaii are eligible.** This alone should stop this measure in its tracks. It creates a sharp dividing line, which almost all local midwives are on the wrong side of. Good training routes of many kinds already exist in Hawai‘i, but these are sidelined or criminalized by this measure.

- **This is an actual witch hunt. Yes, really.**

The persecution of midwives in Hawai‘i goes back to the early days of the Territory, during which healers were being persecuted severely, as part of forced assimilation. The notorious witch hunts in Europe and Early America were similarly, in fact, essentially the persecution of midwives. This bill continues those traditions of forced assimilation, medicalization, and persecution. It is also demeaning, especially to respected cultural elders.

- **It is legally unsound.**

There are many serious legal problems with this measure. For example, the requirement that a traditional midwife “provides the required disclosures to clients that the individual is practicing midwifery in this State without a license to practice midwifery” (as if a rural cultural elder of any ethnicity should be required to do such a thing) is both offensive and legally unsound. This measure defines a legally exempted category of practitioner, and then, in the same sentence, forces them to state that they are practicing without a license to practice. The legal mess this is likely to create (and that the legislators passing such terrible language would be liable for), along with the potential for serious consequences or even death, is enormous. Generally, This measure is also full of legal gray areas; which are what lawsuits are made of.

- **It will not be followed.**

It should also be noted that most traditional midwives simply WILL NOT give the disclosure required in the bill, because it might interfere with maternal confidence. Natural birthing is an ancient and sensitive art with its OWN principles of success and safety, which cannot be broken.

I would like to note that my own child was born in 1993, with the assistance of an underground midwife, during the “dark ages” of illegality. Had she not helped me, I would have given birth on my own. Since she did help me, she was obligated to follow the principles of spiritual midwifery, which would prohibit the listed disclosure (bringing the State into the sacred space of birth is against many cultural and spiritual practices).

- **It is DANGEROUS.**

Licensed midwives would be utterly unaffordable and realistically, most other practitioners would be operating underground, as they did before 1999. UNASSISTED births are likely to be prevalent, increasing danger. Amongst attended home births, TRANSFER DELAYS are the greatest danger, and are often driven by fear (note: it is the mother, not the midwife, who makes the decision to go to a hospital or not, as no one can be forced to do so). Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for consenting to give birth with an unlicensed midwife (per this bill’s requirement!). This increases actual danger substantially, particularly within ethnic groups that fear CWS discrimination, believing that child removal or criminalization might occur due to their choice of provider not seeming legitimate enough. *You as legislators need to protect people from this.*

- **Kanaka Maoli traditional practices are NOT protected.**

First of all, the central traditional kanaka traditional practice is BIRTH, not midwifery. Many traditional Kanaka Maoli births are attended by midwives of OTHER ethnicities, who are restricted by the measure, thereby impacting kanaka rights. Further, Papa Ola Lokahi does not currently have any mechanism to extend protection to traditional midwives or other birth-related practitioners as such (its mandates are currently strictly for laau lapaau, lomilomi, hooponopono and laau kahea). While this could potentially be developed in the future, at this time such protection would be entirely speculative. **Law cannot be based on speculation.**

**It must be remembered that ALL regulation of traditional midwifery limits, alters, and otherwise adversely impacts traditional Native Hawaiian healing, because the central traditional practice in question is BIRTH, not midwifery.**

- **The entire term “traditional practice” is externally defined, which goes directly against culture and traditions,** which must be internally defined in order to be considered bona fide. See quote from Papa Ola Lokahi-convened Kahuna Statement to the Legislature, 1998: PAPA AUWAE AND ALL OTHER KUPUNA OPPOSED CULTURAL PRACTICES BEING DEFINED BY THE LEGISLATURE:

*“...LICENSURE, AND CERTIFICATION ISSUES RAISED IN THE LEGISLATION ARE INAPPROPRIATE AND CULTURALLY UNACCEPTABLE FOR GOVERNMENT TO ASCERTAIN. THESE ARE THE KULEANA OF THE HAWAIIAN COMMUNITY ITSELF THROUGH KUPUNA WHO ARE PERPETUATING THESE PRACTICES.”*  
<http://www.papaolalokahi.org/images/CHRONOLOGY-of-EVENTS-RELATED-TO-TRADITIONAL-HEALING-2015-Dec.pdf>

- **There is no reasonable licensure pathway for any Hawai’i midwives who are not CPMs.**

It is against the Hawai’i Regulatory Licensing Reform Act to offer a licensure pathway to a part of a profession, but not all of it, especially as NARM Certification is practically logistically impossible for Hawai’i midwives (thus shifting the recognized practice entirely to those trained outside of Hawai’i). The costs involved in licensing such a tiny cohort also need to be assessed prior to structuring legislation, as this Act also requires licensees to bear the full cost of issuance and administration. For a small cohort with complex needs, this could potentially be astronomical.

- **The exemptions do not actually exempt anyone currently practicing traditional midwifery.**

For this reason, great damage and endangerment would result in our community. The exemptions also notably miss some major areas crucial to local traditional families, such as grandparent-attended births (illegal under this measure), Aunties assisting nieces to give birth (illegal under this measure), and hanai family (illegal under this measure).

### **What about Tongan midwives? Filipina midwives? African-American midwives?**

Women of **all** cultures deserve to be attended by WHOEVER THEY WANT, especially experts in ancient birthing practices from their culture. Furthermore, traditional midwives who are not Hawaiian and do not qualify under SB 1033 are extremely important in the traditions that Hawaiian families are reviving from a nearly decimated cultural past. Many young Kanaka Maoli have the oral history of their great-grandparents to go on, but not much more. Non-Hawaiian traditional midwives play a crucial support role for ensuring safety, confidence and well-being as these traditions are brought back into being. Without them, the practices would still come back, but slower, with more loss and much less safety and support.

- **Consumers are not helped by this measure,** which would limit choices, raise prices, and provide no measurable safety benefits .

- **Women's reproductive choices are harmed.**

Home birth is a *crucial* issue of **reproductive choice** and body sovereignty, and needs to be respected as such. Limitation of who may practice midwifery is the SAME THING as limitation of who a women may choose to attend her. It is an unreasonable limitation of women's rights.

- **Privacy would be severely harmed.**

The CPM path requires not only years of expensive training outside Hawai'i, but also apprenticeship with a qualified preceptor. Preceptors of ANY kind are already severely limited in Hawai'i, and most hopeful students do not have anyone to learn from. Because this measure would further severely limit the availability of teachers, the best case scenario is teachers taking multiple students to every birth. What that means for a mother: lots of trainees looking at her vagina. It is already a difficult balance. It is unnecessarily invasive to place additional pressure to bring more students along.

**What is needed is COMMUNICATION, not regulation** of something the State simply cannot understand.

**GOOD solutions CAN be developed, but THIS IS NOT THE WAY.**


My recommendation is to hold this bill, and instead consider the creation of a real body that could effectively bring all concerned parties (DOH, cultural practitioners, traditional birth attendants, CPMs, student midwives, OBGYN/ER doctors, etc) together to build the needed comprehensive solutions to address real consumer protection and safety. A Working Group or Task Force, as recommended by Sen. Dr. Josh Green in 2014.

Although I appreciate the good intent of this measure and its amendments, it still is highly problematic and I must oppose it strongly. **The issues surrounding birth and midwifery are very complex, and need comprehensive solutions and real communication.** I urge you to stop this measure, and instead to support the development of a framework for this communication and solution-building to take place.

**PLEASE HOLD THIS MEASURE. MAHALO!**

Mahalo nui loa for this opportunity to testify. I can be reached at any time if there are questions.

Me ke aloha 'oia'i'o,

  
Laulani Teale, MPH

*Please see [eahanau.blogspot.com](http://eahanau.blogspot.com) for more information.*

**SB-1033-HD-1**

Submitted on: 3/28/2019 3:27:13 PM

Testimony for FIN on 3/29/2019 3:30:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Aoki Birthing Care	Aoki Birthing Care	Oppose	No

Comments:

# HAWAI'I MIDWIFERY COUNCIL

‘A‘OHE HANA NUI KE ALU ‘IA

EST. 2015

Regular Session of 2019

SB1033\_sd2\_hd1, Hearing date 3/29/2019, Room 308, 3:30pm

Testimony in **STRONG OPPOSITION**

House Committee on Finance, Honorable Chair Luke, Vice Chair Cullen, and honorable committee members,

The Hawai'i Midwifery Council stands in **STRONG OPPOSITION** of SB1033\_sd2\_hd1.

Each midwife deeply understands how complex it is to draft a bill that will license the entire direct entry midwife profession. We appreciate what is attempting to be done, but if this bill is passed as written, it will unfairly disallow roughly one-half of the state's direct entry midwives from obtaining a license or continuing to use their title, "midwife." There is already an inadequate number of OBGYN doctors on all of the outer islands; this bill would only further limit access to vital prenatal care for the state's most vulnerable, rural, and low-income ohanas.

The midwives of Hawai'i **DO NOT** give our permission to be redefined! By what authority do the drafters of this bill get to redefine so ancient a word as "midwife"?

Webster Dictionary© 1828; MID'WIFE, *noun* a woman who assists other women in childbirth  
Merriam-Webster Dictionary© 2019; Midwife, *noun* a person who assists women in childbirth

The auditor's position was established to eliminate waste and inefficiency in government, provide the Legislature with a check against the powers of the executive branch, and ensure that public funds are expended according to legislative intent. Its mission is to improve government through independent and objective analyses.

## **Hawai'i State Auditor's 2017 Summary**

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 (CPMs), 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 CPM credential from the North American Registry of Midwives, which is one of several midwifery associations."**

**"Licensure of Certified Professional Midwives (CPMs) as proposed in HB1899\_hd1, is not consistent with or otherwise supported by the policy criteria for professional licensing in the Hawai'i Regulatory Reform Act. In our view, the proposed regulation of CPMs, who are just one type of midwife, is flawed because it applies to only a relatively small segment of the midwifery profession, i.e., CPMs, and therefore, unnecessarily benefits that group."**



There are two types of midwives, nurse midwives and direct entry midwives. ALL direct entry midwives deserve; fair representation by the State, the legal right to continue to pursue their livelihood, the right to use the titles “Midwife” and “D.E.M.”, and the ability to practice midwifery to the best of their knowledge and skill set. SB1033\_sd2\_hd1 will unreasonably restrict entry into the licensed profession of direct entry midwifery by ALL qualified persons by disallowing around half of the state’s *longest practicing and most experienced* direct entry midwives from obtaining a license. A large number of these midwives have midwifery practices that predate the Certified Professional Midwife credential.

According to the DCCA, a professional license is a form of consumer protection. It is the position of the Hawai’i Midwifery Council that birth is a normal biological process that in itself does not pose a risk to public safety. If anything, a midwife protects a consumer from having a bad outcome during childbirth at home by knowing when the birthing process has deviated from normal, which allows for a safe and timely transport of their client to the nearest hospital for medical assistance.

The state’s neonatal mortality rate fell from 6.1% in 2016, to 5.3% in 2017 despite the fact that direct entry midwives are not licensed. The homebirth community averages fewer than 1 infant death per year. To date, there has NEVER been a maternal death resulting from a midwife attended homebirth. Neonatal death is immediately followed up with a thorough police investigation, complete with autopsy findings, reviewed by the medical examiner. If a death was found to be caused by a midwife’s negligence, that midwife would be prosecuted to the fullest extent of the law.

Midwives were asked by the legislators to take the initiative and come to a consensus and we DID! We respectfully ask that you replace the wording of SB1033\_sd2\_hd1 with the draft written by the direct entry midwives this bill seeks to license. This draft, submitted by HMC, provides a clear path for full licensure of the entire direct entry midwife community. A copy of this draft was emailed to every state senator and house representative this week. Please work with the midwives and DO NOT pass an incomplete bill with vague plans to address the inequality in the next 3 years. Hear our pleas for equality NOW! Offer FULL licensure or none at all.

We urge you to deeply consider the importance of the decision before you. It is not a simple or straightforward thing to require a credential that has only existed for 24 years as the only requirement for licensure into of one of the oldest professions in existence. Since the dawn of human existence, midwives have sat with woman as they birthed.

Please do not support SB1033\_SD2\_HD1.

Mahalo for your time,

*Rachel Curnel Struempf*, DEM, LC, CE, NCS

President, Hawai’i Midwifery Council

[Hawaiiidwiferycouncil@gmail.com](mailto:Hawaiiidwiferycouncil@gmail.com)

(808)990-8025



## **REGULAR SESSION OF 2019**

**Re: STRONG OPPOSITION to SB1033 SD2 HD1  
Finance committee on Friday 3/29/19 at 3:30pm House conference room #308.**

Aloha Finance Committee Chair Luke, Vice Chair Cullen, and Committee Members Representative Eli, Representative Gates, Representative Hashimoto, Representative Holt, Representative Kitagawa, Representative Kobayashi, Representative Matayoshi, Representative Nakamura, Representative Nishimoto, Representative Todd, Representative Wildberger, Representative Yamashita, and Representative McDermott,

Birth Believers is an Evidence Based Birthing Group that includes Childbirth Educators, Lactation Consultants, Doulas, Student Midwives, and Biblical Midwives. We are dedicated to the preservation, perpetuation and diversity of home birth practices and autonomy in home birth midwifery care as well as birth support as Doulas in a hospital setting. Birth Believers continues to support and maintain a family's right to select a home birth provider of their choice if they choose that option for their birth.

We have offered FREE Childbirth Education Classes for the past 20 years to anyone wanting to prepare themselves for their birth and have serviced thousands of families throughout the years.

We oppose SB1033 SD2 HD1 because First of all as it stands this bill will make traditional/cultural/Biblical midwives illegal after 2023, yet it says specifically in Part 1 Section 1 "This Act will continue to allow a woman to choose where and with whom she gives birth" and "The legislature also notes that practicing midwifery according to this act does not impede one's ability to incorporate or provide cultural practices." Yet, in 2023 if legislature does not amend this bill the choice will no longer be there and cultural birth practices will be illegal.

Second, SB1033 SD2 HD1 eliminates the most accessible pathway for students in Hawai'i to get a midwifery education, through the apprenticeship model, which is supported by the North American Registry of Midwives. As Birth Believers is already passing on the calling of midwifery with our young women beginning at 8 years of age, the apprenticeship model is crucial to Midwifery survival in our State. OUR Hawaii midwives, not imports from the mainland, should be allowed to flourish in their training right here in our islands, so we can continue to be at the side of birthing women in OUR State.

For these reasons Birth Believers strongly opposes SB1033 SD2 HD1 and look forward to a more truly integrated approach to birthing, working with all groups involved, to make Hawai'i a leader and model for the nation regarding better infant and maternal outcomes.

Mahalo,  
Pastor Mari Stewart  
Birth Believers

**SB-1033-HD-1**

Submitted on: 3/28/2019 1:49:54 PM

Testimony for FIN on 3/29/2019 3:30:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Yvonne Gray	Wunderbirth LLC	Oppose	No

Comments:

I ask you to vote OPPOSE on SB1033 SD2 HD1 as it stands.

I STRONGLY OPPOSE this bill as it stands, as it will make traditional midwives illegal after 2023.

I STRONGLY OPPOSE this bill because is NOT financially viable. There aren't enough midwives who would qualify to be licensed to support the costs to run this program.

I STRONGLY OPPOSE SB1033 SD2 HD1 because this bill will restrict access to all midwives. The only choices for families wanting home births after 2023 will be CNMs and CPMs. This restricts access and choices.

I STRONGLY OPPOSE this bill because it eliminates the ONLY ACCESSIBLE pathway for students in Hawai'i wanting to get a midwifery education through the apprenticeship model. The apprenticeship model is supported by the North American Registry of Midwives.

I STRONGLY OPPOSE this bill because we have a very low number of home births already and this will not only make it more difficult but also financially unattainable for many birthing families. It will become a privilege to have a home birth not a RIGHT and an option EVERY family in Hawaii should have!



**Hawai'i Homebirth Collective**  
**Ph(808)783-0361/Fax(808)792-3336**

REGULAR SESSION OF 2019

Hearing date March 29, 2019 at 3:30 pm Room 308

RE: SB1033 SD2 HD1 Relating to the Licensure of Midwives  
IN OPPOSITION

Aloha honorable Finance Chair Luke, Vice Chair Cullen and committee members,

The Hawai'i Home Birth Collective (HiHBC) and the Hawai'i Home Birth Elders Council (HiHBEC) was formed in response to concerns about home birth safety and accountability. HiHBC is a self-regulated home birth midwifery organization dedicated to the preservation, perpetuation and diversity of home birth practices and autonomy in home birth midwifery care. HiHBC continues to support and maintain a family's right to select a home birth provider of their choice.

We oppose SB1033 SD2 HD1 because First of all as it stands this bill will make traditional/cultural midwives illegal after 2023, yet it says specifically in Part 1 Section 1 "This Act will continue to allow a woman to choose where and with whom she gives birth" and "The legislature also notes that practicing midwifery according to this act does not impede one's ability to incorporate or provide cultural practices." Yet, in 2023 if legislature does not amend this bill the choice will no longer be there and cultural birth practices will be illegal.

Second, SB1033 SD2 HD1 eliminates the most accessible pathway for students in Hawai'i to get a midwifery education, through the apprenticeship model, which is supported by the North American Registry of Midwives.

Finally, our agency is set up to register home birth midwives with required informed consent, provide peer review, grievance protocols and collect data for accountability purposes. Since there aren't enough midwives in Hawai'i who would qualify for licensure at this time to support the financial burden of a program such as this, we are here to take that burden off the government's hands by providing registration and accountability (which the auditors report suggests as an alternative to licensure).

For these reasons we strongly oppose SB1033 SD2 HD1 and look forward to a more truly integrated approach to birthing, working with all groups involved, to make Hawai'i a leader and model for the nation regarding better infant and maternal outcomes.

Mahalo,

In Opposition, The Hawai'i Home Birth Collective, HiHBC.org



**SB-1033-HD-1**

Submitted on: 3/28/2019 11:19:32 AM

Testimony for FIN on 3/29/2019 3:30:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Les DeBina	LPD Services	Oppose	No

Comments:

Regular Session of 2019

SB1033\_sd2\_hd1, Hearing date 3/29/2019, Room 308, 3:30pm

Testimony in **STRONG OPPOSITION**

House Committee on Finance, Honorable Chair Luke, Vice Chair Cullen, and honorable committee members,

We are native Hawai'ian and are active, registered voters. Please do not allow the state to make half of Hawai'i's midwives illegal. There has been enough loss of the ancient art of Ho'o Hanau. The pale keiki you will make illegal are the last ones left holding the true knowledge of our ancestors.

The auditor's position was established to eliminate waste and inefficiency in government, provide the Legislature with a check against the powers of the executive branch, and ensure that public funds are expended according to legislative intent. Its mission is to improve government through independent and objective analyses.

**Hawai'i State Auditor's 2017 Summary**

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 (CPMs), 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 CPM credential from the North American Registry of Midwives, which is one of several midwifery associations.”**

**“Licensure of Certified Professional Midwives (CPMs) as proposed in HB1899\_hd1, is not consistent with or otherwise supported by the policy criteria for professional licensing in the Hawai’i Regulatory Reform Act. In our view, the proposed regulation of CPMs, who are just one type of midwife, is flawed because it applies to only a relatively small segment of the midwifery profession, i.e., CPMs, and therefore, unnecessarily benefits that group.”**

There are two types of midwives, nurse midwives and direct entry midwives. ALL direct entry midwives deserve; fair representation by the State, the legal right to continue to pursue their livelihood, the right to use the titles “Midwife” and “D.E.M.”, and the ability to practice midwifery to the best of their knowledge and skill set. SB1033\_sd2\_hd1 will unreasonably restrict entry into the licensed profession of direct entry midwifery by ALL qualified persons by disallowing around half of the state’s *longest practicing and most experienced* direct entry midwives from obtaining a license. A large number of these midwives have midwifery practices that predate the Certified Professional Midwife credential.

According to the DCCA, a professional license is a form of consumer protection. It is the position of the Hawai’i Midwifery Council that birth is a normal biological process that in itself does not pose a risk to public safety. If anything, a midwife protects a consumer from having a bad outcome during childbirth at home by knowing when the birthing process has deviated from normal, which allows for a safe and timely transport of their client to the nearest hospital for medical assistance.

The state’s neonatal mortality rate fell from 6.1% in 2016, to 5.3% in 2017 despite the fact that direct entry midwives are not licensed. The homebirth community averages fewer than 1 infant death per year. To date, there has NEVER been a maternal death resulting from a midwife attended homebirth.

Please license ALL midwives or none. We cannot afford to lose ANY midwives through the licensure process.

Mahalo,

Les DeBina

President, LPD services

# Gentle Beginnings Midwifery

[kalokomidwife@gmail.com](mailto:kalokomidwife@gmail.com)

Regular Session of 2019

SB1033\_sb2\_hd1, Hearing date 3/29/2019, Room 308, 3:30pm

Testimony in **STRONG OPPOSITION**

Aloha House Committee on Finance, Honorable Chair Luke, Vice Chair Cullen, and committee members,

Gentle Beginnings Midwifery offers safe, direct entry midwife attended home births on the Big Island. None of our direct entry midwives are certified. The currently proposed SB1033hd1 will **force every single one of us out of business**. Our most experienced midwife has almost 40 years of experience.

How will those of us forced out of practice continue to support our families? Approximately half of the state's direct entry midwives will no longer legally be able to pursue their livelihood if SB1033\_sd2\_hd1 becomes law.

According to the DCCA, a professional license is a form of consumer protection. It is the position of the Hawai'i Midwifery Council that birth is a normal biological process that in itself does not pose a risk to public safety. If anything, a midwife protects a consumer from having a bad outcome during childbirth at home by knowing when the birthing process has deviated from normal, which allows for a safe and timely transport of their client to the nearest hospital for medical assistance.

The state's neonatal mortality rate fell from 6.1% in 2016, to 5.3% in 2017 despite the fact that direct entry midwives are not licensed. The homebirth community averages fewer than 1 infant death per year. To date, there has NEVER been a maternal death resulting from a midwife attended homebirth. Neonatal death is immediately followed up with a thorough police investigation, complete with autopsy findings, reviewed by the medical examiner. If a death was found to be caused by a midwife's negligence, that midwife would be prosecuted to the fullest extent of the law.



The auditor's position was established to eliminate waste and inefficiency in government, provide the Legislature with a check against the powers of the executive branch, and ensure that public funds are expended according to legislative intent. Its mission is to improve government through independent and objective analyses.

### **Hawai'i State Auditor's 2017 Summary**

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 (CPMs), 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 CPM credential from the North American Registry of Midwives, which is one of several midwifery associations.”

“Licensure of Certified Professional Midwives (CPMs) as proposed in HB1899\_hd1, is not consistent with or otherwise supported by the policy criteria for professional licensing in the Hawai'i Regulatory Reform Act. In our view, the proposed regulation of CPMs, who are just one type of midwife, is flawed because it applies to only a relatively small segment of the midwifery profession, i.e., CPMs, and therefore, unnecessarily benefits that group.”

We are greatly troubled by the projected annual budget of the direct entry midwife licensing program, estimated to run well over \$200,000. How can the 13 (or fewer) midwives who will qualify for licensure bear such a heavy financial burden. This financial burden will force these midwives out of practice. If the all of the approximated 34 direct entry midwives in Hawai'i were licensed, the licensing fees for each midwife would be much more reasonable.

The work to pass an inclusive bill has already been done. There is a version of SD1033 that was written by the midwives this bill intends to license, who know who and what midwives are better than anyone. This version meticulously provides; a very clear and concise pathway for all the different types of direct entry midwives to seek licensure, clearly defined practice guidelines, and a process for handling consumer complaints. A copy of this draft was emailed to each committee member.

The professional licensing process should not eliminate over one-half of the profession it is attempting to license.

The Midwives of Gentle Beginnings Midwifery



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

## HOUSE COMMITTEE ON FINANCE

Friday, March 29, 2019, 3:30 pm, Conference Room 308  
SB 1033, HD 1, SD 2, HD 1 Relating to the Licensure of Midwives

### **TESTIMONY**

Douglas Meller, Legislative Committee, League of Women Voters of Hawaii

Chair Luke and Committee Members:

**The League of Women Voters of Hawaii requests amendment of SB 1033, SD 2, HD 1.**

The League has no expertise or position concerning licensure of midwives. However, we request amendment of Section 8 of SB 1033, SD 2, HD 1 so that the proposed “home birth task force” is subject to Chapter 92, Hawaii Revised Statutes. There is no justification to totally exempt the proposed “home birth task force” from the Sunshine Law.

Thank you for the opportunity to submit testimony.

**SB-1033-HD-1**

Submitted on: 3/28/2019 12:58:40 PM

Testimony for FIN on 3/29/2019 3:30:00 PM

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

Comments:

**SB-1033-HD-1**

Submitted on: 3/28/2019 12:09:33 AM

Testimony for FIN on 3/29/2019 3:30:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Lea Minton	Individual	Support	Yes

Comments:

I strongly support SB1033 HD1 and urge legislators to adopt Midwives of Alliance's amendments.

**SB-1033-HD-1**

Submitted on: 3/27/2019 6:01:52 PM

Testimony for FIN on 3/29/2019 3:30:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Gwen Morinaga-Kama	Individual	Oppose	No

Comments:

**SB-1033-HD-1**

Submitted on: 3/27/2019 8:11:29 PM

Testimony for FIN on 3/29/2019 3:30:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Leila Wright	Individual	Oppose	No

Comments:

I stand with and trust the traditional midwives of Hawaii to hold accountability within their own structures. We need to uplift and listen to the voices of the midwives who have proven themselves to be reliable, strong, gifted and honest and the families who have been blessed with their services. This bill is flawed and does not offer clear protection of the traditional midwives. More time is needed to sit at the table to discover a solution all can agree on.

**SB-1033-HD-1**

Submitted on: 3/27/2019 10:53:29 PM

Testimony for FIN on 3/29/2019 3:30:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Tami Winston	Individual	Oppose	No

Comments:

Testimony in STRONG OPPOSITION to SB1033 SD2 HD1

I ask you to vote OPPOSE on SB1033 SD2 HD1 as it stands.

I STRONGLY OPPOSE this bill as it stands, as it will make traditional midwives illegal after 2023.

I STRONGLY OPPOSE this bill because is NOT financially viable. There aren't enough midwives who would qualify to be licensed to support the costs to run this program.

I STRONGLY OPPOSE SB1033 SD2 HD1 because this bill will restrict access to all midwives. The only choices for families wanting home births after 2023 will be CNMs and CPMs. This restricts access and choices.

I STRONGLY OPPOSE this bill because it eliminates the ONLY ACCESSIBLE pathway for students in Hawai'i wanting to get a midwifery education through the apprenticeship model. The apprenticeship model is supported by the North American Registry of Midwives.

Tami Winston

**SB-1033-HD-1**

Submitted on: 3/27/2019 11:52:45 PM

Testimony for FIN on 3/29/2019 3:30:00 PM

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

Comments:

To Whom It May Concern,

I ask you to vote OPPOSE on SB1033 SD2 HD1 as it stands.

I STRONGLY OPPOSE this bill as it stands, as it will make traditional midwives illegal after 2023.

I STRONGLY OPPOSE this bill because is NOT financially viable. There aren't enough midwives who would qualify to be licensed to support the costs to run this program.

I STRONGLY OPPOSE SB1033 SD2 HD1 because this bill will restrict access to all midwives. The only choices for families wanting home births after 2023 will be CNMs and CPMs. This restricts access and choices.

I STRONGLY OPPOSE this bill because it eliminates the ONLY ACCESSIBLE pathway for students in Hawai'i wanting to get a midwifery education through the apprenticeship model. The apprenticeship model is supported by the North American Registry of Midwives.

Thank you,

Audrey Alvarez



**SB-1033-HD-1**

Submitted on: 3/28/2019 12:01:02 AM

Testimony for FIN on 3/29/2019 3:30:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Kimberly Francis	Individual	Oppose	No

Comments:

I ask you to vote OPPOSE on SB1033 SD2 HD1 as it stands.

I STRONGLY OPPOSE this bill as it stands, as it will make traditional midwives illegal after 2023.

I STRONGLY OPPOSE this bill because is NOT financially viable. There aren't enough midwives who would qualify to be licensed to support the costs to run this program.

I STRONGLY OPPOSE SB1033 SD2 HD1 because this bill will restrict access to all midwives. The only choices for families wanting home births after 2023 will be CNMs and CPMs. This restricts access and choices.

I STRONGLY OPPOSE this bill because it eliminates the ONLY ACCESSIBLE pathway for students in Hawai'i wanting to get a midwifery education through the apprenticeship model. The apprenticeship model is supported by the North American Registry of Midwives.

**SB-1033-HD-1**

Submitted on: 3/28/2019 12:16:43 AM

Testimony for FIN on 3/29/2019 3:30:00 PM

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

Comments:

Aloha Chair, Vice Chair and honorable representatives,

I am in opposition of SB1033 SD2 HD1 as it stands primarily because of the following three reasons:

1) Although specifically in Part 1, Section 1 it states, "the legislature also notes that practicing midwifery according to this Act does not impede one's ability to incorporate or provide cultural practices" it exempts these cultural practices ONLY UNTIL 2023. AFTER THAT DATE, unless the Hawaii State legislature amends this bill, TRADITIONAL/CULTURAL MIDWIVES WILL BECOME ILLEGAL, which will definitely "impede one's ability to incorporate or provide cultural practices!" In addition, this will drastically reduce the people's choice in birth attendant and this bill shows a direct disrespect for cultural practices in Hawaii.

I do not believe Legislators want to diminish or disrespect cultural midwifery practices in the State of Hawaii. Please oppose SB1033 SD2 HD1 as it stands, or add a clear exemption for Traditional/cultural midwives which does not expire in 2023.

2) This bill is simply not financially viable or reasonable. In Hawaii registration through a self regulated group is a more financially viable way to satisfy the suggestions of the legislative auditor (he himself says "licensure should be used only as a last resort and registration is appropriate where the threat to life, health, safety and economic well being is low" (as data proves is the case)).

3) By eliminating the apprenticeship model, this bill also eliminates the only accessible pathway for midwifery students in Hawaii. We believe this might have been an oversight, however the PEP (Portfolio Evaluation Process) must be added back into the definition of "Qualified midwife preceptor" in order for local students in Hawaii to get midwifery education.

Sincere Mahalo for your careful consideration in this matter.

Dr. Lori Kimata, Naturopathic Physician, DEM Elder

**SB-1033-HD-1**

Submitted on: 3/28/2019 1:25:03 AM

Testimony for FIN on 3/29/2019 3:30:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Sara Kahele	Individual	Oppose	No

Comments:

This bill exempts cultural practices only until 2023. How are we suppose to carry traditions on to our keiki?This is disrespectful, diminishes cultural practices in Hawaii, limits choice for the people and dramatically reduces availability of care providers in many rural areas.

THIS BILL IS NOT FINANCIALLY RESPONSIBLE, VIABLE OR REASONABLE.

**SB-1033-HD-1**

Submitted on: 3/28/2019 1:25:38 AM

Testimony for FIN on 3/29/2019 3:30:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
David Kahele	Individual	Oppose	No

Comments:

**SB-1033-HD-1**

Submitted on: 3/28/2019 1:26:08 AM

Testimony for FIN on 3/29/2019 3:30:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Kyle Kahele	Individual	Oppose	No

Comments:

**SB-1033-HD-1**

Submitted on: 3/28/2019 1:27:14 AM

Testimony for FIN on 3/29/2019 3:30:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Satoria Kahele	Individual	Oppose	No

Comments:

**SB-1033-HD-1**

Submitted on: 3/28/2019 1:30:33 AM

Testimony for FIN on 3/29/2019 3:30:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
River Joy Kahele	Individual	Oppose	No

Comments:

Problems that make licensing almost impossible for Hawaii midwives	Bastyr (\$90,000)	Southwest Tech (\$10,000)	Birthwise Midwifery (\$30,000)	National College of Midwifery (\$10,000)	Midwives College of Utah (\$45,000)	Mercy in Action College (\$70,000)
Requires more than 1 Hawaii preceptor to help Hawaii student in program		✓				
Requires Hawaii preceptor to have been licensed for two to three years. (Licensing begins 2020, therefore they cannot help Hawaii midwives become licensed until 2022-2023)	✓		✓		✓	✓
Requires Hawaii preceptor to apply to School and be approved as a preceptor	✓	✓	✓	✓	✓	✓
Travel to mainland school required (Addtl fees)	✓	✓	✓ (12x)			✓
Additional Fees				✓ (\$9,000)		

Conclusion: All these distance learning schools will *not allow* for the daughters of Hawaii or current traditional midwives to obtain licensing in the way described in SB 1033.

I respectfully ask for these amendments:

- remove the date on Page 10 line 7 that makes Traditional midwifery illegal in 2023. This will allow the task force (pg. 22-23) to continue to work with legislation to define, set standards and register themselves without the fear of becoming illegal in 2023.

Respectfully, Kristie Duarte

[sheenakristie@gmail.com](mailto:sheenakristie@gmail.com) 391-0795

Representing: Herself and her 9 year old daughter who wants to be a midwife



# Get a license...what's the big deal?

When my daughter applies for these schools, she will have to *find* a preceptor from Hawai'i to apprentice under.



There are only 2 midwives on O'ahu who qualify to become preceptors



One potential preceptor currently does 30 births a year. The other- only 2... she's qualified but not practicing.



This leaves my daughter with ONE qualified midwife on the entire island to be her preceptor.

- What if this ONE qualified midwife is a preceptor to a different school? A more expensive school? What if she has not applied to any of these schools?
- My daughter would have to choose her school based on where this ONE preceptor is accepted at.
- The ONE preceptor would only be able to choose 1 student to work with.
- What if she doesn't want to work with my daughter? Who on island will help my daughter become a CPM?
- What if the ONE qualified preceptor doesn't want to work with any traditional midwives? Who on island will help them become a CPM?
- What if the ONE qualified preceptor chooses 2 students? Then they have to split the births which will make finishing the program even longer.
- What if the school requires my daughter to attend 60 births? (Most schools do) This will take at least 2-3 years if she is the only student and allowed to attend every birth of the ONE qualified preceptor.
- What if there is another student on island who wants to work with this qualified preceptor? Will my daughter have to wait 2 years for an opening? 4 years? 6 years just to get licensed to practice?



The RESULT: It is very difficult, almost impossible to get licensed because of the lack of preceptors on island. Access is restricted. Hawai'i Regulatory Licensing Reform Act states that "Regulation must not unreasonably restrict entry into professions and vocations by all qualified persons". The current licensing path in SB 1033 unreasonably restricts access into a profession because it is not just an online school that is necessary but an apprenticeship program in which O'ahu has only 1 qualified midwife to work under. Please make licensing restrictions not so unreasonable.

This is what my daughter or your daughter will have to do if SB 1033 passes and requires licensing for all midwives.

There are only 2 midwives on O'ahu that will qualify to become a licensed preceptor.

**RESTRICTED  
ACCESS**

shutterstock - 156592280



Step 2: Find licensed preceptors who are accepted by her *particular* school of choice and will allow her to apprentice while she takes online classes (enrollment into the academy depends on this)

Step 1: Have access to \$10,000-\$90,000 for distance learning program



Hawai'i Regulatory Licensing Reform act states that "Regulation must not unreasonably restrict entry into professions and vocations by all qualified persons" .

This is a list of the schools available for Hawaii residents to attend online. The main problem: Available Preceptors.

Regulation proposed in SB 1033 does unreasonably restrict entry into profession.

School: Southwest Tech  
Tuition alone: \$10,000  
Online

Problem: requires 3 licensed preceptors. O'ahu does not even have 3 preceptors at this time. We have 2 who have the option of getting licensed.

Problem: IF they choose to become a licensed preceptor, depending on how many births they have per year they may be able to take only one student. If they take one student, it make take 2-3 years just to meet the amount of births required in the program. If they take more than one student, those births would be divided and the time to complete the program would take much longer

Problem: One of the two potential preceptors on O'ahu does 30 births a year. Programs usually require attending 60 births. Hawai'i does not supply the demand required by these mainland schools to finish the program in a timely manner.

Mercy in Action College of Midwifery:  
Online and travel to Idaho  
Tuition: \$70,000

Problem: Same thing. Preceptor must apply to be accepted by school to help Hawaii Student

Problem: Preceptor must have two years full time experience. If she gets licensed when bill passes in 2020, then in 2022 she will qualify to help Hawaii students. The problem is Hawaii students need help now because they will be illegal in 2023.

Problem: She will need to want to help traditional midwives. She will need to want to apply to this particular school to be a preceptor.

Problem: O'ahu alone lacks preceptors in preceptor to student ratio.

School: Bastyr University  
Tuition alone: \$90,000  
Online and commute to Washington 3x each quarter (about 1 week/month)

Problem: requires the licensed preceptor to be licensed for 3 years before being allowed to be qualified as a preceptor for which a Hawaii student may apprentice under. If the preceptor is licensed in 2020 as stated in the bill, Hawaii students will have to wait 3 years for the licensed preceptor to be meet qualifications to be a preceptor for this school BEFORE they can even attend this school.

Problem: The licensed preceptor after waiting three years must be approved by Bastyr. If they are not approved, then this online school is not an option for me to attend.

Problem: Once the licensed preceptor is approved by Bastyr, they must choose me as a student to



National Midwifery Institute:  
Tuition: \$20,000  
Online

Problem: Probationary status until areas of non-compliance have been corrected

School: Birthwise Midwifery School Institutional  
Tuition alone: \$30,000  
Online and visit 12 times to Maine

Problem: Preceptors must have had 2 years experience with a license

Problem: If this bill passes, the preceptor must get a license in 2020 and then wait until 2022 to be a preceptor.

Problem: As stated in other boxes, there are only two women on O'ahu who would qualify as preceptors. They can only take on 1 student at a time to help the student attend the amount of births required for their program. If 5 women on O'ahu want to become licensed, they would need 5 preceptors to be available to help them. They would also need a large amount of pregnant women for these preceptors to be part of their birth!

School: National College of Midwifery  
Tuition alone: \$10,000  
Does not include \$9,000 more for administrative fees

Problem: This college must have their licensed preceptor be accepted by them to be able to help a student from Hawaii who attends this school online.

Problem: What if no preceptors in Hawaii want to apply to be a preceptor for this school?

Problem: If the Hawaii student does find a preceptor who will apply, we lack preceptors for other Hawaii students hoping to become licensed.

School: Midwives College of Utah  
Tuition: \$45,000  
Online

Problem: Same thing. Preceptors must be licensed for at least three years

Problem: Same thing. We lack preceptors

Problem: Same thing. We lack the amount of births needed for the amount of Hawaii women that would need licensing

Problem: Same thing. It would take really long to be licensed because of the problem with the preceptors

Problem: Takes 4-6 years to complete

Problem: Hawaii is unlike other communities. This is a mainland school.

So what does that mean for the women and our daughters of Hawaii? It means that they won't have the access to become licensed. It is the mainland that will bring the licensed CPMS to our island.

It's very sad that for my daughter to get her midwife license, she would probably need to move away just so that she can find licensed preceptors to give her the amount of births needed to graduate in a decent amount of time. Is it difficult in other places of the country to get a CPM license? No because the amount of preceptors and births are much higher than they are here in our home birth community.

As you can see, it's not just about finishing an online course. This bill is basically taking two types of midwives who could have equal amounts of education, experience and clientele and giving one (the CPM) all of the business and all of the power.

Specific links for school information

Bastyr: <https://bastyr.edu/academics/midwifery/masters/ms-midwifery>

Birthwise midwifery School:

<https://birthwisemidwifery.edu/academics/midwifery-program/preceptors/>

National College of Midwifery: <https://www.midwiferycollege.edu/preceptors-national-college-of-midw>

Midwives College of Utah <https://sites.google.com/midwifery.edu/mcu-preceptorinformation/application-to-mcu-preceptors?authuser=0>

Mercy in Action College of Midwifery

[https://www.dropbox.com/s/ym2slk9bkxp4s3j/Clinical%20Student%20Handbook%202019.pdf?  
dl=0](https://www.dropbox.com/s/ym2slk9bkxp4s3j/Clinical%20Student%20Handbook%202019.pdf?dl=0)

Southwest Tech

<https://www.swtc.edu/academics/programs/health-occupations/midwife-more-info>

**SB-1033-HD-1**

Submitted on: 3/28/2019 4:47:48 AM

Testimony for FIN on 3/29/2019 3:30:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Jodie Dresel	Individual	Support	No

Comments:

It is important that the midwife attending the birth is educated and has had experience and training to keep mom and baby safe during labor and delivery. As a former labor and delivery nurse I have seen too many poor outcomes with unlicensed and uneducated providers who do not have the training or experience to handle complications during birth when they arise. I believe native Hawaiian healers and doulas and any support person should be able to attend a birth at any time. However, the person responsible for delivering the baby and ensuring the safety and the health of the mother and baby should be a licensed, educated and trained health care provider. Anyone should be able to attend the birth as a support person in addition to the trained health care provider.

Testimony of Liko-o-kalani Martin  
Kupuna Practitioner

Birth is such a valuable indigenous, human science.

I have been involved in birthing arts for almost 50 years.

I am a father of twelve who delivered three of my children, and had midwives attend some of my children's births also. At times, we didn't have money to go to the hospital or money to get there. That is how it is when you live on the land. We were good to go, and we were covered, as we had all of the community and natural resources we needed. Giving birth did not place a financial burden on the families. It was a wonderful thing. When nobody's threatening to throw you out of your house and your village.

We were not married - we didn't need a license to fall in love. My daughter was born with only her mom and me, and the cord was wrapped tight on her neck. I am glad I had learned what to do! Not only learned from the kupuna, but also the hippie midwives in the 1960's. All of that knowledge was important for me. Midwives and community firefighters were on standby to support us after the birth and the whole community cheered for us.

The more we know, nearer to where the home fires burn, the better.

Male energy is important. My job was to help them make their nest, to look into their eyes to let them know I am with them. To assist the mothers of my children with nourishment, to be with them in their preparations. Massage was big - really important. The healing and strength I could give them ensured confidence. To walk with them on the sand preparing for the birth, which was a natural thing, as the mothers of my children were strong from being on the land. And my connection with the baby before birth helped them to do their part to come into the world. All of this was part of birthing, as a family.

When you are living close to the land, giving birth is a natural thing. In the rural communities, the young girls learn from everybody. The haole people who knew things, the kupuna, everyone. There is no division. There is no "I can, you cannot." More tools means more ability if the time comes when it is needed.

My family lineage caretakes of a place of birthing. A whole birthing complex. All kinds of stones, some for standing births, some for laying births, a path straight to the river where there are places to wash the mother and the baby. I know the traditions of this place. The people are being kept out. The customs need to be rebuilt by those who can do that. We need the strength and the knowledge and the land.

Tutu Clara from Hōnaunau is a kupuna who taught me much. All the families with all the babies were there with her. It was beautiful.

Uncle Herman of Hanamaulu would always talk about it. Pregnancy and bith are a time of flowing. The woman avoids anything that strangles, anything that kills. She is excused from doing those things, does not touch fishnets or anything that takes life. And she is vulnerable in some ways. So the whole community must provide what she needs.

The old folks had it kind of down. We had big communities. All up and down the valleys. Hanai family, aunties, uncles - everyone was in touch with the mother and the life inside of her. The father especially. Family. Birthing is more than the moment of giving birth, and it involves everyone.

It wasnt a medical emergency, it was a family connected thing. Doing it together.

Science and all of that, that is all good, but in the midst of it all, there is a natural world. Need to bring back the power. Power of the mother. Power of the father. Power of the land, and moving with the land.

There is a huge disconnect that happens when the father's role is taken away or interrupted. I was there to bring confidence, to nurture, to let her know that we are doing this together and to make her safe when she is vulnerable. Without that - stand by for everything conceivable thing to go wrong.

And things can go wrong in hospitals to begin with - especially when treated like a Speedy Lube, get them in, get them out. This can traumatize the mother, the baby and the family. The safety given by the father and the community and those who hold the knowledge cannot be replaced by medical technology.



It is like digitalizing the cosmology. You cannot digitalize it. Codification of the science of home birth and treating the science of birth as witchcraft - this is not a good direction. Treating it as something broken that needs to be fixed is wrong. Natural birthing IS the science.

When you start to outlaw natural law, something has gone terribly wrong. It is time to put up the sign on your building, "gone fishing" or "out to lunch" or "see you in Las Vegas."

This legislation is a bad idea. It cuts out the power of the family. You taking me out of the equation or what? It is like telling a tree not to breathe.

Taking away a person's right to acquire the knowledge to bring life - that is a serious thing. The knowledge of birthing is something all of the people need. It is sacred to humanity. Don't burn the book.

Natural law is not the purview of the legislature. The most that they can do is to provide support for the people - it is not just about giving birth, it is about the family. If the legislature truly cares, expand the awareness and the support. Give young people information about birth as much as they do for contraceptives. And enough maternity leave and paternity leave.

Who is it to covet the knowledge of humankind? It is to let the knowledge be known, not shut down. What if there was a big world crisis, and nobody could get to a hospital? Shutting down the knowledge in the community is not a good thing. To outlaw the use of that knowledge and the teaching of that knowledge? Rather than to acknowledge it? Culturally, we suffer.

To have the training - that is part of rebuilding our matriarchal foundation. It is a wonderful thing when that knowledge is shared by those who know how to share it. They are valuable in our rebirthing.

**SB-1033-HD-1**

Submitted on: 3/28/2019 5:56:54 AM

Testimony for FIN on 3/29/2019 3:30:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
melissa snyder	Individual	Oppose	No

Comments:

Aloha, I am a birth doula and mother of two children who I have birthed with a midwives. I am asking you to please OPPOSE SB1036 as this bill would make many of the states current midwives unable to practice. We must find ways to include all of the birth practitioners so there is still free choice for birthing families. This is incredibly important to me and my family. Thank you. -Melissa Nash

**SB-1033-HD-1**

Submitted on: 3/28/2019 7:15:11 AM

Testimony for FIN on 3/29/2019 3:30:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Jess Lee	Individual	Oppose	No

Comments:

I ask you to vote OPPOSE on SB1033 SD2 HD1 as it stands.

I STRONGLY OPPOSE this bill as it stands, as it will make traditional midwives illegal after 2023.

I STRONGLY OPPOSE this bill because is NOT financially viable. There aren't enough midwives who would qualify to be licensed to support the costs to run this program.

I STRONGLY OPPOSE SB1033 SD2 HD1 because this bill will restrict access to all midwives. The only choices for families wanting home births after 2023 will be CNMs and CPMs. This restricts access and choices.

I STRONGLY OPPOSE this bill because it eliminates the ONLY ACCESSIBLE pathway for students in Hawai'i wanting to get a midwifery education through the apprenticeship model. The apprenticeship model is supported by the North American Registry of Midwives.

**SB-1033-HD-1**

Submitted on: 3/28/2019 7:15:48 AM

Testimony for FIN on 3/29/2019 3:30:00 PM

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

Comments:

**SB-1033-HD-1**

Submitted on: 3/28/2019 7:19:36 AM

Testimony for FIN on 3/29/2019 3:30:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
amy kirbow	Individual	Support	No

Comments:

I support the bill to license midwives in Hawaii. This will allow more access and a higher standard of care provided to women during the childbearing years. I urge you to pass this bill and give families more and safer access to childbirth options in our state.

**SB-1033-HD-1**

Submitted on: 3/28/2019 7:21:23 AM

Testimony for FIN on 3/29/2019 3:30:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Jennifer Bear	Individual	Support	No

Comments:

I strongly urge legislators to adopt Hawaii ACOG's recommended amendments and pass this bill

**SB-1033-HD-1**

Submitted on: 3/28/2019 7:21:43 AM

Testimony for FIN on 3/29/2019 3:30:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Courtney Caranguian	Individual	Oppose	No

Comments:

As a Native Hawaiian I am disturbed by this bill. You are not protecting the rights of indigenous birth professionals.

Hawaii is illegally overthrown, so there is there no right to vote on this matter.



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

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

TO: House Committee on Finance  
Representative Sylvia Luke, Chair  
Representative Ty J.K. Cullen, Vice Chair

DATE: Friday, March 29, 2019  
PLACE: Hawaii State Capitol, Conference Room 308

FROM: Dr. Ronnie Texeira, MD, FACOG

**Re: SB 1033\_SD2\_HD1 – Relating to the Licensure of Midwives**  
**Position: SUPPORT with strong recommendations for amendments**

**I support SB 1033\_SD2\_HD1 to license the profession of midwifery which would increase access to safe, high-quality maternity care for Hawai'i's women and infants.**

I agree with the State Auditor's Report No-17-01 which determined that the Hawaii Regulatory Licensing Reform Act "supports licensure of the entire midwifery program."<sup>1</sup> I agree with the State Auditor's statement that "given our determination that the nature of the services provided by midwives may endanger the public's health and safety, we conclude that the Hawaii Regulatory Licensing Reform Act mandates that the profession of midwifery be regulated."<sup>1</sup> Because many of the services provided by midwives are similar to the services we provide and the complementary nature of our professions can lead to improvements in maternity care, I support the licensure of this profession.

However, as the bill states, "the term 'midwife' connotes an expectation of a minimum level of care by consumers and the community," yet the bill does not state what this minimum level of care is or how it is to be evaluated. I support the International Confederation of Midwives (ICM) educational standards as the minimum education and licensure requirement for midwives. The ICM definitions are also accepted throughout the world across 6 regions, by over 130 member organizations and by all U.S. midwifery professional organizations. Therefore, we also strongly recommend the following amendments:

**1) § -2. Definitions. (Page 6 Lines 1-2)**

"Midwife" means a person engaged in the practice of midwifery who has successfully completed a midwifery educational pathway that is recognized in the United States and meets or exceeds the International Confederation of Midwives Essential Competencies for Basic Midwifery Practice and the framework of the International Confederation of Midwives Global Standards for Midwifery Education and is recognized in the country where it is located; who has acquired the requisite qualifications to be legally licensed to be registered and/or legally licensed to practice midwifery and use the title "midwife"; and who demonstrates competency in the practice of midwifery.

---

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



2) § -8. **Application for license as a midwife. (Pages 13-14)** To obtain a license under this chapter, the applicant shall provide:

(3) Proof of current, unencumbered certification as a:

A. Certified professional midwife demonstrating proof of a formal midwifery education program or pathway accredited by the Midwifery Education Accreditation Council or a midwifery bridge certificate issued by the North American Registry of Midwives for certified professional midwife applicants who either obtained certification before January 1, 2020 through a non-accredited pathway or who have maintained licensure in a state that does not require an accredited education; or

3) § -10. **Renewals: (Pages 14)**

first renewal deadline occurring on June 30, 2023. Renewals shall require continuing education requirements according to department adopted rules. Failure to renew a license shall result in a forfeiture of the license.

In addition to the above amendments, I recommend adopting other amendments detailed in the written testimony from the Midwives Alliance of Hawai'i.

I strongly feel the licensure of the midwifery profession is long overdue in Hawai'i. We are one of the few states that do not recognize this profession. In addition, as an obstetrician, I have seen too many women and infants who have suffered unnecessary complications because the person attending their birth was untrained to recognize a complication or high-risk situation. As the State Auditors Report stated "the nature of the services provided by midwives may endanger the public's health and safety." I have seen this happening already. We need to act.

I strongly believe that each woman has the right to make medically informed decisions about her maternity care and delivery. For all of the above reasons, **I support SB 1033\_SD2\_HD1 with strong recommendations for amendments** and urge you to pass this measure.

Thank you for the opportunity to testify.

**SB-1033-HD-1**

Submitted on: 3/28/2019 7:30:53 AM

Testimony for FIN on 3/29/2019 3:30:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Lark Ryan	Individual	Support	No

Comments:

**I strongly urge legislators to adopt Midwives Alliance of Hawai'i's recommended amendments and pass this bill.**

**SB-1033-HD-1**

Submitted on: 3/28/2019 7:41:14 AM

Testimony for FIN on 3/29/2019 3:30:00 PM

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

Comments:

I am in opposition to this it feels racist and does not further the midwives working so hard here to bring our children into the world

**SB-1033-HD-1**

Submitted on: 3/28/2019 7:48:13 AM

Testimony for FIN on 3/29/2019 3:30:00 PM

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

Comments:

Aloha, Lawmakers,

This Bill does not protect Hawaiian Birthing practices and customs which have been practiced and respected for countless centuries.

Please oppose this Bill.

Mahalo

**SB-1033-HD-1**

Submitted on: 3/28/2019 8:26:21 AM

Testimony for FIN on 3/29/2019 3:30:00 PM

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

Comments:

Chair Fox, Vice-Chair Cullen and Honorable members of the Finance Committee-

I am writing to you today in support of SB 1033 SD2 HB1 with **strong support for the Midwives Alliance of Hawai'i amendments.**

Licensing midwives **to their fullest scope** will increase access to midwifery care across Hawai'i, especially in rural communities and neighbor islands. The majority of midwives in Hawai'i who are nationally certified and not nurse-midwives live on neighbor islands, where the shortage of health care providers is greatest (especially for women and pregnant families). Through licensure, midwives should be permitted to work to their fullest scope and within a collaborative health care system. Hawai'i can be a leader in midwifery care when midwives are practicing to their fullest scope. Utilizing definitions that permit the practice of midwifery according to a midwife's education and training provide Hawai'i and our community with the highest potential for achieving optimal health outcomes.

My clients want licensure. They want greater access to high quality care. Some of them just want access to any kind of care, period. On Maui, there is a severe provider shortage-- with only two extremely busy ob/gyn practices, many families are being left in the cold or forced to fly to other islands to get care. Licensing midwives to their fullest scope would help to relieve the pressure on these families and create a smoother system of care here on Maui.

I urge you to amend this bill so that it makes sense for the families of Hawai'i, and then pass it to increase access to high quality care for the entire state.

Mahalo,

Sky Connelly LM, CPM

**SB-1033-HD-1**

Submitted on: 3/28/2019 8:34:00 AM

Testimony for FIN on 3/29/2019 3:30:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Jill Sims	Individual	Oppose	No

Comments:

Please keep birthing choices open and available for all women!

**SB-1033-HD-1**

Submitted on: 3/28/2019 8:48:30 AM

Testimony for FIN on 3/29/2019 3:30:00 PM

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

Comments:

I ask you to vote OPPOSE on SB1033 SD2 HD1 as it stands.

I STRONGLY OPPOSE this bill as it stands, as it will make traditional midwives illegal after 2023.

I STRONGLY OPPOSE this bill because it is NOT financially viable. There aren't enough midwives who would qualify to be licensed to support the costs to run this program.

I STRONGLY OPPOSE SB1033 SD2 HD1 because this bill will restrict access to all midwives. The only choices for families wanting home births after 2023 will be CNMs and CPMs. This restricts access and choices.

I STRONGLY OPPOSE this bill because it eliminates the ONLY ACCESSIBLE pathway for students in Hawai'i wanting to get a midwifery education through the apprenticeship model. The apprenticeship model is supported by the North American Registry of Midwives.

**SB-1033-HD-1**

Submitted on: 3/28/2019 9:47:31 AM

Testimony for FIN on 3/29/2019 3:30:00 PM

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

Comments:

We understand the intent of these several drafts of SB1033 and would love for CPMs and CMs to have recognition of their scope of practice, however this is NOT how it is done. CPMs and CMs are not superior to Traditional and Cultural Midwives. This bill is flawed AGAIN, which clearly demonstrates the complexity of this issue and the lack of understanding or onesided preparation of this law.

This bill outlaws the PEP (portfolio evaluation process or direct apprenticeship) to CPM licensure.

CPM certification can be achieved by 2 routes of entry: a MEAC accredited school which this bill honors and the PEP process which this bill excludes (see under definition of "Qualified Midwife Preceptor"). Apprenticeship IS the foundation of midwifery education since ancient times. Experience based practice with experienced teachers in real time situations. Though extremely limited, the PEP process is the ONLY local route to CPM certification. The MEAC process is not only expensive, but requires several visits to the mainland school. This is extremely costly and for some COMPLETELY INACCESSIBLE. Why wouldn't the legislation recognize the only local point of entry for this license?

This bill redefines Traditional or Cultural Midwife as a Birth Attendant. This is confusing not only for the practicing midwife, but those seeking the services. Why are we STILL renaming - redefining these midwives? Midwife does not mean a person who holds a degree of some sort that that state decides what and whom is valid! A midwife has a long standing tradition within communities as a trusted and experienced person who attends a family during the childbearing cycle. Within the scope of "midwife" there are deliniations, but the tem "midwife" itself does not carry credentials.

Another MAJOR flaw of this bill is the absolute cut off of traditional midwives (now termed birth attendant) in 2023. Perhaps the legislation has great faith in this task force. Many feel it's a "soft closing" on the chapter of traditional midwives in HI. We already have national statistics! We have seen as state by state, traditional Midwives have been outlawed, the maternal mortality rate in the United States has gone up exponentially. This should be obvious and alarming! THIS SHOULD BE THE DIRECT DECIDING FACTOR about outlawing traditional and cultural midwives EVER, let alone



by 2023. If you're looking for statistics, they are blatant and obvious and have been collected for decades by reputable sources!

Please let me remind you that this is A LICENSE THE PEOPLE OF HAWAII DON'T WANT at the expense of their trusted community midwives. Do you understand that people are NOT AFRAID of their midwives like the auditor and others are painting a picture of? Please notice, the VAST majority of testimony regarding bills such as this, and over the past several years, have been in opposition. The people of Hawaii love their midwives and their ability to choose who is right for them!

I AM IN STRONG OPPOSITION TO THIS BILL

Here are a few options:

Consider the draft which was submitted by Hawaii Midwifery Council

Consider a self regulating body such as HIHBC

Make the amendments

1. If this bill progresses, it MUST allow CPMs to be trained traditionally. Allow the PEP route to CPM to keep local access to the license.
2. Exempt traditional and cultural midwives indefinitely. Let them call themselves what they are! There may be new knowledge, but there IS an UNDENIABLE ANCIENT WISDOM that is not history but extremely relevant when comparing the depressing outcomes our families are facing in modern maternity care.

Sincerely,

Jaymie Lewis

**SB-1033-HD-1**

Submitted on: 3/28/2019 9:47:47 AM

Testimony for FIN on 3/29/2019 3:30:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Edward Clark	Individual	Oppose	No

Comments:

Aloha Hawaii State Legislature

I am writing in Extreme Opposition of the SB1033 proposed bill about Midwifery Licensure.

1. This bill is against human rights, and violates our birthing rights, freedoms, and removes opportunities of safe birthing practices.
2. For 21 years the public and political forces have stopped this type of bill and will continue to oppose bills like it for multitudes of valid reasons.
3. Licensure doesn't make safer birthing situations. As requested in the past hearings on this issue, the Hawaii Department of Health has yet to provide statistics that would prove a variety of midwifery practices are more dangerous than the obstetrical and medical midwifery model of care. Without any statistics, this bill is being made on anecdotal stories instead of actual facts. This was also addressed by House Representative Gene Ward at last hearing on this issue when saying there should be no law outlawing some midwives without a proof of a problem; we need proof one type of midwife practice is not safe with health statistics and/or evidence through lawsuits in order to outlaw that form of care. The anecdotal stories shared in 2019 hearings as evidence for enacting laws are alarming for two reasons; first the complete violations of Health Information Privacy Protection Act (HIPPA), but equally important are the facts that the doctors who had questionable situations discussed were actually "licensed" professionals, as opposed to the unlicensed midwives and being outlawed by this bill. We do know that the United States spends more money on pregnancy care and also have the highest maternal mortality rate in the developed world, both numbers are climbing as licensure nationwide increases. Ironically those models of care that lower our worldwide statistics are prioritized in this bill as superior at the expense of destroying other midwifery practices. Recently US was listed 47 worst country for maternal mortality rates in all developed countries, a figure dominated by a model of medicalized care in hospitals. Hospital births dominate the birth care industry in US and provide the majority of the statistics that prove those methods to be inferior to other nations maternal care worldwide. Most figures list under 3% home birth with birth centers being another small option for out of hospital birth care beyond homebirth. Protecting the many complexities of

the midwifery model of care including traditional midwives and the multitude of cultural backgrounds behind birthing becomes Hawaii's unique opportunity to SAVE mothers and all types of midwives!

4. Licensure recognition sounds good in theory, but not at the expense of the other types of midwifery practices that operate in Hawaii. As has been seen in most other states, midwifery licenses affect the scope of practice, and limit our freedoms of normal, physiological birthing processes. The state licenses dictate what a woman can or can't do, it is no longer based on the woman's intuitions or morals or individual needs. As seen nationwide with midwifery laws as they are enacted or evolve, licensure can and often does remove freedoms of birthing rights, such as having twins without a c-section, vaginal births after cesareans, among other situations, regardless of her midwife's skill set or experience or training.
5. Licensed midwife versus midwife. This bill if accepted should only talk about licensed midwives, and allow midwives to practice independent of this bill. As a parallel here in Hawaii when doing work on our homes, we can hire a licensed contractor, a contractor, or do home owner builder permits for home improvements. I think the state should continue to honor this type of definition around licensure and allow a licensed midwife, midwife, and parents to all have individual rights to all birthing freedoms. This would open definitions of the term midwife that have been around as long as our written word, simultaneously it would allow the ones desiring licensure to become licensed midwives that wish administer different drugs in order to conduct their practice to the full extent they believe help. There was dialogue about keeping licensed midwife separate from midwife but doesn't seem to be how the current version of this bill regards exemptions and actions relating to the directors authority relating to both terms.
6. The definitions of "midwife" as listed in this bill, take the namesake of birthing culture which has been around for Thousands of years, and claims them under the new licenses, which have been around for less than 30-100 years. It does not make sense why short term degrees are given more priority than years of experience, as some of the midwife's negatively affected by this bill have been practicing longer than the licenses have been available. This bill assumes education program is more valuable than experience. Some license programs allow a student to be part of up to 75 births and do basic research, this bill says this type of student or young professional has more experience and expertise than how it defines "Traditional Midwives" here on island, many with hundreds to thousands of birth experiences, let alone longer positive influences in our local community. As a parent I chose homebirth midwives with lots of birth history, as I value positive birth experiences as more important than a degree(s) with regards to the health and safety of my two kids. It takes a paternalistic angle, assuming women are ignorant and incapable of researching their options and therefore the state needs to help them understand what different types of midwives are. In doing so, it narrows the scope of midwifery into three distinctly medically trained types of midwife. This bill demeans and demotes other types of midwives claiming they are now subject to a new name, "Traditional Birth Attendant", and claims these TBAs have no formal training. This demotion and assumption

violates Hawaiian, cultural, ethnic, and universal human birthing practices that currently exist and flourish on our islands. It makes the majority currently practicing home birth midwives illegal and causes big issues on outer islands where access to health care is different.

7. Licensure does not insure health insurance covering midwifery practices in Hawaii, as proven by previous testimonies from health care providers over the last several years.
8. This bill seems to be written by a group of litigious, hospital style midwife lobbyists that do not understand or care about the differences of personalized care between the medicalized hospital model versus traditional midwifery models. There are many reasons why educated people, including hospital nurses and doctors choose traditional midwives over medical midwives, as they want what is best for THEIR families. Its THEIR choice! Home birth rights are violated and removed by this bill as the options for safe home birth practices and the non-medical midwives who can help them are limited or non-existent by this enforcing this bill.
9. This bill is becoming more restrictive through this process and doesn't seem to take into account the opposition from the people including midwives and the community, which opposition to this bill has dominated the testimonies. It also has not changed definitions in accordance to public hearing requests by our politicians and public.
10. This bill should permit all paths towards education with licensed midwifery, though currently does not allow all options of education including Portfolio Evaluation Process and the use of preceptors which is the only way of obtaining this type of education in Hawaii. As written now preceptors can only teach students now if they are also enrolled in mainland school programs in addition to the preceptor program. This puts economic issues as well as geographic issues which limit the ability of licensure while living in Hawaii. Preceptors are not currently available on all islands even if student is enrolled in a mainland school. There is an information sheet being sent around about MEAC accredited schools that show the hurdles involved with educational routes while living Hawai'i and commuting to mainland for these educational program.
11. Exceptions listed should have no time limits. Part 1, Section 1 it states, "the legislature also notes that practicing midwifery according to this Act does not impede one's ability to incorporate or provide cultural practices" it exempts these cultural practices and should Exempt them forever NOT ONLY UNTIL 2023.
12. This bill is terrible for Hawaii. It should be thrown out as is and not allowed to be introduced with its current objectives in line.

I hope you see why the legislation should oppose this bill SB1033 as it removes human birthing rights here in Hawaii. This bill forces midwives to have western medicalized training, which in turn, forces the woman to have a medicalized birth which has been proven less safe than most other practices in the developed world. Please vote NO on SB1033 and help to ensure and provide options to all the safe environments for our

birthing families.

Mahalo nui loa

Edward Clark  
Kailua resident  
Home Birth Father of 2  
28 March 2019

**SB-1033-HD-1**

Submitted on: 3/28/2019 9:51:58 AM

Testimony for FIN on 3/29/2019 3:30:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Mike Wildberger	Individual	Oppose	No

Comments:

As written this bill will criminalize midwifery while regulations are being studied removing a valuable and culturally important health resource from Hawaii. Please amend or defer this bill

**SB-1033-HD-1**

Submitted on: 3/28/2019 9:59:37 AM

Testimony for FIN on 3/29/2019 3:30:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Kandie George	Individual	Support	No

Comments:

**I am a neonatologist and I have had to tell too many families their baby is neurologically devastated because of errors made by unlicensed individuals. I strongly urge legislators to adopt Hawaii ACOG's recommended amendments and pass this bill.**

**SB-1033-HD-1**

Submitted on: 3/28/2019 10:09:09 AM

Testimony for FIN on 3/29/2019 3:30:00 PM

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

Comments:



**SB-1033-HD-1**

Submitted on: 3/28/2019 10:14:32 AM

Testimony for FIN on 3/29/2019 3:30:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Colleen Inouye	Individual	Support	No

Comments:

Chair Luke and Vice-Chair Cullen and Members of the Committee on Finance,

I support SB1033 SD2 HD1. I strongly urge legislators to adopt Hawaii ACOG's recommended amendments and pass this bill. Oversight and the licensure of the midwifery profession is the right thing to do to protect our mothers and babies!

Please pass SB1033 SD2 HD1 with ACOG's recommended amendments.

Sincerely,

Colleen F Inouye MD MMM FAAPL FACOG

**SB-1033-HD-1**

Submitted on: 3/28/2019 10:28:34 AM

Testimony for FIN on 3/29/2019 3:30:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Nancy Webster	Individual	Support	No

Comments:

**SB-1033-HD-1**

Submitted on: 3/28/2019 10:30:00 AM

Testimony for FIN on 3/29/2019 3:30:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Jared Kurtz	Individual	Oppose	No

Comments:

I, Jared Kurtz would like to voice my opinion. I was birthed by a midwife, my children were birthed by midwives. My father in law is a surgeon, and after providing the facts about the safety statistics of a home birth vs hospital birth, even he could not argue and decided to finance a home birth for our second born. I have been around midwives my whole life, many of them, one who lives and practices in Hawaii, are among my closest friends and most highly respected people I know. Midwifery is an incredibly important part of our culture and history as humans. Any law that would limit in any way access to safe home births would be detrimental, not only to basic rights to choose your own care, but also to the fundamental principles of us as a species. Vote no on this horrible measure. One of your amazing Hawaiian midwives birthed one of my children and I will remember that experience for the ready of my life. SB1033 is wrong! Thank you for your attention to this matter. -Jared C. W. Kurtz

**SB-1033-HD-1**

Submitted on: 3/28/2019 10:33:22 AM

Testimony for FIN on 3/29/2019 3:30:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
John G Webster	Individual	Support	No

Comments:

**SB-1033-HD-1**

Submitted on: 3/28/2019 10:59:44 AM

Testimony for FIN on 3/29/2019 3:30:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Desiree Marts	Individual	Oppose	No

Comments:

**SB-1033-HD-1**

Submitted on: 3/28/2019 11:05:27 AM

Testimony for FIN on 3/29/2019 3:30:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Cynthia J. Goto	Individual	Support	Yes

Comments:

I strongly urge legislators to adopt ACOG's recommended amendments and pass this bill.

**SB-1033-HD-1**

Submitted on: 3/28/2019 11:09:11 AM

Testimony for FIN on 3/29/2019 3:30:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
tanya m naehu	Individual	Oppose	No

Comments:

**SB-1033-HD-1**

Submitted on: 3/28/2019 11:25:04 AM

Testimony for FIN on 3/29/2019 3:30:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Jaime Moreland	Individual	Oppose	No

Comments:



**SB-1033-HD-1**

Submitted on: 3/28/2019 11:29:36 AM

Testimony for FIN on 3/29/2019 3:30:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Anne Dye	Individual	Oppose	Yes

Comments:

I strongly OPPOSE SB1033 SD2 HD1 BECAUSE although specifically in Part 1, Section 1 it states, "the legislature also notes that practicing midwifery according to this Act does not impede one's ability to incorporate or provide cultural practices" it exempts these cultural practices ONLY UNTIL 2023. AFTER 2023, unless the Hawaii State legislature amends this bill, TRADITIONAL/CULTURAL MIDWIVES WILL BECOME ILLEGAL, which will definitely "impede one's ability to incorporate or provide cultural practices!" This is disrespectful, diminishes cultural practices in Hawaii, limits choice for the people and dramatically reduces availability of care providers in many rural areas.

**TAKE OUT THE 2023 END DATE FOR THE BIRTH ATTENDANT EXEMPTION OR ADD A CLEAR EXEMPTION FOR TRADITIONAL/CULTURAL MIDWIVES THAT DOES NOT END!**

2) THIS BILL IS NOT FINANCIALLY RESPONSIBLE, VIABLE OR REASONABLE.

(There are only a handful of midwives that could get licensed. In Hawaii registration through a self-regulated group is a more financially viable way to satisfy the suggestions of the legislative auditor "licensure should be used only as a last resort and registration is appropriate where the threat to life, health, safety and economic well being is low" (as data proves is the case)).

3) The PEP (Portfolio Evaluation Process) must be added back in the definition of "Qualified midwife preceptor" because it is the only accessible pathway for midwifery students in Hawaii.

Please vote No on SB 1033

**SB-1033-HD-1**

Submitted on: 3/28/2019 11:31:38 AM

Testimony for FIN on 3/29/2019 3:30:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Beckley Dye	Individual	Oppose	No

Comments:

Please vote NO on SB 1033.

The law does not require contractors to be licensed and thus should not require midwives and traditional midwives to do the same. I am outraged that the state is limiting our choices to birth with whom and how we want.

Please vote NO!

**SB-1033-HD-1**

Submitted on: 3/28/2019 11:34:05 AM

Testimony for FIN on 3/29/2019 3:30:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Carolyn Lloyd	Individual	Oppose	No

Comments:

Midwives have been used for longer than hospitals.

**SB-1033-HD-1**

Submitted on: 3/28/2019 11:35:25 AM

Testimony for FIN on 3/29/2019 3:30:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Robert Dye	Individual	Oppose	No

Comments:

I strongly OPPOSE SB 1033. Please vote NO.

There are many ways to become a licensed midwife in the USA and Hawaii is only taking one of them. There are many unlicensed midwives who have begun or completed the PET way of becoming a licensed midwife and this bill would eliminate all the work they have done.

The PEP (Portfolio Evaluation Process) must be added back in the definition of "Qualified midwife preceptor" because it is the only accessible pathway for midwifery students in Hawaii!!!!

The only pathway to become a midwife is not possible on many parts of Hawaii!

Please educate yourself and vote NO!

**SB-1033-HD-1**

Submitted on: 3/28/2019 11:39:42 AM

Testimony for FIN on 3/29/2019 3:30:00 PM

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

Comments:

Regular Session of 2019 SB1033\_sd2\_hd1, Hearing date 3/29/2019, Room 308, 3:30pm

Testimony in **STRONG OPPOSITION**

House Committee on Finance, Honorable Chair Luke, Vice Chair Cullen, and honorable committee members,

My name is Kekoa, today is my 15th birthday. I am taking time on my important day to send in my testimony because SB1033\_sd2\_hd1 will make my mom illegal. She has been a midwife my whole life. She is good at her job and her clients like her a lot. She has never turned away a family because they couldn't pay her, she often works for trade. My mom always says all the time that every birthing mom deserves a midwife. She is worried about the future and how she will financially take care of my brothers, sisters, and me, there are 5 of us. I want to go to college when I graduate. so do my siblings. Please think about the families of the midwives this bill will harm. We are important too.

Here is some important information I have learned about while my mom has been working on saving her job.

**Hawai'i State Auditor's 2017 Summary**

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 (CPMs), 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 CPM credential from the North American Registry of Midwives, which is one of several midwifery associations.”**

**“Licensure of Certified Professional Midwives (CPMs) as proposed in HB1899\_hd1, is not consistent with or otherwise supported by the policy criteria for professional licensing in the Hawai’i Regulatory Reform Act. In our view, the proposed regulation of CPMs, who are just one type of midwife, is flawed because it applies to only a relatively small segment of the midwifery profession, i.e., CPMs, and therefore, unnecessarily benefits that group.”**

**If you can't offer a license to ALL midwives, Please do not support this bill!**

**Mahalo,**

**Kekoanuiokeakua Struempf**

TO: House Committee on Finance  
Representative Sylvia Luke, Chair  
Representative Ty J.K. Cullen, Vice Chair

DATE: Friday, March 29, 2019  
PLACE: Hawaii State Capitol, Conference Room 308

FROM: Jennifer Chin, MD

**Re: SB 1033\_SD2\_HD1 – Relating to the Licensure of Midwives**  
**Position: SUPPORT with strong recommendations for amendments**

My name is Jennifer Chin and I am a current Ob/Gyn resident at the University of Hawai'i. I **support SB 1033\_SD2\_HD1 to license the profession of midwifery** which would **increase access to safe, high-quality maternity care** for Hawai'i's women and infants. However, I strongly suggest the following amendments to the bill to ensure the safety and health of all mothers in Hawai'i.

- 1) § **-2. Definitions. (Page 6 Lines 1-2)**  
"Midwife" means a person engaged in the practice of midwifery who has successfully completed a midwifery educational pathway that is recognized in the United States and meets or exceeds the International Confederation of Midwives Essential Competencies for Basic Midwifery Practice and the framework of the International Confederation of Midwives Global Standards for Midwifery Education and is recognized in the country where it is located; who has acquired the requisite qualifications to be legally licensed to be registered and/or legally licensed to practice midwifery and use the title "midwife"; and who demonstrates competency in the practice of midwifery.
  
- 2) § **-8. Application for license as a midwife. (Pages 13-14)** To obtain a license under this chapter, the applicant shall provide:
  - (3) Proof of current, unencumbered certification as a:
    - A. Certified professional midwife demonstrating proof of a formal midwifery education program or pathway accredited by the Midwifery Education Accreditation Council or a midwifery bridge certificate issued by the North American Registry of Midwives for certified professional midwife applicants who either obtained certification before January 1, 2020 through a non-accredited pathway or who have maintained licensure in a state that does not require an accredited education; or
  
- 3) § **-10. Renewals: (Pages 14)**  
first renewal deadline occurring on June 30, 2023. Renewals shall require continuing education requirements according to department adopted rules. Failure to renew a license shall result in a forfeiture of the license.

In addition to the above amendments, I agree with the other amendments detailed in the written testimony from the Midwives Alliance of Hawai'i.

Licensure of the midwifery profession is essential for the health and safety of all women in Hawai'i. As a resident at some of our state's busiest hospitals, I have seen firsthand the preventable outcomes that occur as a result of inadequate care. The time is now to act.

We need to ensure all women have access to safe, qualified, highly skilled providers in all settings. Every woman has the right to make medically informed decisions about her maternity care and delivery. For all

of the above reasons, **I support SB 1033\_SD2\_HD1 with strong recommendations for amendments** and urge you to pass this measure.

Thank you for the opportunity to testify.



**SB-1033-HD-1**

Submitted on: 3/28/2019 11:49:54 AM

Testimony for FIN on 3/29/2019 3:30:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Corrie Miller	Individual	Support	No

Comments:

**I strongly urge legislators to adopt Hawaii ACOG's recommended amendments and pass this bill.**

**SB-1033-HD-1**

Submitted on: 3/28/2019 11:52:23 AM

Testimony for FIN on 3/29/2019 3:30:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Sara Harris	Individual	Support	No

Comments:

I strongly urge legislators to adopt Hawaii ACOG's recommended amendments and pass this bill.

Thank you for helping to ensure the safety of Hawaii's women!

Sara C. Harris, MD

**SB-1033-HD-1**

Submitted on: 3/28/2019 11:54:49 AM

Testimony for FIN on 3/29/2019 3:30:00 PM

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

Comments:

Aloha Chair, Vice Chair and committee members,

I write to you in opposition of this bill as it stands and offering key amendments that address key issues with this bill.

I'm a homebirth student midwife. I have been apprenticing with midwives on Oahu since June 2017. Here are some insights into what the journey is like and how this bill as it stands negatively impacts midwifery training in Hawai'i

I'm a full time student through the National College of Midwifery (NCM) - a school accredited by the Midwifery Education Accreditation Council (MEAC) that once completed will allow me to qualify to sit for the NARM exam and certify as a CPM. It's an online based program that currently costs \$10,000 + for full tuition of their 3-5 year self paced program - of course not including books, equipment, CPR, NRP, living expenses, etc . It does not have a physical campus and thus, doe not qualify as a Title IV school to receive federal loans. Their curriculum is available online however it is up to the individual student to establish academic and clinical preceptors. The school does not offer any online teacher as it is currently not officially accredited to be a long distance program through MEAC.

**What I want to point out right now is a discrepancy in the following exemption:**

(3)"A student midwife who is currently enrolled in a midwifery educational program under the direct supervision of a qualified midwife preceptor;"

Three of the four Oahu midwives who qualify to be midwifery preceptor with NCM at the moment, would no longer be able to legally call themselves midwives according to this bill as it stands. The one midwife who would qualify for licensure on Oahu does not currently have a very busy practice at the moment. Whether she wants to license or will be able to afford the license is another matter. She alone can not sustain the demands of even one student midwife's curriculum right now. Here is the discrepancy - my preceptors are qualified midwife preceptors according to NCM yet most won't legally be able to call themselves midwives. It just doesn't make sense. This exemplifies a major flaw in the bill regarding it's attempt to restrict the use of the word "midwife" which predates modern credentials.

In order to rectify this flaw I strongly recommend amending the section: -- § -5 License required. Which states

" (a) Beginning July 1, 2020, except as provided in this chapter, no person shall engage in the practice of midwifery, or use the title "midwife", "licensed midwife", or the abbreviation "L.M.", or any other words, letters, abbreviations, or insignia indicating or implying that the person is a licensed midwife without a valid license issued pursuant to this chapter.

**KEY Amendment recommendation:** Remove that person shall not call themselves "midwife". It's Okay that they can't call themselves "Licensed midwife" or use the abbreviation L.M if in fact they don't have a license. Clearly state that the term midwife may be used independently by non licensed midwives.

Along the same line, language in the following exemptions should then be changed from "birth attendants" to midwives.

exemption :” This Act also exempts a separate category of birth attendants for a three-year period, to allow this community to define themselves and develop common standards, accountability measures, and disclosure requirements.”

-Midwives Alliance of North America (MANA) has a clear definition for CPM's and also recognizes a category of traditional Midwives. It sees no need to have to say these individuals are not midwives or merely birth attendants just because they are not CPM's.

To help you understand why MANA's breakdown of "Types of Midwives" holds strong validity here is a quick description of MANA (founded in 1982) from their website: "Mana is an organization that brought together midwives from all backgrounds who were committed to unifying and strengthening midwifery MANA's role was central to the development and evolving philosophy of contemporary direct-entry midwifery."

"MANA developed the first national certifying examination for direct-entry midwives and in 1986 launched a national registry of midwives, thereby laying the groundwork for the establishment of the Certified Professional Midwife (CPM) credential."

For more on the history of MANA and their role in CPM accreditation please view the attached document and visit their website: <https://mana.org/about-us/history>

Please see the attached document which is a breakdown of "Types of Midwives" from the MANA website. <https://mana.org/about-midwives/types-of-midwife>

**KEY Amendment recommendation:** I can't support this bill if there is a date by which traditional/non-CPM midwives have to comply by licensure requirements. At the moment this bill only protects traditional midwives (as birth attendants) until July 1st-2023.

Exemptions: "A person acting as a birth attendant on or before July 1, 2023"

We need clear language that traditional Midwives won't be prevented from legally practicing after 07-01-23. What happens if the task force recommended statutes don't pass ? What happens to the legal status of the traditional midwives? It needs to be clear their legal status to practice will remain protected.

Regarding the following exemption: “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.”

You must understand that the traditional Hawaiian Midwifery practice has suffered greatly since colonization of Hawai'i. To revitalize their traditional birthing practices they have utilized the help of non Hawaiian traditional midwives. Preventing traditional midwives from calling themselves and advertising as midwives will have detrimental effects on their practices and thus their ability to support the continuous growth of Hawaiian midwives.

### **Addressing 3 main points made by those in support**

**1-Decreases access to midwifery care:** Some supporters of this bill have expressed this bill would increase access to midwifery care. That claim is inaccurate as most of the individuals known by their communities as midwives would no longer be able to call themselves and advertise as midwives. This would gradually tease out non-CPM midwives from being known in their communities by imposing these highly restrictive disadvantage upon them. For instance, on Oahu there is only one midwife who would fully qualify for licensure (Whether she wants to or will be able to afford to is another matter) out of approximately 10 homebirth midwives.

Midwifery access is also decreased by the fact that midwifery training access is decreased by this bill. With fewer students able to become midwives, the community is left with an increasingly limited amount of midwives.

**2-The community is not confused:** Another commonly expressed argument by supporters of this bill is that the community is confused by what a midwife is and thus needs to be legally defined. I present the perspective that it would be more confusing for the community to say that the individuals they have known to be midwives for the past

10-50 years, serving 500-2,000 + families each, are actually technically and legally not midwives.

I would also like to point out that the public - specifically individuals seeking out midwifery services - are very competent. They have already been navigating the nuances of different types of midwives namely - Certified Nurse Midwives, Certified Professional Midwives, Naturopathic Physician Midwives, cultural midwives, and traditional midwives. This bill as it stands would include another type of midwife, Certified Midwives, for the community to make sense of. Again, the community is highly capable of doing so as they've been doing the work of interviewing midwives and choosing the one best for them, for many years now- all by themselves. My point is, if you feel the public can handle making sense of the differences between CNM's, CPM's and CM's - is it not logical to think they can handle understanding the concept of traditional midwives?. It's a category of midwives the community already recognizes and understands. It's more so a matter of the language in this bill being able to catch up and reflect the homebirth climate and community that has been thriving without legislation for years.

**3-Scope of Practice:** I understand a main driving force for midwives in support of this bill is to be able to practice to the full scope of their training and certifications as CPM's and CM's. That's understandable and something I can support. However, we run into a conflict when attempting to allow certain midwives to practice to their full scope turns into preventing other types of midwives from practicing to their full scope. This particular issue has been a main reason for the strong opposition you see from the community against this bill and similarly written bills presented throughout the years. We don't have to take away from the legitimacy of different types of midwives/traditional midwives in order to legitimize CPM's & CM's. Licensure can be established for CPM's and CM's without having to reject other types of midwives.

Let it be known I am not against licensure. What I am against is the monopolizing, colonization and perpetual oppression of traditional midwifery.

I am pleased by the recognition of the Hawai'i Homebirth Collective and their inclusion in the task force.

The following statement is highly appreciated as it is a main concern and right expressed by many testimonies in opposition of this bill and similar bills throughout the years.

“This Act will continue to allow a woman to choose where and with whom she gives birth.”

Lastly, please edit grammar under the sections: § -11 Authority to purchase and administer certain legend drugs and devices.

The word hemorrhage has been misspelled as “hemorrhage”

Thank you for your time,

Daniela Martinez



**SB-1033-HD-1**

Submitted on: 3/28/2019 11:58:33 AM

Testimony for FIN on 3/29/2019 3:30:00 PM

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

Comments:

Regular Session of 2019

SB1033\_sd2\_hd1, Hearing date 3/29/2019, Room 308, 3:30pm

Testimony in **STRONG OPPOSITION**

House Committee on Finance, Honorable Chair Luke, Vice Chair Cullen, and honorable committee members,

I am a direct entry midwife. SB1033\_sd2\_hd1 makes me unable to continue to practice midwifery or call myself a midwife. I have been attending women in childbirth since 1995. How will I continue to pursue my livelihood if this bill moves forward?

On the Big Island, many women wait 10-12 weeks to be able to see an OBGYN for their first prenatal appointment. Many women also find themselves unable to qualify for health insurance despite Hawai'i's excellent healthcare. The direct entry midwives that serve the low income and rural women of this state provide a valuable service to an already at risk population.

**I AM a midwife, I DO NOT** give my permission to be redefined! By what authority do the drafters of this bill get to redefine so ancient a word as "midwife"? This definition has remained virtually unchanged for millennia.

Webster Dictionary© 1828; MID'WIFE, *noun* a woman who assists other women in childbirth

Merriam-Webster Dictionary© 2019; Midwife, *noun* a person who assists women in childbirth

According to the DCCA, a professional license is a form of consumer protection. Childbirth is a normal biological process that in itself does not pose a risk to public safety. If anything, a midwife protects a consumer from having a bad outcome during childbirth at home by knowing when the birthing process has deviated from normal.

Midwives were asked by the legislators to take the initiative and come to a consensus and we DID! We respectfully ask that you replace the wording of SB1033\_sd2\_hd1 with the draft written by the direct entry midwives this bill seeks to license. This draft, submitted by Hawai'i Midwifery Council, provides a clear path for full licensure of the entire direct entry midwife community. A copy of this draft was emailed to every state senator and house representative this week. Please work with the midwives and DO NOT pass an incomplete bill with vague plans to address the inequality in the next 3 years. Hear our pleas for equality NOW!

Offer FULL licensure to ALL midwives or none at all.

I urge you to deeply consider the importance of the decision before you.

It is not a simple or straightforward thing to require a credential that has only existed for 24 years as the only requirement for licensure into one of the oldest professions in existence. Since the dawn of human existence, midwives have sat with woman as they birthed.

Please do not support SB1033\_SD2\_HD1.

Mahalo for your time,

Rachel Curnel Struempf, DEM, LC, CE, NCS

**SB-1033-HD-1**

Submitted on: 3/28/2019 12:05:22 PM

Testimony for FIN on 3/29/2019 3:30:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Chrystie Fujimoto	Individual	Support	Yes

Comments:

Support with ACOG recommended amendments.

**SB-1033-HD-1**

Submitted on: 3/28/2019 12:06:11 PM

Testimony for FIN on 3/29/2019 3:30:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Scott Harvey, MD	Individual	Support	No

Comments:

On behalf of Hawaii section of the American College of Obstetricians and Gynecologists, I am asking for your **support of SB1033 HD1 with Hawaii ACOG's recommended amendments.**

**Scott Harvey, MD**

**SB-1033-HD-1**

Submitted on: 3/28/2019 12:09:15 PM

Testimony for FIN on 3/29/2019 3:30:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Danielle Ogez	Individual	Support	No

Comments:

**As an OBGYN in Oahu, I strongly urge legislators to adopt Hawaii ACOG's recommended amendments and pass this bill. We desperately need to set minimum standards for providers of maternal health care in Hawaii, much like the rest of the nation has already done. I have seen far too many bad outcomes for both women and children as a result of the current unregulated landscape, and it is time for this to change. Thank you for your support.**

I OPPOSE SB1033 SD2 HD1 because of contradictions and costs.

Although the bill specifically in Part 1, Section 1 it states, "the legislature also notes that practicing midwifery according to this Act does not impede one's ability to incorporate or provide cultural practices" it exempts these cultural practices only until 2023. After 2023, unless it is amended traditional and cultural midwives will be made illegal, which will definitely "impede one's ability to incorporate or provide cultural practices!" This is disrespectful, diminishes cultural practices in Hawaii, limits choice for the people and dramatically reduces availability of care providers in many rural areas.

This bill is also not financially responsible. There are only a handful of midwives that could get licensed. In Hawaii registration through a self-regulated group is a more financially viable way to satisfy the suggestions of the legislative auditor "licensure should be used only as a last resort and registration is appropriate where the threat to life, health, safety and economic well being is low".

Regards  
Babatunji Heath

**SB-1033-HD-1**

Submitted on: 3/28/2019 12:24:28 PM

Testimony for FIN on 3/29/2019 3:30:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Ben Kinsey	Individual	Oppose	Yes

Comments:

I oppose SB 1033 in all its forms.

This bill should be thrown out completely, or re-worked to protect one of Hawaii's most precious resources: our traditional midwives, not all of whom are part of the Hawaiian tradition. Hawaii is a melting pot of many cultures and traditions, and we have traditional midwives who hail from a wide spectrum of cultures and traditions.

Consumers deserve to be clearly informed if the midwife is certified by the state or not. That should be the extent of it. So long as traditional midwives do not purport to be certified by the state then they should be left alone to practice according to their traditions. It is a private transaction between the parent(s) and the midwife.

Consumers will be harmed if the vast majority of traditional midwives from this state are suddenly outlawed-- only to be slowly replaced by out-of-state transplant midwives (mostly white) who come from states where the specific education mandated for certification is available. It is unfair, it is a form of colonialism, a form of racism, a form of class-ism, and it is cultural genocide.

**SB-1033-HD-1**

Submitted on: 3/28/2019 12:43:29 PM

Testimony for FIN on 3/29/2019 3:30:00 PM

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

Comments:

I fully support this bill WITH AMENDMENTS as recommended by Midwives Alliance of Hawaii.



**SB-1033-HD-1**

Submitted on: 3/28/2019 12:48:30 PM

Testimony for FIN on 3/29/2019 3:30:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Suzanna Kinsey	Individual	Oppose	Yes

Comments:

**REGULAR SESSION OF 2019**

**Hearing date March 29, 2019**

**330 p.m. Room 308**

**Testimony IN OPPOSITION of SB1033 SD2 HD1 Relating to the Licensure of Midwives**

**Aloha Honorable Chair Luke, Vice Chair Cullen and FIN committee members,**

**Please join me in opposing SB1033. I am a three time homebirth mother and an aspiring midwife. This bill does not protect my rights as a homebirth consumer. It does not protect my right to accessible choices in women’s health. From a commercial standpoint, this bill eliminates the ‘competition’ of the midwives who are supporting the bill, creating a monoculture in homebirth. On top of that, there are midwives who are eagerly waiting for licensure from other parts of the world so they can invade our islands. In the end, this bill will not protect my rights as a person of color who has chosen multiple non-conventional homebirths. Please oppose this bill and protect my rights as a tax paying, voting member of our society.**

**As a woman who values her right to mind, body and spirit autonomy, this bill will eliminate the midwives I had chosen as the birth attendants of home births of my 3 children. Each pregnancy and birth were considered high risk and had unexpected complications. However, there is no way I would have chosen a scheduled C section as I was pressured to do. Nor was I able to find a “licensed” midwife to work with me. My only other choice would have been an unassisted birth had I not been able to work with the various midwives that I did. My highly competent yet unlicensed birth attendants, were able to use their knowledge and skills to bring my births to success. Honestly, I may have lost one of my babies without my midwife’s practical skills. I recently sat in a Big Island room filled with midwives at a 4 day training for homebirth complications and I learned that ‘birth is inherently unsafe’. A midwife spends long hours sitting in wait at countless births. And they train for that birth that doesn't follow the expected birth story. If**

**the signs of deviation exists, you put in motion the cautionary steps to prevent the need for emergency action and, yet, be ready for it. This is the skill that I vetted for in each of my 'unlicensed' midwives. They were all very open about their training, their experience, their plans should a complication arise, and most importantly, their willingness to respect my rights.**

**It is fiscally irresponsible to require the licensure of a handful of midwives especially when it affects such a small (about 1%) of births. The cost of this licensure is enormous (over 200k)! It is culturally and socially irresponsible to, ultimately, eliminate the many (estimated 20+) midwives who would not be able to be licensed by 2023. These midwives have been stalwarts of our community for decades! An additional insult requires them to stop using the term Midwife - one that has been in use for millenia. At the very least, please completely remove the 2023 date from the exemption of traditional midwives (and birth attendants).**

**The bill, as it stands, does not protect my rights as a consumer, a 3 time homebirth mother NOR as a student midwife. It would be nearly impossible to achieve certification by July 1, 2023 which is barely 4 years away. Most programs are 3 years long and require a year of prerequisite classes as well. I still need to be able to apply, be accepted to the schools, secure the financial aid. The programs I am interested in vary between \$70,000 and \$90,000 just for tuition. There are distance programs available; however, this does not fit my learning style. I would be forced to leave my long time home here on Oahu to train under a recognized certification program. My husband and our 3 children would be enormously impacted by a law forcing me to leave my family or for all of us to move away from Hawaii immediately. We need to create access to educational programs in Hawaii that reinforce and celebrate the uniqueness of our local culture - our melting pot! At the very least, the PEP (Portfolio Evaluation Process) must be added back in the definition of "Qualified midwife preceptor" because it is the only accessible path for midwifery students living in Hawaii.**

**I am advocating for women's rights to choose. Please DO NOT restrict a woman's rights to a controlled set of standards. We are all different. We all come from different cultures. We have different religions and spiritual paths. We eat with different utensils and, yet, we all eat and the best is when we all eat together. Please keep Hawaii's women's right to birth however we choose and with whomever we choose. Please continue to create a working group that includes ALL birth attendants and homebirth consumers. Please oppose SB1033 SD2 HD1 as it is proposed.**

**Thank you,**

**Suzanna Kinsey**



**SB-1033-HD-1**

Submitted on: 3/28/2019 12:51:08 PM

Testimony for FIN on 3/29/2019 3:30:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Alohi Aea	Individual	Oppose	Yes

Comments:

I ask you to vote in opposition of this bill for the following reasons:

1. **This bill as written will make Traditional and Cultural Midwives illegal after 2023. This will have many negative effects on those who would choose to work with these women**, including the following: limiting cultural and religious choice and practice, making it difficult to access providers who are less inclined to see birth as a medical event and more inclined to see it as a natural, safe event that women who have no contraindications can safely go through without medical interventions, and reducing access to care providers in rural areas.

2. **This bill is not financially responsible, viable or reasonable.** The amount of money needed to provide this kind of regulation, in comparison to the number of people being served, will either result in astronomical costs being passed on to midwives and their clients, or it will be costly to the taxpayers. There are other more viable ways of providing regulation, such as through a self-regulated group.

As shown by testimony submitted in previous versions of this bill, those who would be most affected by this legislation DO NOT WANT IT.

What most of us DO want is to craft a bill that honors ALL stakeholders by providing licensure to the midwives who are asking for it and by allowing those who are NOT asking for it to continue to practice as they have been: safely, responsibly, and in the time-honored manners in which they have been trained.

Me ka mahalo,

Alohi Ae'a

**SB-1033-HD-1**

Submitted on: 3/28/2019 12:51:45 PM

Testimony for FIN on 3/29/2019 3:30:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Anabel Kinsey	Individual	Oppose	Yes

Comments:

**Testimony in opposition of:**

**Senate Bill 1033: Relating to the Licensure of Midwives**

**Submitted By:**

**Anabel Kinsey**

**Dear Honorable Chair Luke, Vice Chair Cullen and committee members,**

**My name is Anabel Kinsey and I live in Honolulu Proper. I have lived a full and healthy life of thirteen years. Having a home birth was the best and healthiest option my parents had when I was born. Being given legal access to safe, affordable birth attendants and midwives helped both my mother and I have the best experience before, during, and after my birth.**

**It wasn't just me who had this successful experience. My siblings Josuna and Matteo, ages 12 and 6 had healthy and successful home births with an "unlicensed" midwife. We know many people who have shared our successful experiences in home births. My mom was given the care she needed and could not have gotten in another situation.**

**If this bill is passed, the midwife who helped deliver me would not be allowed to do so anymore after 2023. Her livelihood and passion would be completely illegal, along with many other midwives. Midwives possess a great wealth of knowledge and know exactly how to deal with each individual situation and give mother and baby the care and information they need. Being able to practice their birthing techniques with whomever needs it gives freedom to many mothers in their choices during birth.**

**Allowing a woman to choose what will be the most comfortable, safest, and healthiest option for one of the most private parts of her life is to her sole discretion. If we take away this right of choosing who attends her birth, we are taking away the freedom every mother had the right to.**

**I urge you to oppose the Senate Bill 1033, so the people of Hawai'i can continue to benefit from the options that this bill would no longer allow. Thank you for your consideration.**

**SB-1033-HD-1**

Submitted on: 3/28/2019 12:52:55 PM

Testimony for FIN on 3/29/2019 3:30:00 PM

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

Comments:

**SB-1033-HD-1**

Submitted on: 3/28/2019 12:53:15 PM

Testimony for FIN on 3/29/2019 3:30:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Joy Kimura	Individual	Oppose	No

Comments:



**SB-1033-HD-1**

Submitted on: 3/28/2019 1:00:31 PM

Testimony for FIN on 3/29/2019 3:30:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Shandhini Raidoo	Individual	Support	No

Comments:

**SB-1033-HD-1**

Submitted on: 3/28/2019 1:01:44 PM

Testimony for FIN on 3/29/2019 3:30:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Merrily Daly	Individual	Support	No

Comments:

I am in support of this bill WITH recommendations from MAH

I am a CPM and an RN who has been practicing in Hawaii since 1978. It is important that all mothers and babies be protected and have a choice to use a midwife who is properly trained and who has communication with the Obstetrians where they practice.

Merrily Daly

March 29, 2019

**Re: STRONG OPPOSITION to SB1033 SD2 HD1**

**Finance committee on Friday 3/29/19 at 3:30pm House conference room #308.**

Aloha Finance Committee Chair Luke, Vice Chair Cullen, and Committee Members Representative Eli, Representative Gates, Representative Hashimoto, Representative Holt, Representative Kitagawa, Representative Kobayashi, Representative Matayoshi, Representative Nakamura, Representative Nishimoto, Representative Todd, Representative Wildberger Representative Yamashita, and Representative McDermott,

I am writing to ask you to please vote **OPPOSE** on **SB1033 SD2 HD1** as it stands for the reasons outlined below:

- **I STRONGLY OPPOSE** this bill as it stands, as it will make traditional midwives **illegal** after 2023 unless the exemption is changed to remove the date. Unless the Hawaii State legislature amends this bill, Traditional/Cultural Midwives will become illegal, which will definitely "impede one's ability to incorporate or provide cultural practices!" This is disrespectful, diminishes cultural practices in Hawaii, limits choice for the people and dramatically reduces availability of care providers in many rural areas.
- **I STRONGLY OPPOSE** this bill because it is **NOT** financially viable. There aren't enough midwives who would qualify to be licensed to support the costs to run this program. In Hawaii registration through a self-regulated group is a more financially viable way to satisfy the suggestions of the legislative auditor "licensure should be used only as a last resort and registration is appropriate where the threat to life, health, safety and economic well being is low".
- **I STRONGLY OPPOSE** this bill because this bill will **restrict** access to all midwives. The only choices for families wanting home births after 2023 will be CNMs and CPMs. This restricts and chokes out access and choices.
- **I STRONGLY OPPOSE** this bill because it **eliminates** the **ONLY ACCESSIBLE** pathway for students in Hawai'i wanting to get a midwifery education through the apprenticeship model. **The apprenticeship model is supported by the North American Registry of Midwives.** The PEP (Portfolio Evaluation Process) must be added back in the definition of "Qualified midwife preceptor" because it is the only accessible pathway for midwifery students in Hawaii.

For these clearly defined reasons, please **OPPOSE SB1033 SD2 HD1.**

Sincerely,  
Mari Stewart

**SB-1033-HD-1**

Submitted on: 3/28/2019 1:08:41 PM

Testimony for FIN on 3/29/2019 3:30:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Selena M. Green, CPM, RP	Individual	Oppose	No

Comments:

REGULAR SESSION OF 2019

Hearing date: 3/29/19, at: 3:30pm, Room #308

RE: SB1033 SD2 HD1: Relating to the Licensure of Midwives

IN OPPOSITION

Aloha Honorable FIN Chair Sylvia Luke, Vice Chair Ty J.K. Cullen, and committee members.

My name is: Selena Green, CPM (Certified Professional Midwife)

I am in STRONG OPPOSITION of SB1033 SD2 HD1 as it stands. The following are my reasons for opposition:

1. I am a Certified Professional Midwife and African American woman, who also practices as a cultural, traditional and religious practitioner. SB1033 SD2 HD1 as written would criminalize Traditional midwives and make their practice ILLEGAL effective 7/1/2023.
2. I am also a NARM preceptor, and midwife preceptor for MEAC accredited schools and the PEP program. This bill does not recognize the PEP (portfolio evaluation process) program, which is not a MEAC accredited process. NARM supports this process of certification, which is an apprenticeship model. In Hawai'i the PEP process is the ONLY ACCESSIBLE way to a CPM certification! Any bill written must include this process to certification in order to not be discriminatory. The definition of midwife preceptor and the exemption of students who are attending MEAC accredited schools is flawed because it intentionally leaves out a group of apprentice students who are in Hawaii.
3. In Hawaii where we celebrate being culturally sensitive and diverse we should be creating integrative models of care that co-exist respectfully without controlling or repressing the other.

4. This bill is NOT financially viable! There aren't enough midwives who would qualify for licensure to support the costs required to keep this program. The fee required for a small number of midwives seeking licensure would be exorbitant. Not only would the fees affect the midwives, but the cost would be carried over to the consumer. This would restrict access by placing financial burden on local families.

5. Lastly, I oppose this bill because Birthing families have the right to give birth and be attended to where it is most appropriate, be it home, community, clinic or hospital, and to be able to choose the support system for their births, including but not limited to traditional midwives, cultural midwives, religious midwives, family and community members. This bill seeks to regulate the consumer's choices. I believe this bill seriously threatens the health and safety of mothers, babies and cultural/traditional practices here in this state!

Please oppose SB1033 SD2 HD1 as it stands.

Sincerely,  
Selena Green, CPM

**SB-1033-HD-1**

Submitted on: 3/28/2019 1:08:54 PM

Testimony for FIN on 3/29/2019 3:30:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Samantha Kaiser	Individual	Support	No

Comments:

Dear House Committee on Finance, Representative Luke, and Representative Cullen;

I am an Ob/Gyn in Hawaii and I support the licensure of CPMs and CMs. Women deserve to choose care from care providers they know have met a minimum level of education and competency standards. The common standards established by the International Confederation of Midwives are supported by ACOG and Midwives Alliance of Hawaii. **I strongly urge legislators to adopt Hawaii ACOG's recommended amendments and pass this bill, to allow women to get important care from qualified providers.**

Thank you for hearing this bill, and for the opportunity to testify in support of it.

Samantha Kaiser, MD

**SB-1033-HD-1**

Submitted on: 3/28/2019 1:15:21 PM

Testimony for FIN on 3/29/2019 3:30:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Teresa Schiff	Individual	Support	No

Comments:

**I strongly urge legislators to adopt Hawaii ACOG's recommended amendments and pass this bill.**

**SB-1033-HD-1**

Submitted on: 3/28/2019 1:15:25 PM

Testimony for FIN on 3/29/2019 3:30:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
duffy casey	Individual	Support	Yes

Comments:

I am an OB/GYN on Maui and we need SB 1033. I urge this committee to adopt Hawaii ACOG's recommended amendments and pass this bill



**SB-1033-HD-1**

Submitted on: 3/28/2019 1:21:44 PM

Testimony for FIN on 3/29/2019 3:30:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Jasmine	Individual	Support	No

Comments:

**SB-1033-HD-1**

Submitted on: 3/28/2019 1:59:19 PM

Testimony for FIN on 3/29/2019 3:30:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Moana Meadow	Individual	Support	No

Comments:

**I strongly urge legislators to adopt Midwives Alliance of Hawai'i's recommended amendments and pass this bill.**

**SB-1033-HD-1**

Submitted on: 3/28/2019 2:06:24 PM

Testimony for FIN on 3/29/2019 3:30:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Pai-Jong Stacy Tsai	Individual	Support	No

Comments:

**I strongly urge legislators to adopt Hawaii ACOG's recommended amendments and pass this bill.**

**SB-1033-HD-1**

Submitted on: 3/28/2019 2:12:04 PM

Testimony for FIN on 3/29/2019 3:30:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Dani Dougherty BS, CPM	Individual	Support	Yes

Comments:

**I strongly support SB1033 and urge legislators to adopt MAH amendments.**

**SB-1033-HD-1**

Submitted on: 3/28/2019 2:13:27 PM

Testimony for FIN on 3/29/2019 3:30:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
ilima smallwood	Individual	Oppose	No

Comments:

All peoples deserve the right to continue thier own cultural practices. The hawaiian people have been giving birth for thousands of years - we have no right to take this right away from the hawaiian people.

My understanding is that there is no-where in hawaii to get licensed as a midwife, there definitely is not on Maui where I live. This would require that people who wanted to serve thier community must leave for an education elsewhere. Online programs to become a midwife can not possibly be seen as superior to practicing along side a traditional midwife and witnessing and being a part of many births. You only learn the skills you really need to be successful with hands on training - allow the traditional midwives to continue learning from thier elders.

They have a right to birth thier own children in the ways thier people have ALWAYS done it. We cannot take away this right. Our community needs skilled midwives, this will only reduce the aount of options expecting mothers have.

Mahalo, 'ilima

**SB-1033-HD-1**

Submitted on: 3/28/2019 2:17:29 PM

Testimony for FIN on 3/29/2019 3:30:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Erica McMillan	Individual	Oppose	No

Comments:

REGULAR SESSION OF 2019

Hearing date on Friday, March 29 at 3:300pm in Room 308

RE: SB1033 Relating to the Licensure of Midwives

IN OPPOSITION

Aloha honorable committee members,

My name is Erica McMillan. I am a Honolulu resident, registered voter, mother of 5, and birth & labor support person (aka doula). I have worked with MDs, midwives, nurses, doulas, lactation counselors, and many birthing families on Oahu for over 20 years. Due to my years of hands on experiences with the birthing communities here I feel I have a valid perspective of the needs and wants of the people of Hawaii who use the services of midwives and in particular home-birth midwives.

Based on my experience, I strongly oppose SB1033 as it stands and would like to suggest the following amendments that I feel will better serve the people of Hawaii and save the state from the unnecessary waste of our financial resources:

I have been closely monitoring the evolution of this bill as it has passed through the committes and although some steps have been made towards improving the wording of bill there is still much need for revision that will create a bill which is respectable, fair, and truly serves the wants and needs of the practicing midwives of Hawaii and the community they serve. As I believe all sides want to find a common ground I offer up the following suggestions that will make the bill acceptable to those who it will affect the most without compromising the safe guards it is meant to ensure:

1. The bill still contains disrespectful culturally inappropriate guidelines for traditional/cultural midwives which will dramatically reduce availibility of care providers in rural areas. This is a great concern as a large portion of the birthing community who choose home-birth live in rural areas of Hawaii. *I suggest you remove the 2023 end date for birth attendant exemption or add a clear exemption for traditional/cultural midwives that does not expire.*

2. The bill is not financially responsible, or reasonable as only a handful of midwives would be able to achieve licensure due to our remote location and lack of opportunities for education here in the islands. *In Hawaii registration through a self-regulated group is*

*a more financially viable way to satisfy the suggestions of the legislative auditor  
"licensure should be used only as a last resort and registration is appropriate where the  
threat to life, health, safety and economic well being is low" (as data proves is the case)  
and a group has already been established here to regulate the midwifery community.*

*3. The PEP (portfolio evaluation process) must be added back in the definition of  
"qualified midwife preceptor" because it is the only accessible pathway for midwifery  
students in Hawaii.*

**I urge you to strongly consider these points and oppose the bill as it stands until  
further revisions can create a fair bill that truly serves the needs and wants of the  
home birthing community and the amazing people who serve them here in  
Hawaii.**

Respectfully,

Erica McMillan  
Photographer/owner: [MaternityPhotographyOahu.com](http://MaternityPhotographyOahu.com)

**SB-1033-HD-1**

Submitted on: 3/28/2019 2:18:26 PM

Testimony for FIN on 3/29/2019 3:30:00 PM

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

Comments:

REGULAR SESSION OF 2019

Hearing date: 3/29/19, at: 3:30pm, Room #308

RE: SB1033 SD2 HD1: Relating to the Licensure of Midwives

IN OPPOSITION

Aloha FIN Chair Sylvia Luke, Vice Chair Ty J.K. Cullen, and committee members.

My name is: Valerie Brown

I am in STRONG OPPOSITION of SB1033 SD2 HD1 as it stands. The following are my reasons for opposition:

1. I am and African American woman, who works with a Certified Professional Midwife who also practices as a cultural, traditional and religious practitioner. SB1033 SD2 HD1 as written would criminalize Traditional midwives and make their practice ILLEGAL effective 7/1/2023.

2. I am also the board president for Sacred Birth Angels Foundation which offers support for women of color who wish to become midwives via the apprentice model program, PEP. This bill does not recognize the PEP (portfolio evaluation process) program, which is not a MEAC accredited process. NARM supports this process of certification, which is an apprenticeship model. In Hawai'i the PEP process is the ONLY ACCESSIBLE way to a CPM certification! Any bill written must include this process to certification in order to not be discriminatory. The definition of midwife preceptor and the exemption of students who are attending MEAC accredited schools is flawed because it intentionally leaves out a group of apprentice students who are in Hawaii.



3. In Hawaii where we celebrate being culturally sensitive and diverse we should be creating integrative models of care that co-exist respectfully without controlling or repressing the other.

4. This bill is NOT financially viable! There aren't enough midwives who would qualify for licensure to support the costs required to keep this program. The fee required for a small number of midwives seeking licensure would be exorbitant. Not only would the fees affect the midwives, but the cost would be carried over to the consumer. This would restrict access by placing financial burden on local families.

5. Lastly, I oppose this bill because Birthing families have the right to give birth and be attended to where it is most appropriate, be it home, community, clinic or hospital, and to be able to choose the support system for their births, including but not limited to traditional midwives, cultural midwives, religious midwives, family and community members. This bill seeks to regulate the consumer's choices. I believe this bill seriously threatens the health and safety of mothers, babies and cultural/traditional practices here in this state!

Please oppose SB1033 SD2 HD1 as it stands.

Sincerely,

Valerie L. Brown, Board President,

Sacred Birth Angels Foundation

**SB-1033-HD-1**

Submitted on: 3/28/2019 2:23:00 PM

Testimony for FIN on 3/29/2019 3:30:00 PM

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

Comments:

I OPPOSE SB1033 SD2 HD1 BECAUSE although specifically in Part 1, Section 1 it states, "the legislature also notes that practicing midwifery according to this Act does not impede one's ability to incorporate or provide cultural practices" it exempts these cultural practices ONLY UNTIL 2023. AFTER 2023, unless the Hawaii State legislature amends this bill, TRADITIONAL/CULTURAL MIDWIVES WILL BECOME ILLEGAL, which will definitely "impede one's ability to incorporate or provide cultural practices!" This is disrespectful, diminishes cultural practices in Hawaii, limits choice for the people and dramatically reduces availability of care providers in many rural areas.

**TAKE OUT THE 2023 END DATE FOR THE BIRTH ATTENDANT EXEMPTION OR ADD A CLEAR EXEMPTION FOR TRADITIONAL/CULTURAL MIDWIVES THAT DOES NOT END!**

THIS BILL IS NOT FINANCIALLY RESPONSIBLE, VIABLE OR REASONABLE.

(There are only a handful of midwives that could get licensed. In Hawaii registration through a self-regulated group is a more financially viable way to satisfy the suggestions of the legislative auditor "licensure should be used only as a last resort and registration is appropriate where the threat to life, health, safety and economic well being is low" (as data proves is the case)).

The PEP (Portfolio Evaluation Process) must be added back in the definition of "Qualified midwife preceptor" because it is the only accessible pathway for midwifery students in Hawaii.

**SB-1033-HD-1**

Submitted on: 3/28/2019 2:24:12 PM

Testimony for FIN on 3/29/2019 3:30:00 PM

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

Comments:

Aloha,

I oppose SB1033 SD2 HD1 for the following reasons:

1. In Part 1, Section 1, the birth attendant exemption is only until 2023. After that, traditional/cultural midwives will become illegal and this will "impede one's ability to incorporate or provide cultural practices." Please add a clear exemption for traditional/cultural midwives that does not end and remove the 2023 end date for birth attendant.

2. The Portfolio Evaluation Process (PEP) must be added back in the definition of what a "Qualified midwife preceptor" is because it is the only accessible pathway for students of midwifery in Hawaii.

Mahalo,

Kristl Woo

TO: House Committee on Finance  
Representative Sylvia Luke, Chair  
Representative Ty J.K. Cullen, Vice Chair

DATE: Friday, March 29, 2019  
PLACE: Hawaii State Capitol, Conference Room 308

FROM: Bliss Kaneshiro

**Re: SB 1033\_SD2\_HD1 – Relating to the Licensure of Midwives**  
**Position: SUPPORT with strong recommendations for amendments**

I am writing to **support SB 1033\_SD2\_HD1 to license the profession of midwifery** which would **increase access to safe, high-quality maternity care** for Hawai'i's women and infants.

I would ask for the following amendments:

“The term ‘midwife’ connotes an expectation of a minimum level of care by consumers and the community,” yet the bill does not state what this minimum level of care is or how it is to be evaluated. ACOG supports the International Confederation of Midwives (ICM) educational standards as the minimum education and licensure requirement for midwives. The ICM definitions are also accepted throughout the world across 6 regions, by over 130 member organizations and by all U.S. midwifery professional organizations. Therefore, I also strongly recommend the following amendments:

**1) § -2. Definitions. (Page 6 Lines 1-2)**

"Midwife" means a person engaged in the practice of midwifery who has successfully completed a midwifery educational pathway that is recognized in the United States and meets or exceeds the International Confederation of Midwives Essential Competencies for Basic Midwifery Practice and the framework of the International Confederation of Midwives Global Standards for Midwifery Education and is recognized in the country where it is located; who has acquired the requisite qualifications to be legally licensed to be registered and/or legally licensed to practice midwifery and use the title "midwife"; and who demonstrates competency in the practice of midwifery.

**2) § -8. Application for license as a midwife. (Pages 13-14)** To obtain a license under this chapter, the applicant shall provide:

(3) Proof of current, unencumbered certification as a:

A. Certified professional midwife demonstrating proof of a formal midwifery education program or pathway accredited by the Midwifery Education Accreditation Council or a midwifery bridge certificate issued by the North American Registry of Midwives for certified professional midwife applicants who either obtained certification before January 1, 2020 through a non-accredited pathway or who have maintained licensure in a state that does not require an accredited education; or

**3) § -10. Renewals: (Pages 14)**

first renewal deadline occurring on June 30, 2023. Renewals shall require continuing education requirements according to department adopted rules. Failure to renew a license shall result in a forfeiture of the license.

In addition to the above amendments, I recommend adopting other amendments detailed in the written testimony from the Midwives Alliance of Hawai'i.

I strongly feel the licensure of the midwifery profession is long overdue in Hawai'i. We are one of the few states that does not recognize this profession. I have seen too many women and infants who have suffered unnecessary complications because the person attending their birth was untrained to recognize a complication or high-risk situation. As the State Auditors Report stated "the nature of the services provided by midwives may endanger the public's health and safety." I strongly believe that each woman has the right to make medically informed decisions about her maternity care and delivery. For all of the above reasons, **I support SB 1033\_SD2\_HD1 with strong recommendations for amendments** and urge you to pass this measure.

Thank you for the opportunity to testify.

Bliss Kaneshiro MD, MPH

**SB-1033-HD-1**

Submitted on: 3/28/2019 2:25:27 PM

Testimony for FIN on 3/29/2019 3:30:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Melissa Walsh-Chong	Individual	Support	No

Comments:

Aloha, I am a mother of 4 homebirth children in Maui and a supporter of licensure for Midwives. When I say Midwife, I mean the globally defined definition of a midwife. This word has meaning and holds with it a sense of responsibility and education. I would like to see Hawaii acknowledge the education and full scope ability of Midwives (CPMs and CMs). I am also a traditional birth attendant here in Hawaii and have been practicing as such for the past 14 years.

Professionally, I have considered obtaining my CPM using the 'experienced midwife pathway' with NARM but instead opted for a Midwifery program that was accredited by MEAC. Licensure efforts here in Hawaii are not a new effort. I knew I would either need to apply with NARM for the experienced midwife pathway or finish a MEAC approved Midwifery program. I chose the MEAC. This program allowed me to stay on island to complete my studies and my clinical work is precepted by a few different providers here on island. I should be able to complete my program by this summer, so when or if licensure comes to Hawaii I will be ready to 'chin up' to those requirements and assume that responsibility. I look forward to seeing the positive shift licensure can bring. Please pass this bill. Please support choice and increase care options in Hawaii.

**In looking at SB1033 SD2 HD1:**

**I strongly urge you to adopt MAHs (Midwives Alliance of Hawaii) recommended amendments for this bill. Including the ICM definition of a midwife and Midwifery.**

**SB-1033-HD-1**

Submitted on: 3/28/2019 2:26:42 PM

Testimony for FIN on 3/29/2019 3:30:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Tiffany Mahon	Individual	Oppose	No

Comments:

I would like to contribute to my testimony in STRONG OPPOSITION to SB1033 SD2 HD1. This bill, on its face, would appear to regulate and protect consumers and give them better protections when in reality it would serve to greatly reduce the health care options and autonomy of choice for those seeking care during their pregnancy, birth, and beyond. Under this proposed change, after 2023, our Traditional and Cultural Midwives will become illegal, unless the Hawaii State legislature amends this bill. This will serve to greatly impede their ability to provide these cultural practices and reduce the medical choice of consumers. By taking these measures, the rich cultural practices of traditional midwifery will be greatly diminished if not completely removed from the options available to pregnant women, their children, and families in Hawaii. In addition, this Bill would serve to all but erase these care options for those in rural areas who may already experience reduced options in care provider choice and availability. Not only will this current version serve to reduction the choice and medical autonomy of families, it also will only allow the use of the title "midwife" to those who hold a license. Traditional and cultural midwives would have to use the title "birth attendant". This is confusing for those seeking the services these types of midwives practice.

As it stands, there are only a handful of midwives that could get licensed under this legislation. In Hawaii, registration through a self-regulated group is a more financially viable way to satisfy the suggestions of the legislative auditor "licensure should be used only as a last resort and registration is appropriate where the threat to life, health, safety and economic wellbeing is low" (as data proves is the case). The PEP (Portfolio Evaluation Process) must be added back in the definition of "Qualified midwife preceptor" because IT IS THE ONLY ACCESSIBLE PATHWAY for midwifery students living in Hawaii. Currently, this bill is not financially responsible or reasonable and places an undue burden on those already serving the community with great experience and education, those seeking to learn these traditional and sought after practices, and the medical choice and autonomy of the women, children, and families desiring this type of personalized and intimate care. Please take the time to seriously consider the follow-on impacts that this bill will create and remove the 2023 end date for the birth attendant exemption or add a clear exemption for traditional and cultural midwives. Pregnancy and birth are a sacred experience and the right to medical choice and autonomy must be preserved. Thank you for your time and consideration and I truly hope that you will take the steps necessary to protect the medical autonomy of families and the sacred environment of pregnancy and birth in Hawaii.

Very Respectfully,

Tiffany Mahon



**SB-1033-HD-1**

Submitted on: 3/28/2019 2:27:22 PM

Testimony for FIN on 3/29/2019 3:30:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Ronen Zilberman	Individual	Oppose	No

Comments:

REGULAR SESSION OF 2019

Hearing date on Friday, March 29 at 3:30pm in Room 308 RE: SB1033 Relating to the Licensure of Midwives

IN OPPOSITION

Aloha committee members,

My name is Ronen Zilberman. I have been a photojournalist here in Hawaii for over 20 years and am a father who was once skeptical of home birth before becoming a father. However, since my experience with the birth of my 4 children under the care of midwives here in Hawaii I am an advocate for the care of midwives to assist birthing families.

As a Hawaii citizen with experience working with midwives here in Hawaii, I strongly oppose SB1033 as it stands. There are several issues with the bill as it is currently written that make it unfair to practicing midwives and the birthing community who utilize their services. I ask that you oppose the bill as it currently stands and listen to the voices of the midwives and birthing families as they share their needs and wants to create legislation that serves them fairly and respectfully. They are offering many good alternative solutions to the current bill that are reasonable compromises and will create practice guidelines that serve the community in a just and fair way. Your decisions here will greatly affect how I cast my votes in upcoming elections.

I urge you to oppose bill SB1033 so it can be revised and improved. Even God didn't build the world in a day. Let the community help participate and guide the regulations they will be forced to live by.

Respectfully,

Ronen Zilberman

**SB-1033-HD-1**

Submitted on: 3/28/2019 2:27:34 PM

Testimony for FIN on 3/29/2019 3:30:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Max Ignas	Individual	Oppose	No

Comments:

I oppose this bill for a variety of reasons.

A woman's right to choose has received an enormous amount of attention. Whether you believe abortion simply exercises that right, has useful benefits like stem-cell transplants, removes a fetus which can't feel anything, or if you consider it murder, it makes no matter as long as the law protects a woman's right to choose that outcome.

If a woman's right to choose protects something so serious as aborting and terminating a pregnancy, it should also be a woman's right to choose how and where she delivers. In the most emergent of births, some women are unable to make it to the hospital and have given birth on the side of the road or in their own homes. This bill wouldn't look at legally punishing those women or practitioners. It instead relies on intent.

Some of the biggest killers in the hospital are practitioner error and infection. At least 250,000 people die every year from medical errors and nearly 3% of all patients have at least 1 Healthcare Associated Infection (HAI). This poses the question, if these are the statistics for hospital admitted patients, who would want to voluntarily consider going to a hospital for the birth of their child?

The home birth infant mortality study shows that rate as 13/10000. While the hospital rate was nearly the same 10.5/10000. The differences are negligible. I would also argue that women and families who want to protect their children from even the simplest infection would also go to the hospital and transport for a medically necessary reason

If terminating a pregnancy is no problem for abortion, and the hospital birth infant mortality rate is nearly as high, we should fight to extend the woman's right to choose to how and where she delivers.

I vehemently object to SB 1033. It's thinly veiled healthcare industry, insurance industry, and big pharma lobbied legislature masquerading as altruism.

**SB-1033-HD-1**

Submitted on: 3/28/2019 2:33:09 PM

Testimony for FIN on 3/29/2019 3:30:00 PM

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

Comments:

1) OPPOSE SB1033 SD2 HD1 BECAUSE in Part 1, Section 1 it states, "the legislature also notes that practicing midwifery according to this Act does not impede one's ability to incorporate or provide cultural practices" it exempts these cultural practices ONLY UNTIL 2023. AFTER 2023, unless the Hawaii State legislature amends this bill, TRADITIONAL/CULTURAL MIDWIVES WILL BECOME ILLEGAL, which will definitely "impede one's ability to incorporate or provide cultural practices!" This is disrespectful, diminishes cultural practices in Hawaii, limits choice for the people and dramatically reduces availability of care providers in many rural areas.

**TAKE OUT THE 2023 END DATE FOR THE BIRTH ATTENDANT EXEMPTION OR ADD A CLEAR EXEMPTION FOR TRADITIONAL/CULTURAL MIDWIVES THAT DOES NOT END!**

2) THIS BILL IS NOT FINANCIALLY RESPONSIBLE, VIABLE OR REASONABLE.

(There are only a handful of midwives that could get licensed. In Hawaii registration through a self-regulated group is a more financially viable way to satisfy the suggestions of the legislative auditor "licensure should be used only as a last resort and registration is appropriate where the threat to life, health, safety and economic well being is low"

3) The PEP (Portfolio Evaluation Process) must be added back in the definition of "Qualified midwife preceptor" because it is the only accessible pathway for midwifery students in Hawaii.

**SB-1033-HD-1**

Submitted on: 3/28/2019 2:39:17 PM

Testimony for FIN on 3/29/2019 3:30:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Evelyn Roberts	Individual	Oppose	No

Comments:

ōŸ'œ

Testimony is due TODAY, March 28 by 3:30 or you can submit late testimony up until the hearing. RESUBMIT TESTIMONY FOR EACH HEARING ! It does not carry over.

Please Go to  
[www.capitol.hawaii.gov](http://www.capitol.hawaii.gov)

1) OPPOSE SB1033 SD2 HD1 BECAUSE although specifically in Part 1, Section 1 it states, "the legislature also notes that practicing midwifery according to this Act does not impede one's ability to incorporate or provide cultural practices" it exempts these cultural practices ONLY UNTIL 2023. AFTER 2023, unless the Hawaii State legislature amends this bill, TRADITIONAL/CULTURAL MIDWIVES WILL BECOME ILLEGAL, which will definitely "impede one's ability to incorporate or provide cultural practices!" This is disrespectful, diminishes cultural practices in Hawaii, limits choice for the people and dramatically reduces availability of care providers in many rural areas.

TAKE OUT THE 2023 END DATE FOR THE BIRTH ATTENDANT EXEMPTION OR ADD A CLEAR EXEMPTION FOR TRADITIONAL/CULTURAL MIDWIVES THAT DOES NOT END!

2) THIS BILL IS NOT FINANCIALLY RESPONSIBLE, VIABLE OR REASONABLE.

There are only a handful of midwives that could get licensed. In Hawaii registration through a self-regulated group is a more financially viable way to satisfy the suggestions of the legislative auditor "licensure should be used only as a last resort and registration is appropriate where the threat to life, health, safety and economic well being is low" (as data proves is the case).

3) The PEP (Portfolio Evaluation Process) must be added back in the definition of "Qualified midwife preceptor" because IT IS THE ONLY ACCESSIBLE PATHWAY for midwifery students living in Hawaii.

4) This version allows the use of the title "midwife" to those who hold a license. Traditional and cultural midwives would have to use the title "birth attendant". This is confusing for those seeking the services these types of midwives practice. .



**SB-1033-HD-1**

Submitted on: 3/28/2019 2:55:35 PM

Testimony for FIN on 3/29/2019 3:30:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Alexandra Kisitu	Individual	Oppose	No

Comments:

Testimony in **STRONG OPPOSITION** to sb1033 from Ms. Alexandra Kisitu, M.A., C.D, PhD Candidate, Homebirth and Childbirth Social Scientist

Aloha Committee,

My name is Alexandra Kisitu, and I am a researcher, social scientist, and PhD candidate at the University of Hawaii at Manoa. My dissertation research specializes in homebirth in Hawaii, and I am also a doula, birth researcher, and mother to two children born outside of the hospital. I am submitting my testimony in **STRONG OPPOSITION to SB1033 SD2**.

I believe the finance committee will be able to properly assess how financially irresponsible this bill is. I would like you to know, however, that in the past several hearings and testimonies related to this bill, approximately >65% of your constituents strongly oppose this bill. This includes mothers, medical professionals, the DCCA, several organizations, researchers, and individuals. The DCCA has deemed that this bill is financially irresponsible. Furthermore, it would place an undue burden on the state, the midwives, and local homebirth committee. If this bill is passed, there are also midwives and local birth keepers who are willing to pursue legal action against the state because the bill as it is written violates state and international law.

It is also beyond the scope of the state to determine who is a midwife and what the term midwife entails. It is beyond the scope of the state, and poses an undue financial hardship for the state and for birth workers, to implement this bill. The DCCA has repeatedly determined that this bill is financially unfeasible.

Furthermore, only a very small percentage of midwives, most of whom are from the mainland and received their training on the mainland are pushing this bill. It is clear that there are cultural violations, discriminatory practices, and undue hardships against local midwives in this bill. This bill does not serve the midwives of Hawaii as it stands. This bill does not make birth safer nor does it support local midwives.

As a childbirth researcher in Hawaii, there are several peer reviewed articles and scientific studies that support the fact that homebirth with midwives is safer than hospital birth for low-risk women. Furthermore, there is culturally-based research that indicates

birth outcomes are better for mothers and babies when they birth with a midwife who is supportive and who practices cultural birth practices.

In my own experience, I am in a multicultural marriage and our children were birthed in our bi-cultural traditions. Only protecting Hawaiian cultural birth practitioners runs the risk of discriminating against other traditions - making the state liable for cultural and racial discrimination.

Finally, we birthed our children with two different midwives. One midwife was "certified," as this bill pushes for, and yet she routinely made our birth with our daughter more stressful. She did not honor my wishes and she did not support my decisions in labor. She is now practicing in Maui and pushing this bill.

The midwife I hired for the birth of my son, a traditional/lay midwife, was far more experienced, and was much safer and supportive of all my decisions. She honored our choices and was far more knowledgeable about birth and postpartum care than our "certified" midwife in our previous birth. What I want you to know is that certifying midwives is NOT going to make homebirth safer and is NOT going to make homebirth more accessible and is NOT going to make birth more culturally appropriate for Hawaiian families or families of other cultures and traditions.

There is ABSOLUTELY ZERO evidence proving that certifying and licensing midwives makes for safer births. The state does not need to implement a fiscally and culturally irresponsible bill that is base off of no conclusive evidence that it would help families, mothers, babies or public health in general.

I expect that this bill will be opposed in its entirety. There needs to be a working group that can collaborate and communicate in a way that is not discriminatory, is financially plausible, and honors the birth traditions of the islands.

Mahalo nui for your time,

Ms. Alexandra Kisitu

PhD Candidate, UH Manoa

kisitu@hawaii.edu

**SB-1033-HD-1**

Submitted on: 3/28/2019 3:10:24 PM

Testimony for FIN on 3/29/2019 3:30:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Charles D Dobbs	Individual	Oppose	No

Comments:



**SB-1033-HD-1**

Submitted on: 3/28/2019 3:20:58 PM

Testimony for FIN on 3/29/2019 3:30:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Brian Dawson	Individual	Oppose	No

Comments:

Aloha

House Finance Committee Chair Luke, Vice-Chair Cullen, and committee members,

I am testifying in STRONG OPPOSITION to SB 1033 SD2 HD1 which would require licensure of midwives. I oppose ALL versions of this bill.

We ask you to PLEASE oppose this measure! It is a FINANCE DISASTER, it is DANGEROUS, and it is DISCRIMINATORY and UNCONSTITUTIONAL.

This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices, and places a terrible financial burden on local families. Here is why:

- Let's call it what it is: a witch hunt.

The persecution of midwives in Hawai'i goes back to the early days of the Territory, during which healers were being persecuted severely, as part of forced assimilation. The notorious witch hunts in Europe and Early America were similarly, in fact, essentially the persecution of midwives. This bill continues those traditions of forced assimilation, medicalization, and persecution. It is also demeaning, especially to respected cultural elders.

- It is legally unsound.

There are many serious legal problems with this measure. For example, the requirement that a traditional midwife "provides the required disclosures to clients that

the individual is practicing midwifery in this State without a license to practice midwifery” (as if a rural cultural elder of any ethnicity should be required to do such a thing) is both offensive and legally unsound. This measure defines a legally exempted category of practitioner, and then, in the same sentence, forces them to state that they are practicing without a license to practice. The legal mess this is likely to create (and that the legislators passing such terrible language would be liable for), along with the potential for serious consequences or even death, is enormous. Generally, This measure is also full of legal gray areas; which are what lawsuits are made of.

- It will not be followed.

It should also be noted that most traditional midwives simply WILL NOT give the disclosure required in the bill, because it might INTERFERE WITH MATERNAL CONFIDENCE. Natural birthing is an ancient and sensitive art with its OWN principles of success and safety, which cannot be broken. For many, the principles of spiritual midwifery prohibit the listed disclosure (bringing the State into the sacred space of birth is against many cultural and spiritual practices). This may in fact be a violation of the separation of Church and State, and unconstitutional.

Please hear the voices of the community and your constituents and find a way for all midwives to be safe while practicing without feeling persecuted. Thank you

Brian Dawson

**SB-1033-HD-1**

Submitted on: 3/28/2019 3:24:41 PM

Testimony for FIN on 3/29/2019 3:30:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Kaliko Amona	Individual	Oppose	No

Comments:

I support licensure for CPMs who want to be licensed. (And as I understand it, there are several Hawai'i CPMs who do not support this current bill.)

The 2023 date for the birth attendant exemption should be removed, or, a clear exemption for traditional/cultural midwives should be added that does not end.

I am very concerned that professionals, like naturopathic physician midwives practicing within their scope of practice, would no longer be able to call themselves midwives under this bill. The same goes for traditional midwives with years of experience and those who have been pursuing the PEP pathway to become CPMs.

I am also very concerned that the path to becoming a licensed midwife is very difficult. There are very few qualified preceptors to supervise students as described in the bill. The PEP process should be added back into the definition of "Qualified Midwife Preceptor."

**SB-1033-HD-1**

Submitted on: 3/28/2019 3:19:52 PM

Testimony for FIN on 3/29/2019 3:30:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Piper Lovemore	Individual	Oppose	No

Comments:

**SB-1033-HD-1**

Submitted on: 3/28/2019 3:26:11 PM

Testimony for FIN on 3/29/2019 3:30:00 PM

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

Comments:

**SB-1033-HD-1**

Submitted on: 3/28/2019 3:26:22 PM

Testimony for FIN on 3/29/2019 3:30:00 PM

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

Comments:

Hawaii birth testimony 2019Mar28

RE: SB1033 SD2 HD1 Relating to the Licensure of Midwives  
IN OPPOSITION

submitted by Nancy Gibbs  
email jngibbs@hotmail.com

I am a Consumer of birth and a home birth mom (home birth after two cesareans).

I STRONGLY OPPOSE this bill (SB1033 SD2 HD1 and all versions) for the following reasons:

- \* this bill claims to exempt cultural practices, but ONLY until 2023.
- \* this bill is not financially responsible nor viable nor reasonable. There are only a handful of midwives who could be licensed.
- \* there is no clear and accessible pathway for midwifery students who live in Hawaii.
- \* the bill would restrict the title of midwife to ONLY those who are licensed.
- \* under this bill, most of my midwife friends would become illegal. This is unconscionable and unreasonable. Making midwives illegal makes birth UNSAFE for Hawaii.
- \* this bill would affect my right as a homebirth parent to choose my unlicensed attendant. LET BRTHING PERSONS CHOOSE THE PERSON THEY WANT TO BE THEIR ATTENDANT.
- \* this bill will make my midwife friends illegal.
- \* studies show that homebirths usually lead to fewer complications and interventions

(per studies <http://onlinelibrary.wiley.com/doi/10.1111/jmwh.12172/abstract>,  
<http://onlinelibrary.wiley.com/doi/10.1111/jmwh.12165/abstract> ).

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

Thank you for your time and consideration.

Sincerely,

Nancy Gibbs

3/29/19

To: House Committee on Finance

Representative Luke, Chair  
Representative Cullen, Vice  
Chair Conference Room 308  
Hawaii State Capitol 415  
South Beretania Street  
Honolulu, HI 96813

From: Midwives Alliance of Hawaii

Time: Thirtieth Legislature Regular Session of 2019

Friday, March 29 at 3:30pm

**TESTIMONY IN SUPPORT WITH AMENDMENTS FOR SB1033 SD2 HD1 RELATING TO THE LICENSURE OF MIDWIVES**

Dear Chair Luke, Vice-Chair Cullen and committee members:

Thank you for the opportunity to provide testimony in **support with strong recommendations to adopt MAH amendments to SB1033 SD2 HD1.**

I agree with both State Auditor's Reports No. 99-14 and No.17-01 determination that the midwifery profession should be regulated.

SB1033 SD2 HD1, as it is written, does not meet International Confederation of Midwives (ICM) minimum standards and the US Midwifery Education, Regulation and Association agreed upon language. **I strongly recommend the MAH amendments** which include the ICM definition of a midwife.

Even though I do not currently have the full training necessary for licensure here in Hawaii I look forward to upholding the high standards and professionalism that SB1033 with MAH amendments would require for licensure.

Thank you for the opportunity to testify, Sallie Moore, RN (Kauai)



**SB-1033-HD-1**

Submitted on: 3/28/2019 3:26:32 PM

Testimony for FIN on 3/29/2019 3:30:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Drae Ann Cranley	Individual	Oppose	No

Comments:

**SB-1033-HD-1**

Submitted on: 3/28/2019 3:24:58 PM

Testimony for FIN on 3/29/2019 3:30:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Sara DiGrazia	Individual	Oppose	No

Comments:

Dear House Finance Committee,

My name is Sara DiGrazia. I gave birth to two children at home with a

professional midwife. Please oppose SB1033 SD2 HD1. As the bill reads now, although

cultural practices will be allowed at first, these practices and

traditional/cultural midwives will become illegal in 2023. Please add a

clear exemption for traditional/cultural midwives that does not end or

take this part out all together. Traditional midwives serve my family and my

friends in rural Hawai'i. These same midwives can not go to the

Continental U.S. to get license/certified so that the professions they

have lived and breathed and gifted us with, would no longer be viable.

Please also consider adding BACK the definition of "qualified midwife

preceptor" because this is the way that midwifery students could qualify

in our State. I beg you not to limit the choices that Mothers have to

birth safely in low risk pregnancies. I beg you not to make my midwife

who shaped two generations of my family, illegal. I beg you to keep the

choice of who attends us in our most intimate moments, ours.

**SB-1033-HD-1**

Submitted on: 3/28/2019 3:24:35 PM

Testimony for FIN on 3/29/2019 3:30:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Chioma DAwson	Individual	Oppose	No

Comments:

Aloha

House Finance Committee Chair Luke, Vice-Chair Cullen, and committee members,

I am testifying in STRONG OPPOSITION to SB 1033 SD2 HD1 which would require licensure of midwives. I oppose ALL versions of this bill. Here are my main reasons why.

- It is DANGEROUS.

Licensed midwives would be utterly unaffordable and realistically, most other practitioners would be operating underground, as they did before 1999. UNASSISTED births are likely to be prevalent, increasing danger. Amongst attended home births, TRANSFER DELAYS are the greatest danger, and are often driven by fear (note: it is the mother, not the midwife, who makes the decision to go to a hospital or not, as no one can be forced to do so). Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for consenting to give birth with an unlicensed midwife (per this bill’s requirement!). This increases actual danger substantially, particularly within ethnic groups that fear CWS discrimination, believing that child removal or criminalization might occur due to their choice of provider not seeming legitimate enough. You as legislators need to protect people from this.

- Kanaka Maoli traditional practices are NOT protected.

First of all, the central traditional practice is BIRTH, not midwifery. Many traditional Kanaka Maoli births are attended by midwives of OTHER ethnicities. Further, Papa Ola Lokahi does not currently have any mechanism to extend protection to traditional midwives or other birth-related practitioners as such (its mandates are currently strictly for laau lapaau, lomilomi, hooponopono and laau kahea). While this could potentially be developed in the future, at this time such protection would be entirely speculative. Law cannot be based on speculation.

It must be remembered that ALL regulation of traditional midwifery limits, alters, and otherwise adversely impacts traditional Native Hawaiian healing, because the central traditional practice in question is BIRTH, not midwifery.

- The entire term “traditional practice” is externally defined, which goes directly against culture and traditions, which must be internally defined in order to be considered bona fide. See quote from Papa Ola Lokahi-convened Kahuna Statement to the Legislature, 1998: PAPA AUWAE AND ALL OTHER KUPUNA OPPOSED CULTURAL PRACTICES BEING DEFINED BY THE LEGISLATURE:

“...LICENSURE, AND CERTIFICATION ISSUES RAISED IN THE LEGISLATION ARE INAPPROPRIATE AND CULTURALLY UNACCEPTABLE FOR GOVERNMENT TO ASCERTAIN. THESE ARE THE KULEANA OF THE HAWAIIAN COMMUNITY ITSELF THROUGH KUPUNA WHO ARE PERPETUATING THESE PRACTICES.”

<http://www.papaolalokahi.org/images/CHRONOLOGY-of-EVENTS-RELATED-TO-TRADITIONAL-HEALING-2015-Dec.pdf>

- There is no reasonable licensure pathway for any Hawai'i midwives who are not CPMs.

It is against the Hawai'i Regulatory Licensing Reform Act to offer a licensure pathway to a part of a profession, but not all of it, especially as NARM Certification is practically logistically impossible for Hawai'i midwives (thus shifting the recognized practice entirely to those trained outside of Hawai'i). The costs involved in licensing such a tiny cohort also need to be assessed prior to structuring legislation, as this Act also requires licensees to bear the full cost of issuance and administration. For a small cohort with complex needs, this could potentially be astronomical.

Thank you for your time in this matter

**SB-1033-HD-1**

Submitted on: 3/28/2019 3:15:06 PM

Testimony for FIN on 3/29/2019 3:30:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
adaure ezinne dawson	Individual	Oppose	Yes

Comments:

To whom it may concern,

I am a mom of five and a homebirth consumer as well as a student midwife studying through an apprenticeship model set out by NARM. It is known as the PEP process

i'm writing to oppose SB1033 for 1 main reason

The costs are insane!

According to the DCCA, "The costs associated with licensing approximately 13 midwives would be \$203,000." Because State licensing law requires licensure to pay for itself, those 13 eligible midwives would bear a cost burden of \$15,615 each per year, which would be passed directly on to the families they serve. This is IF all 13 who are eligible can afford this astounding fee; if not, it is further increased. These costs would also be greatly increased if a hearing were to take place, a lawsuit or criminal action occurred, or other incidental expenses were incurred for any reason.

**THIS MAKES MIDWIFE-ATTENDED BIRTHS ACCESSIBLE ONLY TO THE EXTREMELY PRIVILEGED!** This is economic discrimination, and places a terrible, prohibitive burden on local families, which is likely to result in more unattended "DIY" births without midwifery support.

As the FINANCE Committee, you **MUST OPPOSE** this.

There are many other reasons to oppose this terribly flawed bill but this alone is glaring and should be a major proponent in striking this bill down as it stands. Thank you!

Ezinne Dawson

3/29/19

To: House Committee on Finance

Representative Luke, Chair  
Representative Cullen, Vice  
Chair Conference Room 308  
Hawaii State Capitol 415  
South Beretania Street  
Honolulu, HI 96813

From: Midwives Alliance of Hawaii

Time: Thirtieth Legislature Regular Session of 2019

Friday, March 29 at 3:30pm

**TESTIMONY IN SUPPORT WITH AMENDMENTS FOR SB1033 SD2 HD1 RELATING TO THE LICENSURE OF MIDWIVES**

Dear Chair Luke, Vice-Chair Cullen and committee members:

Thank you for the opportunity to provide testimony in **support with strong recommendations to adopt MAH amendments to SB1033 SD2 HD1.**

I agree with both State Auditor's Reports No. 99-14 and No.17-01 determination that the midwifery profession should be regulated.

SB1033 SD2 HD1, as it is written, does not meet International Confederation of Midwives (ICM) minimum standards and the US Midwifery Education, Regulation and Association agreed upon language. **I strongly recommend the MAH amendments** which include the ICM definition of a midwife.

Even though I do not currently have the full training necessary for licensure here in Hawaii I look forward to upholding the high standards and professionalism that SB1033 with MAH amendments would require for licensure.

Thank you for the opportunity to testify, Leah Hatcher CPM (Kauai)

**SB-1033-HD-1**

Submitted on: 3/28/2019 3:48:29 PM

Testimony for FIN on 3/29/2019 3:30:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Richard Chong	Individual	Support	Yes

Comments:

I support this bill and all amendments proposed by MAH.

Regular Session of 2019

SB1033\_sb2\_hd1, Hearing date 3/29/2019, Room 308, 3:30pm

Testimony in **STRONG OPPOSITION**

Aloha House Committee on Finance, Honorable Chair Luke, Vice Chair Cullen, and committee members,

I am a registered and active voter. I feel this bill is unconstitutional. I am the husband of a direct entry midwife. This bill will make her no longer able to work as a midwife or call herself a midwife. She has dedicated over 24 years of her life to being a midwife. I am writing this testimony with a hope it doesn't fall on deaf ears

According to the DCCA, a professional license is a form of consumer protection. It is the position of the Hawai'i Midwifery Council that birth is a normal biological process that in itself does not pose a risk to public safety. If anything, a midwife protects a consumer from having a bad outcome during childbirth at home by knowing when the birthing process has deviated from normal, which allows for a safe and timely transport of their client to the nearest hospital for medical assistance.

The state's neonatal mortality rate fell from 6.1% in 2016, to 5.3% in 2017 despite the fact that direct entry midwives are not licensed. The homebirth community averages fewer than 1 infant death per year. To date, there has NEVER been a maternal death resulting from a midwife attended homebirth.

The auditor's position was established to eliminate waste and inefficiency in government, provide the Legislature with a check against the powers of the executive branch, and ensure that public funds are expended according to legislative intent. Its mission is to improve government through independent and objective analyses.



## **Hawai'i State Auditor's 2017 Summary**

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 (CPMs), 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 CPM credential from the North American Registry of Midwives, which is one of several midwifery associations.”**

**“Licensure of Certified Professional Midwives (CPMs) as proposed in HB1899\_hd1, is not consistent with or otherwise supported by the policy criteria for professional licensing in the Hawai'i Regulatory Reform Act. In our view, the proposed regulation of CPMs, who are just one type of midwife, is flawed because it applies to only a relatively small segment of the midwifery profession, i.e., CPMs, and therefore, unnecessarily benefits that group.”**

I urge you to deeply consider the importance of the decision before you. It is not a simple or straightforward thing to require a credential that has only existed for 24 years as the only requirement for licensure into one of the oldest professions in existence. Since the dawn of human existence, midwives have sat with woman as they birthed.

Please do not support SB1033\_SD2\_HD1.

Mahalo for your time and consideration,

Paolo Morgan

**SB-1033-HD-1**

Submitted on: 3/28/2019 4:07:09 PM

Testimony for FIN on 3/29/2019 3:30:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Candace Mendoza	Individual	Oppose	No

Comments:

**SB-1033-HD-1**

Submitted on: 3/28/2019 4:06:21 PM

Testimony for FIN on 3/29/2019 3:30:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Judith I Ojukwu	Individual	Oppose	No

Comments:

Aloha,

My name is Judith Ojukwu and I will be strongly impacted if this bill is approved. I strongly oppose this bill due to the below listed areas.

1. THIS BILL IS NOT FINANCIALLY RESPONSIBLE, VIABLE OR REASONABLE.

There are only a handful of midwives that could get licensed. In Hawaii registration through a self-regulated group is a more financially viable way to satisfy the suggestions of the legislative auditor "licensure should be used only as a last resort and registration is appropriate where the threat to life, health, safety and economic well being is low" (as data proves is the case).

2. The PEP (Portfolio Evaluation Process) must be added back in the definition of "Qualified midwife preceptor" because IT IS THE ONLY ACCESSIBLE PATHWAY for midwifery students living in Hawaii. Uprooting families and local lives here to seek additional expensive training in areas in the mainland is not a cost effecient way of providing for the future generations.

3. This version allows the use of the title "midwife" to those who hold a license. Traditional and cultural midwives would have to use the title "birth attendant". This is confusing for those seeking the services these types of midwives practice.

Please consider these factors when determining your final decision. Thank you.

**SB-1033-HD-1**


Submitted on: 3/28/2019 4:17:20 PM

Testimony for FIN on 3/29/2019 3:30:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Tiana Fontanilla	Individual	Support	No

Comments:

**From:** Susan Bambara <noreply@jotform.com>  
**Sent:** Thursday, March 28, 2019 3:24 PM  
**To:** FINtestimony  
**Subject:** Testimony in OPPOSITION to SB 1033

 OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Susan Bambara
Email	susanblueyes2-gs@yahoo.com
Type a question	<p>Aloha House Finance Committee Chair Luke, Vice-Chair Cullen, and committee members, I am testifying in STRONG OPPOSITION to SB 1033 SD2 HD1 which would require licensure of midwives. I oppose ALL versions of this bill. We ask you to PLEASE oppose this measure! It is a FINANCE DISASTER, it is DANGEROUS, and it is DISCRIMINATORY and UNCONSTITUTIONAL. This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices, and places a terrible financial burden on local families. Here is why:</p> <ul style="list-style-type: none"><li>• The costs are insane! According to the DCCA, "The costs associated with licensing approximately 13 midwives would be \$203,000." Because State licensing law requires licensure to pay for itself, those 13 eligible midwives would bear a cost burden of \$15,615 each per year, which would be passed directly on to the families they serve. This is IF all 13 who are eligible can afford this astounding fee; if not, it is further increased. These costs would also be greatly increased if a hearing were to take place, a lawsuit or criminal action occurred, or other incidental expenses were incurred for any reason.</li></ul> <p>THIS MAKES MIDWIFE-ATTENDED BIRTHS ACCESSIBLE ONLY TO THE EXTREMELY PRIVILEGED! This is economic discrimination, and places a terrible, prohibitive burden on local families, which is likely to result in more unattended "DIY" births without midwifery support. As the FINANCE Committee, you MUST OPPOSE this.</p> <ul style="list-style-type: none"><li>• This measure is discriminatory! ONLY Midwives trained outside of Hawaii are eligible. This alone should stop this measure in its tracks. It creates a sharp dividing line, which ALL local home birth midwives are on the wrong side of. Good training routes of many kinds already exist in Hawai'i, but</li></ul>

these are sidelined or criminalized by this measure. This bill encourages midwives from outside of Hawaii to move here, with no cultural competency, while annihilating virtually all local practices. This does not serve the people of Hawai'i, and discriminates against local practitioners and families. You have an obligation to protect the local people of Hawai'i from discrimination and displacement.

- Let's call it what it is: a witch hunt.

The persecution of midwives in Hawai'i goes back to the early days of the Territory, during which healers were being persecuted severely, as part of forced assimilation. The notorious witch hunts in Europe and Early America were similarly, in fact, essentially the persecution of midwives. This bill continues those traditions of forced assimilation, medicalization, and persecution. It is also demeaning, especially to respected cultural elders.

- It is legally unsound.

There are many serious legal problems with this measure. For example, the requirement that a traditional midwife "provides the required disclosures to clients that the individual is practicing midwifery in this State without a license to practice midwifery" (as if a rural cultural elder of any ethnicity should be required to do such a thing) is both offensive and legally unsound. This measure defines a legally exempted category of practitioner, and then, in the same sentence, forces them to state that they are practicing without a license to practice. The legal mess this is likely to create (and that the legislators passing such terrible language would be liable for), along with the potential for serious consequences or even death, is enormous. Generally, This measure is also full of legal gray areas; which are what lawsuits are made of.

- It will not be followed.

It should also be noted that most traditional midwives simply WILL NOT give the disclosure required in the bill, because it might INTERFERE WITH MATERNAL CONFIDENCE. Natural birthing is an ancient and sensitive art with its OWN principles of success and safety, which cannot be broken.

- It is DANGEROUS.

Licensed midwives would be utterly unaffordable and realistically, most other practitioners would be operating underground, as they did before 1999. UNASSISTED births are likely to be prevalent, increasing danger. Amongst attended home births, TRANSFER DELAYS are the greatest danger, and are often driven by fear (note: it is the mother, not the midwife, who makes the decision to go to a hospital or not, as no one can be forced to do so). Transfer delays are increased when mothers fear persecution of their "unlicensed" midwife, or persecution of themselves for consenting to give birth with an unlicensed

midwife (per this bill's requirement!). This increases actual danger substantially, particularly within ethnic groups that fear CWS discrimination, believing that child removal or criminalization might occur due to their choice of provider not seeming legitimate enough. You as legislators need to protect people from the

- Kanaka Maoli traditional practices are NOT protected.

First of all, the central traditional practice is BIRTH, not midwifery. Many traditional Kanaka Maoli births are attended by midwives of OTHER ethnicities. Further, Papa Ola Lokahi does not currently have any mechanism to extend protection to traditional midwives or other birth-related practitioners as such (its mandates are currently strictly for laau lapaau, lomilomi, hooponopono and laau kahea). While this could potentially be developed in the future, at this time such protection would be entirely speculative. Law cannot be based on speculation.

It must be remembered that ALL regulation of traditional midwifery limits, alters, and otherwise adversely impacts traditional Native Hawaiian healing, because the central traditional practice in question is BIRTH, not midwifery.

- The entire term "traditional practice" is externally defined, which goes directly against culture and traditions, which must be internally defined in order to be considered bona fide. See quote from Papa Ola Lokahi-convened Kahuna Statement to the Legislature, 1998: PAPA AUWAE AND ALL OTHER KUPUNA OPPOSED CULTURAL PRACTICES BEING DEFINED BY THE LEGISLATURE:

"...LICENSURE, AND CERTIFICATION ISSUES RAISED IN THE LEGISLATION ARE INAPPROPRIATE AND CULTURALLY UNACCEPTABLE FOR GOVERNMENT TO ASCERTAIN. THESE ARE THE KULEANA OF THE HAWAIIAN COMMUNITY ITSELF THROUGH KUPUNA WHO ARE PERPETUATING THESE PRACTICES."

<http://www.papaolalokahi.org/images/CHRONOLOGY-of-EVENTS-RELATED-TO-TRADITIONAL-HEALING-2015-Dec.pdf>

- There is no reasonable licensure pathway for Hawai'i clinical midwives who are not CPMs.

It is against the Hawai'i Regulatory Licensing Reform Act to offer a licensure pathway to a part of a profession, but not all of it, especially as NARM Certification is practically logistically impossible for Hawai'i midwives (thus shifting the recognized practice entirely to those trained outside of Hawai'i). The costs involved in licensing such a tiny cohort also need to be assessed prior to structuring legislation, as this Act also requires licensees to bear the full cost of issuance and administration. For a small cohort with complex needs, this could potentially be astronomical.

- The exemptions do not actually exempt anyone currently practicing traditional midwifery. For this reason, great damage and endangerment would result in our community. The exemptions also notably miss some major areas crucial to local traditional families, such as grandparent-attended births (illegal under this measure), Aunties assisting nieces to give birth (illegal under this measure), and hanai family (illegal under this measure).

What about Tongan midwives? Filipina midwives? African-American midwives?

Women of all cultures deserve to be attended by WHOEVER THEY WANT, especially experts in ancient birthing practices from their culture. Traditional midwives who are not Hawaiian and do not qualify under SB 1033 are extremely important in the traditions that Hawaiian families are reviving from a nearly decimated cultural past. Many young Kanaka Maoli have the oral history of their grandparents to go on, but not much more. Non-Hawaiian traditional midwives play a crucial support role for ensuring safety, confidence and well-being as these traditions are brought back into being. Without them, the practices would still come back, but slower, with more loss and much less safety and support.

- Consumers are not helped by this measure, which would limit choices, raise prices, and provide no measurable safety benefits .

Women's reproductive choices are harmed.

Home birth is a crucial issue of reproductive choice and body sovereignty, and needs to be respected as such. Limitation of who may practice midwifery is the SAME THING as limitation of who a women may choose to attend her. It is an unreasonable limitation of

What is needed is COMMUNICATION, not regulation of something the State simply cannot understand. GOOD solutions CAN be developed, but THIS IS NOT THE WAY.

My recommendation is to hold this bill, and instead consider the creation of a real body that could effectively bring all concerned parties (DOH, cultural practitioners, traditional birth attendants, CPMs, student midwives, OBGYN/ER doctors, etc) together to build the needed comprehensive solutions to address real consumer protection and safety. A Working Group or Task Force, as recommended by Sen. Dr. Josh Green in 2014.

PLEASE HOLD THIS MEASURE. MAHALO!



**From:** Wen Yu <noreply@jotform.com>  
**Sent:** Thursday, March 28, 2019 10:37 AM  
**To:** FINtestimony  
**Subject:** Testimony in OPPOSITION to SB 1033



**OPPOSE SB 1033 ! Requiring licensure of midwives**

Name

Wen Yu

Email

callmeecho@gmail.com

Type a question

Aloha

House Finance Committee Chair Luke, Vice-Chair Cullen, and committee members,

I am testifying in STRONG OPPOSITION to SB 1033 SD2 HD1 which would require licensure of midwives. I oppose ALL versions of this bill.

We ask you to PLEASE oppose this measure! It is a FINANCE DISASTER, it is DANGEROUS, and it is DISCRIMINATORY and UNCONSTITUTIONAL.

This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices, and places a terrible financial burden on local families. Here is why:

- The costs are insane!

According to the DCCA, "The costs associated with licensing approximately 13 midwives would be \$203,000." Because State licensing law requires licensure to pay for itself, those 13 eligible midwives would bear a cost burden of \$15,615 each per year, which would be passed directly on to the families they serve. This is IF all 13 who are eligible can afford this astounding fee; if not, it is further increased. These costs would also be greatly increased if a hearing were to take place, a lawsuit or criminal action occurred, or other incidental expenses were incurred for any reason.

THIS MAKES MIDWIFE-ATTENDED BIRTHS ACCESSIBLE ONLY TO THE EXTREMELY PRIVILEGED! This is economic discrimination, and places a terrible, prohibitive burden on local families, which is likely to result in more unattended "DIY" births without midwifery support. As the FINANCE Committee, you MUST OPPOSE this.

- This measure is discriminatory!

ONLY Midwives trained outside of Hawaii are eligible. This alone should stop this measure in its tracks. It

creates a sharp dividing line, which ALL local home birth midwives are on the wrong side of. Good training routes of many kinds already exist in Hawai'i, but these are sidelined or criminalized by this measure. This bill encourages midwives from outside of Hawaii to move here, with no cultural competency, while annihilating virtually all local practices. This does not serve the people of Hawai'i, and discriminates against local practitioners and families. You have an obligation to protect the local people of Hawai'i from discrimination and displacement.

- Let's call it what it is: a witch hunt.

The persecution of midwives in Hawai'i goes back to the early days of the Territory, during which healers were being persecuted severely, as part of forced assimilation. The notorious witch hunts in Europe and Early America were similarly, in fact, essentially the persecution of midwives. This bill continues those traditions of forced assimilation, medicalization, and persecution. It is also demeaning, especially to respected cultural elders.

- It is legally unsound.

There are many serious legal problems with this measure. For example, the requirement that a traditional midwife "provides the required disclosures to clients that the individual is practicing midwifery in this State without a license to practice midwifery" (as if a rural cultural elder of any ethnicity should be required to do such a thing) is both offensive and legally unsound. This measure defines a legally exempted category of practitioner, and then, in the same sentence, forces them to state that they are practicing without a license to practice. The legal mess this is likely to create (and that the legislators passing such terrible language would be liable for), along with the potential for serious consequences or even death, is enormous. Generally, This measure is also full of legal gray areas; which are what lawsuits are made of.

- It will not be followed.

It should also be noted that most traditional midwives simply WILL NOT give the disclosure required in the bill, because it might INTERFERE WITH MATERNAL CONFIDENCE. Natural birthing is an ancient and sensitive art with its OWN principles of success and safety, which cannot be broken.

- It is DANGEROUS.

Licensed midwives would be utterly unaffordable and realistically, most other practitioners would be operating underground, as they did before 1999. UNASSISTED births are likely to be prevalent, increasing danger. Amongst attended home births, TRANSFER DELAYS are the greatest danger, and are

often driven by fear (note: it is the mother, not the midwife, who makes the decision to go to a hospital or not, as no one can be forced to do so). Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for consenting to give birth with an unlicensed midwife (per this bill’s requirement!). This increases actual danger substantially, particularly within ethnic groups that fear CWS discrimination, believing that child removal or criminalization might occur due to their choice of provider not seeming legitimate enough. You as legislators need to protect people from the

- Kanaka Maoli traditional practices are NOT protected.

First of all, the central traditional practice is BIRTH, not midwifery. Many traditional Kanaka Maoli births are attended by midwives of OTHER ethnicities. Further, Papa Ola Lokahi does not currently have any mechanism to extend protection to traditional midwives or other birth-related practitioners as such (its mandates are currently strictly for laau lapaau, lomilomi, hooponopono and laau kahea). While this could potentially be developed in the future, at this time such protection would be entirely speculative. Law cannot be based on speculation.

It must be remembered that ALL regulation of traditional midwifery limits, alters, and otherwise adversely impacts traditional Native Hawaiian healing, because the central traditional practice in question is BIRTH, not midwifery.

- The entire term “traditional practice” is externally defined, which goes directly against culture and traditions, which must be internally defined in order to be considered bona fide. See quote from Papa Ola Lokahi-convened Kahuna Statement to the Legislature, 1998: PAPA AUWAE AND ALL OTHER KUPUNA OPPOSED CULTURAL PRACTICES BEING DEFINED BY THE LEGISLATURE:

“...LICENSURE, AND CERTIFICATION ISSUES RAISED IN THE LEGISLATION ARE INAPPROPRIATE AND CULTURALLY UNACCEPTABLE FOR GOVERNMENT TO ASCERTAIN. THESE ARE THE KULEANA OF THE HAWAIIAN COMMUNITY ITSELF THROUGH KUPUNA WHO ARE PERPETUATING THESE PRACTICES.”  
<http://www.papaolalokahi.org/images/CHRONOLOGY-of-EVENTS-RELATED-TO-TRADITIONAL-HEALING-2015-Dec.pdf>

- There is no reasonable licensure pathway for Hawai‘i clinical midwives who are not CPMs.

It is against the Hawai‘i Regulatory Licensing Reform Act to offer a licensure pathway to a part of a

profession, but not all of it, especially as NARM Certification is practically logistically impossible for Hawai'i midwives (thus shifting the recognized practice entirely to those trained outside of Hawai'i). The costs involved in licensing such a tiny cohort also need to be assessed prior to structuring legislation, as this Act also requires licensees to bear the full cost of issuance and administration. For a small cohort with complex needs, this could potentially be astronomical.

- The exemptions do not actually exempt anyone currently practicing traditional midwifery.

For this reason, great damage and endangerment would result in our community. The exemptions also notably miss some major areas crucial to local traditional families, such as grandparent-attended births (illegal under this measure), Aunties assisting nieces to give birth (illegal under this measure), and hanai family (illegal under this measure).

What about Tongan midwives? Filipina midwives? African-American midwives?

Women of all cultures deserve to be attended by WHOEVER THEY WANT, especially experts in ancient birthing practices from their culture. Traditional midwives who are not Hawaiian and do not qualify under SB 1033 are extremely important in the traditions that Hawaiian families are reviving from a nearly decimated cultural past. Many young Kanaka Maoli have the oral history of their grandparents to go on, but not much more. Non-Hawaiian traditional midwives play a crucial support role for ensuring safety, confidence and well-being as these traditions are brought back into being. Without them, the practices would still come back, but slower, with more loss and much less safety and support.

- Consumers are not helped by this measure, which would limit choices, raise prices, and provide no measurable safety benefits .

Women's reproductive choices are harmed.

Home birth is a crucial issue of reproductive choice and body sovereignty, and needs to be respected as such. Limitation of who may practice midwifery is the SAME THING as limitation of who a women may choose to attend her. It is an unreasonable limitation of

What is needed is COMMUNICATION, not regulation of something the State simply cannot understand. GOOD solutions CAN be developed, but THIS IS NOT THE WAY.

My recommendation is to hold this bill, and instead consider the creation of a real body that could effectively bring all concerned parties (DOH, cultural practitioners, traditional birth attendants, CPMs,

student midwives, OBGYN/ER doctors, etc) together to build the needed comprehensive solutions to address real consumer protection and safety. A Working Group or Task Force, as recommended by Sen. Dr. Josh Green in 2014.  
PLEASE HOLD THIS MEASURE. MAHALO!

**From:** Makalani Franco-Francis <noreply@jotform.com>  
**Sent:** Thursday, March 28, 2019 10:44 AM  
**To:** FINtestimony  
**Subject:** Testimony in OPPOSITION to SB 1033



**OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Makalani Franco-Francis
Email	hulamakalani@yahoo.com

Type a question

Aloha  
House Finance Committee Chair Luke, Vice-Chair Cullen, and committee members.  
My name is Makalani Franco-Francis. I am a homebirth mother of 3 keiki and have been taught the traditional practices of Hawaiian healing and birth from a young age. I am a cultural practitioner and I am testifying in STRONG OPPOSITION to SB 1033 SD2 HD1 which would require licensure of midwives. I oppose ALL versions of this bill.  
We ask you to PLEASE oppose this measure! It is a FINANCE DISASTER, it is DANGEROUS, and it is DISCRIMINATORY and UNCONSTITUTIONAL.  
This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices, and places a terrible financial burden on local families. Here is why:

- The costs are insane!

According to the DCCA, "The costs associated with licensing approximately 13 midwives would be \$203,000." Because State licensing law requires licensure to pay for itself, those 13 eligible midwives would bear a cost burden of \$15,615 each per year, which would be passed directly on to the families they serve. This is IF all 13 who are eligible can afford this astounding fee; if not, it is further increased. These costs would also be greatly increased if a hearing were to take place, a lawsuit or criminal action occurred, or other incidental expenses were incurred for any reason.

THIS MAKES MIDWIFE-ATTENDED BIRTHS ACCESSIBLE ONLY TO THE EXTREMELY PRIVILEGED! This is economic discrimination, and places a terrible, prohibitive burden on local families, which is likely to result in more unattended "DIY" births without midwifery support. As the FINANCE Committee, you

MUST OPPOSE this.

- This measure is discriminatory!

ONLY Midwives trained outside of Hawaii are eligible. This alone should stop this measure in its tracks. It creates a sharp dividing line, which ALL local home birth midwives are on the wrong side of. Good training routes of many kinds already exist in Hawai'i, but these are sidelined or criminalized by this measure. This bill encourages midwives from outside of Hawaii to move here, with no cultural competency, while annihilating virtually all local practices. This does not serve the people of Hawai'i, and discriminates against local practitioners and families. You have an obligation to protect the local people of Hawai'i from discrimination and displacement.

- Let's call it what it is: a witch hunt.

The persecution of midwives in Hawai'i goes back to the early days of the Territory, during which healers were being persecuted severely, as part of forced assimilation. The notorious witch hunts in Europe and Early America were similarly, in fact, essentially the persecution of midwives. This bill continues those traditions of forced assimilation, medicalization, and persecution. It is also demeaning, especially to respected cultural elders.

- It is legally unsound.

There are many serious legal problems with this measure. For example, the requirement that a traditional midwife "provides the required disclosures to clients that the individual is practicing midwifery in this State without a license to practice midwifery" (as if a rural cultural elder of any ethnicity should be required to do such a thing) is both offensive and legally unsound. This measure defines a legally exempted category of practitioner, and then, in the same sentence, forces them to state that they are practicing without a license to practice. The legal mess this is likely to create (and that the legislators passing such terrible language would be liable for), along with the potential for serious consequences or even death, is enormous. Generally, This measure is also full of legal gray areas; which are what lawsuits are made of.

- It will not be followed.

It should also be noted that most traditional midwives simply WILL NOT give the disclosure required in the bill, because it might INTERFERE WITH MATERNAL CONFIDENCE. Natural birthing is an ancient and sensitive art with its OWN principles of success and safety, which cannot be broken.

- It is DANGEROUS.

Licensed midwives would be utterly unaffordable and realistically, most other practitioners would be

operating underground, as they did before 1999. UNASSISTED births are likely to be prevalent, increasing danger. Amongst attended home births, TRANSFER DELAYS are the greatest danger, and are often driven by fear (note: it is the mother, not the midwife, who makes the decision to go to a hospital or not, as no one can be forced to do so). Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for consenting to give birth with an unlicensed midwife (per this bill’s requirement!). This increases actual danger substantially, particularly within ethnic groups that fear CWS discrimination, believing that child removal or criminalization might occur due to their choice of provider not seeming legitimate enough. You as legislators need to protect people from the

- Kanaka Maoli traditional practices are NOT protected.

First of all, the central traditional practice is BIRTH, not midwifery. Many traditional Kanaka Maoli births are attended by midwives of OTHER ethnicities. Further, Papa Ola Lokahi does not currently have any mechanism to extend protection to traditional midwives or other birth-related practitioners as such (its mandates are currently strictly for laau lapaau, lomilomi, hooponopono and laau kahea). While this could potentially be developed in the future, at this time such protection would be entirely speculative. Law cannot be based on speculation.

It must be remembered that ALL regulation of traditional midwifery limits, alters, and otherwise adversely impacts traditional Native Hawaiian healing, because the central traditional practice in question is BIRTH, not midwifery.

- The entire term “traditional practice” is externally defined, which goes directly against culture and traditions, which must be internally defined in order to be considered bona fide. See quote from Papa Ola Lokahi-convened Kahuna Statement to the Legislature, 1998: PAPA AUWAE AND ALL OTHER KUPUNA OPPOSED CULTURAL PRACTICES BEING DEFINED BY THE LEGISLATURE:

“...LICENSURE, AND CERTIFICATION ISSUES RAISED IN THE LEGISLATION ARE INAPPROPRIATE AND CULTURALLY UNACCEPTABLE FOR GOVERNMENT TO ASCERTAIN. THESE ARE THE KULEANA OF THE HAWAIIAN COMMUNITY ITSELF THROUGH KUPUNA WHO ARE PERPETUATING THESE PRACTICES.”

<http://www.papaolalokahi.org/images/CHRONOLOGY-of-EVENTS-RELATED-TO-TRADITIONAL-HEALING-2015-Dec.pdf>



- There is no reasonable licensure pathway for Hawai'i clinical midwives who are not CPMs.

It is against the Hawai'i Regulatory Licensing Reform Act to offer a licensure pathway to a part of a profession, but not all of it, especially as NARM Certification is practically logistically impossible for Hawai'i midwives (thus shifting the recognized practice entirely to those trained outside of Hawai'i). The costs involved in licensing such a tiny cohort also need to be assessed prior to structuring legislation, as this Act also requires licensees to bear the full cost of issuance and administration. For a small cohort with complex needs, this could potentially be astronomical.

- The exemptions do not actually exempt anyone currently practicing traditional midwifery.

For this reason, great damage and endangerment would result in our community. The exemptions also notably miss some major areas crucial to local traditional families, such as grandparent-attended births (illegal under this measure), Aunties assisting nieces to give birth (illegal under this measure), and hanai family (illegal under this measure).

What about Tongan midwives? Filipina midwives? African-American midwives?

Women of all cultures deserve to be attended by WHOEVER THEY WANT, especially experts in ancient birthing practices from their culture. Traditional midwives who are not Hawaiian and do not qualify under SB 1033 are extremely important in the traditions that Hawaiian families are reviving from a nearly decimated cultural past. Many young Kanaka Maoli have the oral history of their grandparents to go on, but not much more. Non-Hawaiian traditional midwives play a crucial support role for ensuring safety, confidence and well-being as these traditions are brought back into being. Without them, the practices would still come back, but slower, with more loss and much less safety and support.

- Consumers are not helped by this measure, which would limit choices, raise prices, and provide no measurable safety benefits .

Women's reproductive choices are harmed.

Home birth is a crucial issue of reproductive choice and body sovereignty, and needs to be respected as such. Limitation of who may practice midwifery is the SAME THING as limitation of who a women may choose to attend her. It is an unreasonable limitation of

What is needed is COMMUNICATION, not regulation of something the State simply cannot understand. GOOD solutions CAN be developed, but THIS IS NOT THE WAY.

My recommendation is to hold this bill, and instead consider the creation of a real body that could effectively bring all concerned parties (DOH, cultural practitioners, traditional birth attendants, CPMs, student midwives, OBGYN/ER doctors, etc) together to build the needed comprehensive solutions to address real consumer protection and safety. A Working Group or Task Force, as recommended by Sen. Dr. Josh Green in 2014.

PLEASE HOLD THIS MEASURE.

Mahalo,

Makalani Franco-Francis

**From:** Megan Kang <noreply@jotform.com>  
**Sent:** Thursday, March 28, 2019 10:52 AM  
**To:** FINtestimony  
**Subject:** Testimony in OPPOSITION to SB 1033



**OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Megan Kang
Email	meglee621@gmail.com
Type a question	<p>Aloha House Finance Committee Chair Luke, Vice-Chair Cullen, and committee members, I am testifying in STRONG OPPOSITION to SB 1033 SD2 HD1 which would require licensure of midwives. I oppose ALL versions of this bill. We ask you to PLEASE oppose this measure! It is a FINANCE DISASTER, it is DANGEROUS, and it is DISCRIMINATORY and UNCONSTITUTIONAL. This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices, and places a terrible financial burden on local families. Here is why:</p> <ul style="list-style-type: none"><li>• The costs are insane! According to the DCCA, "The costs associated with licensing approximately 13 midwives would be \$203,000." Because State licensing law requires licensure to pay for itself, those 13 eligible midwives would bear a cost burden of \$15,615 each per year, which would be passed directly on to the families they serve. This is IF all 13 who are eligible can afford this astounding fee; if not, it is further increased. These costs would also be greatly increased if a hearing were to take place, a lawsuit or criminal action occurred, or other incidental expenses were incurred for any reason.</li></ul> <p>THIS MAKES MIDWIFE-ATTENDED BIRTHS ACCESSIBLE ONLY TO THE EXTREMELY PRIVILEGED! This is economic discrimination, and places a terrible, prohibitive burden on local families, which is likely to result in more unattended "DIY" births without midwifery support. As the FINANCE Committee, you MUST OPPOSE this.</p> <ul style="list-style-type: none"><li>• This measure is discriminatory! ONLY Midwives trained outside of Hawaii are eligible. This alone should stop this measure in its tracks. It</li></ul>

creates a sharp dividing line, which ALL local home birth midwives are on the wrong side of. Good training routes of many kinds already exist in Hawai'i, but these are sidelined or criminalized by this measure. This bill encourages midwives from outside of Hawaii to move here, with no cultural competency, while annihilating virtually all local practices. This does not serve the people of Hawai'i, and discriminates against local practitioners and families. You have an obligation to protect the local people of Hawai'i from discrimination and displacement.

- Let's call it what it is: a witch hunt.

The persecution of midwives in Hawai'i goes back to the early days of the Territory, during which healers were being persecuted severely, as part of forced assimilation. The notorious witch hunts in Europe and Early America were similarly, in fact, essentially the persecution of midwives. This bill continues those traditions of forced assimilation, medicalization, and persecution. It is also demeaning, especially to respected cultural elders.

- It is legally unsound.

There are many serious legal problems with this measure. For example, the requirement that a traditional midwife "provides the required disclosures to clients that the individual is practicing midwifery in this State without a license to practice midwifery" (as if a rural cultural elder of any ethnicity should be required to do such a thing) is both offensive and legally unsound. This measure defines a legally exempted category of practitioner, and then, in the same sentence, forces them to state that they are practicing without a license to practice. The legal mess this is likely to create (and that the legislators passing such terrible language would be liable for), along with the potential for serious consequences or even death, is enormous. Generally, This measure is also full of legal gray areas; which are what lawsuits are made of.

- It will not be followed.

It should also be noted that most traditional midwives simply WILL NOT give the disclosure required in the bill, because it might INTERFERE WITH MATERNAL CONFIDENCE. Natural birthing is an ancient and sensitive art with its OWN principles of success and safety, which cannot be broken.

- It is DANGEROUS.

Licensed midwives would be utterly unaffordable and realistically, most other practitioners would be operating underground, as they did before 1999. UNASSISTED births are likely to be prevalent, increasing danger. Amongst attended home births, TRANSFER DELAYS are the greatest danger, and are

often driven by fear (note: it is the mother, not the midwife, who makes the decision to go to a hospital or not, as no one can be forced to do so). Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for consenting to give birth with an unlicensed midwife (per this bill’s requirement!). This increases actual danger substantially, particularly within ethnic groups that fear CWS discrimination, believing that child removal or criminalization might occur due to their choice of provider not seeming legitimate enough. You as legislators need to protect people from the

- Kanaka Maoli traditional practices are NOT protected.

First of all, the central traditional practice is BIRTH, not midwifery. Many traditional Kanaka Maoli births are attended by midwives of OTHER ethnicities. Further, Papa Ola Lokahi does not currently have any mechanism to extend protection to traditional midwives or other birth-related practitioners as such (its mandates are currently strictly for laau lapaau, lomilomi, hooponopono and laau kahea). While this could potentially be developed in the future, at this time such protection would be entirely speculative. Law cannot be based on speculation.

It must be remembered that ALL regulation of traditional midwifery limits, alters, and otherwise adversely impacts traditional Native Hawaiian healing, because the central traditional practice in question is BIRTH, not midwifery.

- The entire term “traditional practice” is externally defined, which goes directly against culture and traditions, which must be internally defined in order to be considered bona fide. See quote from Papa Ola Lokahi-convened Kahuna Statement to the Legislature, 1998: PAPA AUWAE AND ALL OTHER KUPUNA OPPOSED CULTURAL PRACTICES BEING DEFINED BY THE LEGISLATURE:

“...LICENSURE, AND CERTIFICATION ISSUES RAISED IN THE LEGISLATION ARE INAPPROPRIATE AND CULTURALLY UNACCEPTABLE FOR GOVERNMENT TO ASCERTAIN. THESE ARE THE KULEANA OF THE HAWAIIAN COMMUNITY ITSELF THROUGH KUPUNA WHO ARE PERPETUATING THESE PRACTICES.”  
<http://www.papaolalokahi.org/images/CHRONOLOGY-of-EVENTS-RELATED-TO-TRADITIONAL-HEALING-2015-Dec.pdf>

- There is no reasonable licensure pathway for Hawai‘i clinical midwives who are not CPMs.

It is against the Hawai‘i Regulatory Licensing Reform Act to offer a licensure pathway to a part of a

profession, but not all of it, especially as NARM Certification is practically logistically impossible for Hawai'i midwives (thus shifting the recognized practice entirely to those trained outside of Hawai'i). The costs involved in licensing such a tiny cohort also need to be assessed prior to structuring legislation, as this Act also requires licensees to bear the full cost of issuance and administration. For a small cohort with complex needs, this could potentially be astronomical.

- The exemptions do not actually exempt anyone currently practicing traditional midwifery.

For this reason, great damage and endangerment would result in our community. The exemptions also notably miss some major areas crucial to local traditional families, such as grandparent-attended births (illegal under this measure), Aunties assisting nieces to give birth (illegal under this measure), and hanai family (illegal under this measure).

What about Tongan midwives? Filipina midwives? African-American midwives?

Women of all cultures deserve to be attended by WHOEVER THEY WANT, especially experts in ancient birthing practices from their culture. Traditional midwives who are not Hawaiian and do not qualify under SB 1033 are extremely important in the traditions that Hawaiian families are reviving from a nearly decimated cultural past. Many young Kanaka Maoli have the oral history of their grandparents to go on, but not much more. Non-Hawaiian traditional midwives play a crucial support role for ensuring safety, confidence and well-being as these traditions are brought back into being. Without them, the practices would still come back, but slower, with more loss and much less safety and support.

- Consumers are not helped by this measure, which would limit choices, raise prices, and provide no measurable safety benefits .

Women's reproductive choices are harmed.

Home birth is a crucial issue of reproductive choice and body sovereignty, and needs to be respected as such. Limitation of who may practice midwifery is the SAME THING as limitation of who a women may choose to attend her. It is an unreasonable limitation of

What is needed is COMMUNICATION, not regulation of something the State simply cannot understand. GOOD solutions CAN be developed, but THIS IS NOT THE WAY.

My recommendation is to hold this bill, and instead consider the creation of a real body that could effectively bring all concerned parties (DOH, cultural practitioners, traditional birth attendants, CPMs,

student midwives, OBGYN/ER doctors, etc) together to build the needed comprehensive solutions to address real consumer protection and safety. A Working Group or Task Force, as recommended by Sen. Dr. Josh Green in 2014.  
PLEASE HOLD THIS MEASURE. MAHALO!

**From:** Jodie Burgess <noreply@jotform.com>  
**Sent:** Thursday, March 28, 2019 11:02 AM  
**To:** FINtestimony  
**Subject:** Testimony in OPPOSITION to SB 1033



**OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Jodie Burgess
Email	joders.atkinson@gmail.com
Type a question	<p>Aloha House Finance Committee Chair Luke, Vice-Chair Cullen, and committee members, I am testifying in STRONG OPPOSITION to SB 1033 SD2 HD1 which would require licensure of midwives. I oppose ALL versions of this bill. We ask you to PLEASE oppose this measure! It is a FINANCE DISASTER, it is DANGEROUS, and it is DISCRIMINATORY and UNCONSTITUTIONAL. This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices, and places a terrible financial burden on local families. Here is why:</p> <ul style="list-style-type: none"><li>• The costs are insane! According to the DCCA, "The costs associated with licensing approximately 13 midwives would be \$203,000." Because State licensing law requires licensure to pay for itself, those 13 eligible midwives would bear a cost burden of \$15,615 each per year, which would be passed directly on to the families they serve. This is IF all 13 who are eligible can afford this astounding fee; if not, it is further increased. These costs would also be greatly increased if a hearing were to take place, a lawsuit or criminal action occurred, or other incidental expenses were incurred for any reason. THIS MAKES MIDWIFE-ATTENDED BIRTHS ACCESSIBLE ONLY TO THE EXTREMELY PRIVILEGED! This is economic discrimination, and places a terrible, prohibitive burden on local families, which is likely to result in more unattended "DIY" births without midwifery support. As the FINANCE Committee, you MUST OPPOSE this.</li><li>• This measure is discriminatory! ONLY Midwives trained outside of Hawaii are eligible. This alone should stop this measure in its tracks. It</li></ul>



creates a sharp dividing line, which ALL local home birth midwives are on the wrong side of. Good training routes of many kinds already exist in Hawai'i, but these are sidelined or criminalized by this measure. This bill encourages midwives from outside of Hawaii to move here, with no cultural competency, while annihilating virtually all local practices. This does not serve the people of Hawai'i, and discriminates against local practitioners and families. You have an obligation to protect the local people of Hawai'i from discrimination and displacement.

- Let's call it what it is: a witch hunt.

The persecution of midwives in Hawai'i goes back to the early days of the Territory, during which healers were being persecuted severely, as part of forced assimilation. The notorious witch hunts in Europe and Early America were similarly, in fact, essentially the persecution of midwives. This bill continues those traditions of forced assimilation, medicalization, and persecution. It is also demeaning, especially to respected cultural elders.

- It is legally unsound.

There are many serious legal problems with this measure. For example, the requirement that a traditional midwife "provides the required disclosures to clients that the individual is practicing midwifery in this State without a license to practice midwifery" (as if a rural cultural elder of any ethnicity should be required to do such a thing) is both offensive and legally unsound. This measure defines a legally exempted category of practitioner, and then, in the same sentence, forces them to state that they are practicing without a license to practice. The legal mess this is likely to create (and that the legislators passing such terrible language would be liable for), along with the potential for serious consequences or even death, is enormous. Generally, This measure is also full of legal gray areas; which are what lawsuits are made of.

- It will not be followed.

It should also be noted that most traditional midwives simply WILL NOT give the disclosure required in the bill, because it might INTERFERE WITH MATERNAL CONFIDENCE. Natural birthing is an ancient and sensitive art with its OWN principles of success and safety, which cannot be broken.

- It is DANGEROUS.

Licensed midwives would be utterly unaffordable and realistically, most other practitioners would be operating underground, as they did before 1999. UNASSISTED births are likely to be prevalent, increasing danger. Amongst attended home births, TRANSFER DELAYS are the greatest danger, and are

often driven by fear (note: it is the mother, not the midwife, who makes the decision to go to a hospital or not, as no one can be forced to do so). Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for consenting to give birth with an unlicensed midwife (per this bill’s requirement!). This increases actual danger substantially, particularly within ethnic groups that fear CWS discrimination, believing that child removal or criminalization might occur due to their choice of provider not seeming legitimate enough. You as legislators need to protect people from the

- Kanaka Maoli traditional practices are NOT protected.

First of all, the central traditional practice is BIRTH, not midwifery. Many traditional Kanaka Maoli births are attended by midwives of OTHER ethnicities. Further, Papa Ola Lokahi does not currently have any mechanism to extend protection to traditional midwives or other birth-related practitioners as such (its mandates are currently strictly for laau lapaau, lomilomi, hooponopono and laau kahea). While this could potentially be developed in the future, at this time such protection would be entirely speculative. Law cannot be based on speculation.

It must be remembered that ALL regulation of traditional midwifery limits, alters, and otherwise adversely impacts traditional Native Hawaiian healing, because the central traditional practice in question is BIRTH, not midwifery.

- The entire term “traditional practice” is externally defined, which goes directly against culture and traditions, which must be internally defined in order to be considered bona fide. See quote from Papa Ola Lokahi-convened Kahuna Statement to the Legislature, 1998: PAPA AUWAE AND ALL OTHER KUPUNA OPPOSED CULTURAL PRACTICES BEING DEFINED BY THE LEGISLATURE:

“...LICENSURE, AND CERTIFICATION ISSUES RAISED IN THE LEGISLATION ARE INAPPROPRIATE AND CULTURALLY UNACCEPTABLE FOR GOVERNMENT TO ASCERTAIN. THESE ARE THE KULEANA OF THE HAWAIIAN COMMUNITY ITSELF THROUGH KUPUNA WHO ARE PERPETUATING THESE PRACTICES.”  
<http://www.papaolalokahi.org/images/CHRONOLOGY-of-EVENTS-RELATED-TO-TRADITIONAL-HEALING-2015-Dec.pdf>

- There is no reasonable licensure pathway for Hawai’i clinical midwives who are not CPMs.

It is against the Hawai’i Regulatory Licensing Reform Act to offer a licensure pathway to a part of a

profession, but not all of it, especially as NARM Certification is practically logistically impossible for Hawai'i midwives (thus shifting the recognized practice entirely to those trained outside of Hawai'i). The costs involved in licensing such a tiny cohort also need to be assessed prior to structuring legislation, as this Act also requires licensees to bear the full cost of issuance and administration. For a small cohort with complex needs, this could potentially be astronomical.

- The exemptions do not actually exempt anyone currently practicing traditional midwifery.

For this reason, great damage and endangerment would result in our community. The exemptions also notably miss some major areas crucial to local traditional families, such as grandparent-attended births (illegal under this measure), Aunties assisting nieces to give birth (illegal under this measure), and hanai family (illegal under this measure).

What about Tongan midwives? Filipina midwives? African-American midwives?

Women of all cultures deserve to be attended by WHOEVER THEY WANT, especially experts in ancient birthing practices from their culture. Traditional midwives who are not Hawaiian and do not qualify under SB 1033 are extremely important in the traditions that Hawaiian families are reviving from a nearly decimated cultural past. Many young Kanaka Maoli have the oral history of their grandparents to go on, but not much more. Non-Hawaiian traditional midwives play a crucial support role for ensuring safety, confidence and well-being as these traditions are brought back into being. Without them, the practices would still come back, but slower, with more loss and much less safety and support.

- Consumers are not helped by this measure, which would limit choices, raise prices, and provide no measurable safety benefits .

Women's reproductive choices are harmed.

Home birth is a crucial issue of reproductive choice and body sovereignty, and needs to be respected as such. Limitation of who may practice midwifery is the SAME THING as limitation of who a women may choose to attend her. It is an unreasonable limitation of

What is needed is COMMUNICATION, not regulation of something the State simply cannot understand. GOOD solutions CAN be developed, but THIS IS NOT THE WAY.

My recommendation is to hold this bill, and instead consider the creation of a real body that could effectively bring all concerned parties (DOH, cultural practitioners, traditional birth attendants, CPMs,

student midwives, OBGYN/ER doctors, etc) together to build the needed comprehensive solutions to address real consumer protection and safety. A Working Group or Task Force, as recommended by Sen. Dr. Josh Green in 2014.  
PLEASE HOLD THIS MEASURE. MAHALO!

From: Shannon Rudolph <noreply@jotform.com>  
Sent: Thursday, March 28, 2019 11:08 AM  
To: FINtestimony  
Subject: Testimony in OPPOSITION to SB 1033



### OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Shannon Rudolph
Email	shannonkona@gmail.com
Type a question	<p>Aloha House Finance Committee Chair Luke, Vice-Chair Cullen, and committee members, I am testifying in STRONG OPPOSITION to SB 1033 SD2 HD1 which would require licensure of midwives. I oppose ALL versions of this bill. We ask you to PLEASE oppose this measure! It is a FINANCE DISASTER, it is DANGEROUS, and it is DISCRIMINATORY and UNCONSTITUTIONAL. This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices, and places a terrible financial burden on local families. Here is why:</p> <ul style="list-style-type: none"><li>• The costs are insane!</li></ul> <p>According to the DCCA, "The costs associated with licensing approximately 13 midwives would be \$203,000." Because State licensing law requires licensure to pay for itself, those 13 eligible midwives would bear a cost burden of \$15,615 each per year, which would be passed directly on to the families they serve. This is IF all 13 who are eligible can afford this astounding fee; if not, it is further increased. These costs would also be greatly increased if a hearing were to take place, a lawsuit or criminal action occurred, or other incidental expenses were incurred for any reason.</p> <p>THIS MAKES MIDWIFE-ATTENDED BIRTHS ACCESSIBLE ONLY TO THE EXTREMELY PRIVILEGED! This is economic discrimination, and places a terrible, prohibitive burden on local families, which is likely to result in more unattended "DIY" births without midwifery support. As the FINANCE Committee, you MUST OPPOSE this.</p> <ul style="list-style-type: none"><li>• This measure is discriminatory!</li></ul> <p>ONLY Midwives trained outside of Hawaii are eligible.</p>

This alone should stop this measure in its tracks. It creates a sharp dividing line, which ALL local home birth midwives are on the wrong side of. Good training routes of many kinds already exist in Hawai'i, but these are sidelined or criminalized by this measure. This bill encourages midwives from outside of Hawaii to move here, with no cultural competency, while annihilating virtually all local practices. This does not serve the people of Hawai'i, and discriminates against local practitioners and families. You have an obligation to protect the local people of Hawai'i from discrimination and displacement.

- Let's call it what it is: a witch hunt.

The persecution of midwives in Hawai'i goes back to the early days of the Territory, during which healers were being persecuted severely, as part of forced assimilation. The notorious witch hunts in Europe and Early America were similarly, in fact, essentially the persecution of midwives. This bill continues those traditions of forced assimilation, medicalization, and persecution. It is also demeaning, especially to respected cultural elders.

- It is legally unsound.

There are many serious legal problems with this measure. For example, the requirement that a traditional midwife "provides the required disclosures to clients that the individual is practicing midwifery in this State without a license to practice midwifery" (as if a rural cultural elder of any ethnicity should be required to do such a thing) is both offensive and legally unsound. This measure defines a legally exempted category of practitioner, and then, in the same sentence, forces them to state that they are practicing without a license to practice. The legal mess this is likely to create (and that the legislators passing such terrible language would be liable for), along with the potential for serious consequences or even death, is enormous. Generally, This measure is also full of legal gray areas; which are what lawsuits are made of.

- It will not be followed.

It should also be noted that most traditional midwives simply WILL NOT give the disclosure required in the bill, because it might INTERFERE WITH MATERNAL CONFIDENCE. Natural birthing is an ancient and sensitive art with its OWN principles of success and safety, which cannot be broken.

- It is DANGEROUS.

Licensed midwives would be utterly unaffordable and realistically, most other practitioners would be operating underground, as they did before 1999. UNASSISTED births are likely to be prevalent, increasing danger. Amongst attended home births,

TRANSFER DELAYS are the greatest danger, and are often driven by fear (note: it is the mother, not the midwife, who makes the decision to go to a hospital or not, as no one can be forced to do so). Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for consenting to give birth with an unlicensed midwife (per this bill’s requirement!). This increases actual danger substantially, particularly within ethnic groups that fear CWS discrimination, believing that child removal or criminalization might occur due to their choice of provider not seeming legitimate enough. You as legislators need to protect people from the

- Kanaka Maoli traditional practices are NOT protected.

First of all, the central traditional practice is BIRTH, not midwifery. Many traditional Kanaka Maoli births are attended by midwives of OTHER ethnicities. Further, Papa Ola Lokahi does not currently have any mechanism to extend protection to traditional midwives or other birth-related practitioners as such (its mandates are currently strictly for laau lapaau, lomilomi, hooponopono and laau kahea). While this could potentially be developed in the future, at this time such protection would be entirely speculative. Law cannot be based on speculation.

It must be remembered that ALL regulation of traditional midwifery limits, alters, and otherwise adversely impacts traditional Native Hawaiian healing, because the central traditional practice in question is BIRTH, not midwifery.

- The entire term “traditional practice” is externally defined, which goes directly against culture and traditions, which must be internally defined in order to be considered bona fide. See quote from Papa Ola Lokahi-convened Kahuna Statement to the Legislature, 1998: PAPA AUWAE AND ALL OTHER KUPUNA OPPOSED CULTURAL PRACTICES BEING DEFINED BY THE LEGISLATURE:

“...LICENSURE, AND CERTIFICATION ISSUES RAISED IN THE LEGISLATION ARE INAPPROPRIATE AND CULTURALLY UNACCEPTABLE FOR GOVERNMENT TO ASCERTAIN. THESE ARE THE KULEANA OF THE HAWAIIAN COMMUNITY ITSELF THROUGH KUPUNA WHO ARE PERPETUATING THESE PRACTICES.”

<http://www.papaolalokahi.org/images/CHRONOLOGY-of-EVENTS-RELATED-TO-TRADITIONAL-HEALING-2015-Dec.pdf>

- There is no reasonable licensure pathway for Hawai’i clinical midwives who are not CPMs.

It is against the Hawai’i Regulatory Licensing Reform

Act to offer a licensure pathway to a part of a profession, but not all of it, especially as NARM Certification is practically logistically impossible for Hawai'i midwives (thus shifting the recognized practice entirely to those trained outside of Hawai'i). The costs involved in licensing such a tiny cohort also need to be assessed prior to structuring legislation, as this Act also requires licensees to bear the full cost of issuance and administration. For a small cohort with complex needs, this could potentially be astronomical.

- The exemptions do not actually exempt anyone currently practicing traditional midwifery.

For this reason, great damage and endangerment would result in our community. The exemptions also notably miss some major areas crucial to local traditional families, such as grandparent-attended births (illegal under this measure), Aunties assisting nieces to give birth (illegal under this measure), and hanai family (illegal under this measure).

What about Tongan midwives? Filipina midwives? African-American midwives?

Women of all cultures deserve to be attended by WHOEVER THEY WANT, especially experts in ancient birthing practices from their culture. Traditional midwives who are not Hawaiian and do not qualify under SB 1033 are extremely important in the traditions that Hawaiian families are reviving from a nearly decimated cultural past. Many young Kanaka Maoli have the oral history of their grandparents to go on, but not much more. Non-Hawaiian traditional midwives play a crucial support role for ensuring safety, confidence and well-being as these traditions are brought back into being. Without them, the practices would still come back, but slower, with more loss and much less safety and support.

- Consumers are not helped by this measure, which would limit choices, raise prices, and provide no measurable safety benefits .

Women's reproductive choices are harmed.

Home birth is a crucial issue of reproductive choice and body sovereignty, and needs to be respected as such. Limitation of who may practice midwifery is the SAME THING as limitation of who a women may choose to attend her. It is an unreasonable limitation of

What is needed is COMMUNICATION, not regulation of something the State simply cannot understand. GOOD solutions CAN be developed, but THIS IS NOT THE WAY.

My recommendation is to hold this bill, and instead consider the creation of a real body that could effectively bring all concerned parties (DOH, cultural



practitioners, traditional birth attendants, CPMs, student midwives, OBGYN/ER doctors, etc) together to build the needed comprehensive solutions to address real consumer protection and safety. A Working Group or Task Force, as recommended by Sen. Dr. Josh Green in 2014.  
PLEASE HOLD THIS MEASURE. MAHALO!

**From:** Crystal Minnick <noreply@jotform.com>  
**Sent:** Thursday, March 28, 2019 11:21 AM  
**To:** FINtestimony  
**Subject:** Testimony in OPPOSITION to SB 1033



**OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Crystal Minnick
Email	crystal.minnick@gmail.com
Type a question	<p>Aloha House Finance Committee Chair Luke, Vice-Chair Cullen, and committee members, I am testifying in STRONG OPPOSITION to SB 1033 SD2 HD1 which would require licensure of midwives. I oppose ALL versions of this bill. We ask you to PLEASE oppose this measure! It is a FINANCE DISASTER, it is DANGEROUS, and it is DISCRIMINATORY and UNCONSTITUTIONAL. This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices, and places a terrible financial burden on local families. Here is why:</p> <ul style="list-style-type: none"><li>• The costs are insane! According to the DCCA, "The costs associated with licensing approximately 13 midwives would be \$203,000." Because State licensing law requires licensure to pay for itself, those 13 eligible midwives would bear a cost burden of \$15,615 each per year, which would be passed directly on to the families they serve. This is IF all 13 who are eligible can afford this astounding fee; if not, it is further increased. These costs would also be greatly increased if a hearing were to take place, a lawsuit or criminal action occurred, or other incidental expenses were incurred for any reason.</li></ul> <p>THIS MAKES MIDWIFE-ATTENDED BIRTHS ACCESSIBLE ONLY TO THE EXTREMELY PRIVILEGED! This is economic discrimination, and places a terrible, prohibitive burden on local families, which is likely to result in more unattended "DIY" births without midwifery support. As the FINANCE Committee, you MUST OPPOSE this.</p> <ul style="list-style-type: none"><li>• This measure is discriminatory! ONLY Midwives trained outside of Hawaii are eligible. This alone should stop this measure in its tracks. It</li></ul>

creates a sharp dividing line, which ALL local home birth midwives are on the wrong side of. Good training routes of many kinds already exist in Hawai'i, but these are sidelined or criminalized by this measure. This bill encourages midwives from outside of Hawaii to move here, with no cultural competency, while annihilating virtually all local practices. This does not serve the people of Hawai'i, and discriminates against local practitioners and families. You have an obligation to protect the local people of Hawai'i from discrimination and displacement.

- Let's call it what it is: a witch hunt.

The persecution of midwives in Hawai'i goes back to the early days of the Territory, during which healers were being persecuted severely, as part of forced assimilation. The notorious witch hunts in Europe and Early America were similarly, in fact, essentially the persecution of midwives. This bill continues those traditions of forced assimilation, medicalization, and persecution. It is also demeaning, especially to respected cultural elders.

- It is legally unsound.

There are many serious legal problems with this measure. For example, the requirement that a traditional midwife "provides the required disclosures to clients that the individual is practicing midwifery in this State without a license to practice midwifery" (as if a rural cultural elder of any ethnicity should be required to do such a thing) is both offensive and legally unsound. This measure defines a legally exempted category of practitioner, and then, in the same sentence, forces them to state that they are practicing without a license to practice. The legal mess this is likely to create (and that the legislators passing such terrible language would be liable for), along with the potential for serious consequences or even death, is enormous. Generally, This measure is also full of legal gray areas; which are what lawsuits are made of.

- It will not be followed.

It should also be noted that most traditional midwives simply WILL NOT give the disclosure required in the bill, because it might INTERFERE WITH MATERNAL CONFIDENCE. Natural birthing is an ancient and sensitive art with its OWN principles of success and safety, which cannot be broken.

- It is DANGEROUS.

Licensed midwives would be utterly unaffordable and realistically, most other practitioners would be operating underground, as they did before 1999. UNASSISTED births are likely to be prevalent, increasing danger. Amongst attended home births, TRANSFER DELAYS are the greatest danger, and are

often driven by fear (note: it is the mother, not the midwife, who makes the decision to go to a hospital or not, as no one can be forced to do so). Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for consenting to give birth with an unlicensed midwife (per this bill’s requirement!). This increases actual danger substantially, particularly within ethnic groups that fear CWS discrimination, believing that child removal or criminalization might occur due to their choice of provider not seeming legitimate enough. You as legislators need to protect people from the

- Kanaka Maoli traditional practices are NOT protected.

First of all, the central traditional practice is BIRTH, not midwifery. Many traditional Kanaka Maoli births are attended by midwives of OTHER ethnicities. Further, Papa Ola Lokahi does not currently have any mechanism to extend protection to traditional midwives or other birth-related practitioners as such (its mandates are currently strictly for laau lapaau, lomilomi, hooponopono and laau kahea). While this could potentially be developed in the future, at this time such protection would be entirely speculative. Law cannot be based on speculation.

It must be remembered that ALL regulation of traditional midwifery limits, alters, and otherwise adversely impacts traditional Native Hawaiian healing, because the central traditional practice in question is BIRTH, not midwifery.

- The entire term “traditional practice” is externally defined, which goes directly against culture and traditions, which must be internally defined in order to be considered bona fide. See quote from Papa Ola Lokahi-convened Kahuna Statement to the Legislature, 1998: PAPA AUWAE AND ALL OTHER KUPUNA OPPOSED CULTURAL PRACTICES BEING DEFINED BY THE LEGISLATURE:

“...LICENSURE, AND CERTIFICATION ISSUES RAISED IN THE LEGISLATION ARE INAPPROPRIATE AND CULTURALLY UNACCEPTABLE FOR GOVERNMENT TO ASCERTAIN. THESE ARE THE KULEANA OF THE HAWAIIAN COMMUNITY ITSELF THROUGH KUPUNA WHO ARE PERPETUATING THESE PRACTICES.”  
<http://www.papaolalokahi.org/images/CHRONOLOGY-of-EVENTS-RELATED-TO-TRADITIONAL-HEALING-2015-Dec.pdf>

- There is no reasonable licensure pathway for Hawai‘i clinical midwives who are not CPMs.

It is against the Hawai‘i Regulatory Licensing Reform Act to offer a licensure pathway to a part of a

profession, but not all of it, especially as NARM Certification is practically logistically impossible for Hawai'i midwives (thus shifting the recognized practice entirely to those trained outside of Hawai'i). The costs involved in licensing such a tiny cohort also need to be assessed prior to structuring legislation, as this Act also requires licensees to bear the full cost of issuance and administration. For a small cohort with complex needs, this could potentially be astronomical.

- The exemptions do not actually exempt anyone currently practicing traditional midwifery.

For this reason, great damage and endangerment would result in our community. The exemptions also notably miss some major areas crucial to local traditional families, such as grandparent-attended births (illegal under this measure), Aunties assisting nieces to give birth (illegal under this measure), and hanai family (illegal under this measure).

What about Tongan midwives? Filipina midwives? African-American midwives?

Women of all cultures deserve to be attended by WHOEVER THEY WANT, especially experts in ancient birthing practices from their culture. Traditional midwives who are not Hawaiian and do not qualify under SB 1033 are extremely important in the traditions that Hawaiian families are reviving from a nearly decimated cultural past. Many young Kanaka Maoli have the oral history of their grandparents to go on, but not much more. Non-Hawaiian traditional midwives play a crucial support role for ensuring safety, confidence and well-being as these traditions are brought back into being. Without them, the practices would still come back, but slower, with more loss and much less safety and support.

- Consumers are not helped by this measure, which would limit choices, raise prices, and provide no measurable safety benefits .

Women's reproductive choices are harmed.

Home birth is a crucial issue of reproductive choice and body sovereignty, and needs to be respected as such. Limitation of who may practice midwifery is the SAME THING as limitation of who a women may choose to attend her. It is an unreasonable limitation of

What is needed is COMMUNICATION, not regulation of something the State simply cannot understand. GOOD solutions CAN be developed, but THIS IS NOT THE WAY.

My recommendation is to hold this bill, and instead consider the creation of a real body that could effectively bring all concerned parties (DOH, cultural practitioners, traditional birth attendants, CPMs,

student midwives, OBGYN/ER doctors, etc) together to build the needed comprehensive solutions to address real consumer protection and safety. A Working Group or Task Force, as recommended by Sen. Dr. Josh Green in 2014.  
PLEASE HOLD THIS MEASURE. MAHALO!

From: Mel Wildman <noreply@jotform.com>  
Sent: Thursday, March 28, 2019 10:28 AM  
To: FINtestimony  
Subject: Testimony in OPPOSITION to SB 1033



**OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Mel Wildman
Email	wildman1101@gmail.com
Type a question	<p>Aloha House Finance Committee Chair Luke, Vice-Chair Cullen, and committee members, I am testifying in STRONG OPPOSITION to SB 1033 SD2 HD1 which would require licensure of midwives. I oppose ALL versions of this bill. We ask you to PLEASE oppose this measure! It is a FINANCE DISASTER, it is DANGEROUS, and it is DISCRIMINATORY and UNCONSTITUTIONAL. This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices, and places a terrible financial burden on local families. Here is why:</p> <ul style="list-style-type: none"><li>• The costs are insane!</li></ul> <p>According to the DCCA, "The costs associated with licensing approximately 13 midwives would be \$203,000." Because State licensing law requires licensure to pay for itself, those 13 eligible midwives would bear a cost burden of \$15,615 each per year, which would be passed directly on to the families they serve. This is IF all 13 who are eligible can afford this astounding fee; if not, it is further increased. These costs would also be greatly increased if a hearing were to take place, a lawsuit or criminal action occurred, or other incidental expenses were incurred for any reason.</p> <p>THIS MAKES MIDWIFE-ATTENDED BIRTHS ACCESSIBLE ONLY TO THE EXTREMELY PRIVILEGED! This is economic discrimination, and places a terrible, prohibitive burden on local families, which is likely to result in more unattended "DIY" births without midwifery support. As the FINANCE Committee, you MUST OPPOSE this.</p> <ul style="list-style-type: none"><li>• This measure is discriminatory!</li></ul> <p>ONLY Midwives trained outside of Hawaii are eligible.</p>

This alone should stop this measure in its tracks. It creates a sharp dividing line, which ALL local home birth midwives are on the wrong side of. Good training routes of many kinds already exist in Hawai'i, but these are sidelined or criminalized by this measure. This bill encourages midwives from outside of Hawaii to move here, with no cultural competency, while annihilating virtually all local practices. This does not serve the people of Hawai'i, and discriminates against local practitioners and families. You have an obligation to protect the local people of Hawai'i from discrimination and displacement.

- Let's call it what it is: a witch hunt.

The persecution of midwives in Hawai'i goes back to the early days of the Territory, during which healers were being persecuted severely, as part of forced assimilation. The notorious witch hunts in Europe and Early America were similarly, in fact, essentially the persecution of midwives. This bill continues those traditions of forced assimilation, medicalization, and persecution. It is also demeaning, especially to respected cultural elders.

- It is legally unsound.

There are many serious legal problems with this measure. For example, the requirement that a traditional midwife "provides the required disclosures to clients that the individual is practicing midwifery in this State without a license to practice midwifery" (as if a rural cultural elder of any ethnicity should be required to do such a thing) is both offensive and legally unsound. This measure defines a legally exempted category of practitioner, and then, in the same sentence, forces them to state that they are practicing without a license to practice. The legal mess this is likely to create (and that the legislators passing such terrible language would be liable for), along with the potential for serious consequences or even death, is enormous. Generally, This measure is also full of legal gray areas; which are what lawsuits are made of.

- It will not be followed.

It should also be noted that most traditional midwives simply WILL NOT give the disclosure required in the bill, because it might INTERFERE WITH MATERNAL CONFIDENCE. Natural birthing is an ancient and sensitive art with its OWN principles of success and safety, which cannot be broken.

- It is DANGEROUS.

Licensed midwives would be utterly unaffordable and realistically, most other practitioners would be operating underground, as they did before 1999. UNASSISTED births are likely to be prevalent, increasing danger. Amongst attended home births,



TRANSFER DELAYS are the greatest danger, and are often driven by fear (note: it is the mother, not the midwife, who makes the decision to go to a hospital or not, as no one can be forced to do so). Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for consenting to give birth with an unlicensed midwife (per this bill’s requirement!). This increases actual danger substantially, particularly within ethnic groups that fear CWS discrimination, believing that child removal or criminalization might occur due to their choice of provider not seeming legitimate enough. You as legislators need to protect people from the

- Kanaka Maoli traditional practices are NOT protected.

First of all, the central traditional practice is BIRTH, not midwifery. Many traditional Kanaka Maoli births are attended by midwives of OTHER ethnicities. Further, Papa Ola Lokahi does not currently have any mechanism to extend protection to traditional midwives or other birth-related practitioners as such (its mandates are currently strictly for laau lapaau, lomilomi, hooponopono and laau kahea). While this could potentially be developed in the future, at this time such protection would be entirely speculative. Law cannot be based on speculation.

It must be remembered that ALL regulation of traditional midwifery limits, alters, and otherwise adversely impacts traditional Native Hawaiian healing, because the central traditional practice in question is BIRTH, not midwifery.

- The entire term “traditional practice” is externally defined, which goes directly against culture and traditions, which must be internally defined in order to be considered bona fide. See quote from Papa Ola Lokahi-convened Kahuna Statement to the Legislature, 1998: PAPA AUWAE AND ALL OTHER KUPUNA OPPOSED CULTURAL PRACTICES BEING DEFINED BY THE LEGISLATURE:

“...LICENSURE, AND CERTIFICATION ISSUES RAISED IN THE LEGISLATION ARE INAPPROPRIATE AND CULTURALLY UNACCEPTABLE FOR GOVERNMENT TO ASCERTAIN. THESE ARE THE KULEANA OF THE HAWAIIAN COMMUNITY ITSELF THROUGH KUPUNA WHO ARE PERPETUATING THESE PRACTICES.”

<http://www.papaolalokahi.org/images/CHRONOLOGY-of-EVENTS-RELATED-TO-TRADITIONAL-HEALING-2015-Dec.pdf>

- There is no reasonable licensure pathway for Hawai'i clinical midwives who are not CPMs.

It is against the Hawai'i Regulatory Licensing Reform

Act to offer a licensure pathway to a part of a profession, but not all of it, especially as NARM Certification is practically logistically impossible for Hawai'i midwives (thus shifting the recognized practice entirely to those trained outside of Hawai'i). The costs involved in licensing such a tiny cohort also need to be assessed prior to structuring legislation, as this Act also requires licensees to bear the full cost of issuance and administration. For a small cohort with complex needs, this could potentially be astronomical.

- The exemptions do not actually exempt anyone currently practicing traditional midwifery.

For this reason, great damage and endangerment would result in our community. The exemptions also notably miss some major areas crucial to local traditional families, such as grandparent-attended births (illegal under this measure), Aunties assisting nieces to give birth (illegal under this measure), and hanai family (illegal under this measure).

What about Tongan midwives? Filipina midwives? African-American midwives?

Women of all cultures deserve to be attended by WHOEVER THEY WANT, especially experts in ancient birthing practices from their culture. Traditional midwives who are not Hawaiian and do not qualify under SB 1033 are extremely important in the traditions that Hawaiian families are reviving from a nearly decimated cultural past. Many young Kanaka Maoli have the oral history of their grandparents to go on, but not much more. Non-Hawaiian traditional midwives play a crucial support role for ensuring safety, confidence and well-being as these traditions are brought back into being. Without them, the practices would still come back, but slower, with more loss and much less safety and support.

- Consumers are not helped by this measure, which would limit choices, raise prices, and provide no measurable safety benefits .

Women's reproductive choices are harmed.

Home birth is a crucial issue of reproductive choice and body sovereignty, and needs to be respected as such. Limitation of who may practice midwifery is the SAME THING as limitation of who a women may choose to attend her. It is an unreasonable limitation of

What is needed is COMMUNICATION, not regulation of something the State simply cannot understand. GOOD solutions CAN be developed, but THIS IS NOT THE WAY.

My recommendation is to hold this bill, and instead consider the creation of a real body that could effectively bring all concerned parties (DOH, cultural

practitioners, traditional birth attendants, CPMs, student midwives, OBGYN/ER doctors, etc) together to build the needed comprehensive solutions to address real consumer protection and safety. A Working Group or Task Force, as recommended by Sen. Dr. Josh Green in 2014.

PLEASE HOLD THIS MEASURE. MAHALO!  
Wildman for Midwives.

From: Lisa Ellis <noreply@jotform.com>  
Sent: Thursday, March 28, 2019 10:27 AM  
To: FINtestimony  
Subject: Testimony in OPPOSITION to SB 1033



### OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Lisa Ellis
Email	johnpellis1@gmail.com
Type a question	<p>Aloha House Finance Committee Chair Luke, Vice-Chair Cullen, and committee members, I am testifying in STRONG OPPOSITION to SB 1033 SD2 HD1 which would require licensure of midwives. I oppose ALL versions of this bill. We ask you to PLEASE oppose this measure! It is a FINANCE DISASTER, it is DANGEROUS, and it is DISCRIMINATORY and UNCONSTITUTIONAL. This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices, and places a terrible financial burden on local families. Here is why:</p> <ul style="list-style-type: none"><li>• The costs are insane!</li></ul> <p>According to the DCCA, "The costs associated with licensing approximately 13 midwives would be \$203,000." Because State licensing law requires licensure to pay for itself, those 13 eligible midwives would bear a cost burden of \$15,615 each per year, which would be passed directly on to the families they serve. This is IF all 13 who are eligible can afford this astounding fee; if not, it is further increased. These costs would also be greatly increased if a hearing were to take place, a lawsuit or criminal action occurred, or other incidental expenses were incurred for any reason.</p> <p>THIS MAKES MIDWIFE-ATTENDED BIRTHS ACCESSIBLE ONLY TO THE EXTREMELY PRIVILEGED! This is economic discrimination, and places a terrible, prohibitive burden on local families, which is likely to result in more unattended "DIY" births without midwifery support. As the FINANCE Committee, you MUST OPPOSE this.</p> <ul style="list-style-type: none"><li>• This measure is discriminatory!</li></ul> <p>ONLY Midwives trained outside of Hawaii are eligible.</p>

This alone should stop this measure in its tracks. It creates a sharp dividing line, which ALL local home birth midwives are on the wrong side of. Good training routes of many kinds already exist in Hawai'i, but these are sidelined or criminalized by this measure. This bill encourages midwives from outside of Hawaii to move here, with no cultural competency, while annihilating virtually all local practices. This does not serve the people of Hawai'i, and discriminates against local practitioners and families. You have an obligation to protect the local people of Hawai'i from discrimination and displacement.

- Let's call it what it is: a witch hunt.

The persecution of midwives in Hawai'i goes back to the early days of the Territory, during which healers were being persecuted severely, as part of forced assimilation. The notorious witch hunts in Europe and Early America were similarly, in fact, essentially the persecution of midwives. This bill continues those traditions of forced assimilation, medicalization, and persecution. It is also demeaning, especially to respected cultural elders.

- It is legally unsound.

There are many serious legal problems with this measure. For example, the requirement that a traditional midwife "provides the required disclosures to clients that the individual is practicing midwifery in this State without a license to practice midwifery" (as if a rural cultural elder of any ethnicity should be required to do such a thing) is both offensive and legally unsound. This measure defines a legally exempted category of practitioner, and then, in the same sentence, forces them to state that they are practicing without a license to practice. The legal mess this is likely to create (and that the legislators passing such terrible language would be liable for), along with the potential for serious consequences or even death, is enormous. Generally, This measure is also full of legal gray areas; which are what lawsuits are made of.

- It will not be followed.

It should also be noted that most traditional midwives simply WILL NOT give the disclosure required in the bill, because it might INTERFERE WITH MATERNAL CONFIDENCE. Natural birthing is an ancient and sensitive art with its OWN principles of success and safety, which cannot be broken.

- It is DANGEROUS.

Licensed midwives would be utterly unaffordable and realistically, most other practitioners would be operating underground, as they did before 1999. UNASSISTED births are likely to be prevalent, increasing danger. Amongst attended home births,

TRANSFER DELAYS are the greatest danger, and are often driven by fear (note: it is the mother, not the midwife, who makes the decision to go to a hospital or not, as no one can be forced to do so). Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for consenting to give birth with an unlicensed midwife (per this bill’s requirement!). This increases actual danger substantially, particularly within ethnic groups that fear CWS discrimination, believing that child removal or criminalization might occur due to their choice of provider not seeming legitimate enough. You as legislators need to protect people from the

- Kanaka Maoli traditional practices are NOT protected.

First of all, the central traditional practice is BIRTH, not midwifery. Many traditional Kanaka Maoli births are attended by midwives of OTHER ethnicities. Further, Papa Ola Lokahi does not currently have any mechanism to extend protection to traditional midwives or other birth-related practitioners as such (its mandates are currently strictly for laau lapaau, lomilomi, hooponopono and laau kahea). While this could potentially be developed in the future, at this time such protection would be entirely speculative. Law cannot be based on speculation.

It must be remembered that ALL regulation of traditional midwifery limits, alters, and otherwise adversely impacts traditional Native Hawaiian healing, because the central traditional practice in question is BIRTH, not midwifery.

- The entire term “traditional practice” is externally defined, which goes directly against culture and traditions, which must be internally defined in order to be considered bona fide. See quote from Papa Ola Lokahi-convened Kahuna Statement to the Legislature, 1998: PAPA AUWAE AND ALL OTHER KUPUNA OPPOSED CULTURAL PRACTICES BEING DEFINED BY THE LEGISLATURE:

“...LICENSURE, AND CERTIFICATION ISSUES RAISED IN THE LEGISLATION ARE INAPPROPRIATE AND CULTURALLY UNACCEPTABLE FOR GOVERNMENT TO ASCERTAIN. THESE ARE THE KULEANA OF THE HAWAIIAN COMMUNITY ITSELF THROUGH KUPUNA WHO ARE PERPETUATING THESE PRACTICES.”

<http://www.papaolalokahi.org/images/CHRONOLOGY-of-EVENTS-RELATED-TO-TRADITIONAL-HEALING-2015-Dec.pdf>

- There is no reasonable licensure pathway for Hawai'i clinical midwives who are not CPMs.

It is against the Hawai'i Regulatory Licensing Reform

Act to offer a licensure pathway to a part of a profession, but not all of it, especially as NARM Certification is practically logistically impossible for Hawai'i midwives (thus shifting the recognized practice entirely to those trained outside of Hawai'i). The costs involved in licensing such a tiny cohort also need to be assessed prior to structuring legislation, as this Act also requires licensees to bear the full cost of issuance and administration. For a small cohort with complex needs, this could potentially be astronomical.

- The exemptions do not actually exempt anyone currently practicing traditional midwifery.

For this reason, great damage and endangerment would result in our community. The exemptions also notably miss some major areas crucial to local traditional families, such as grandparent-attended births (illegal under this measure), Aunties assisting nieces to give birth (illegal under this measure), and hanai family (illegal under this measure).

What about Tongan midwives? Filipina midwives? African-American midwives?

Women of all cultures deserve to be attended by WHOEVER THEY WANT, especially experts in ancient birthing practices from their culture. Traditional midwives who are not Hawaiian and do not qualify under SB 1033 are extremely important in the traditions that Hawaiian families are reviving from a nearly decimated cultural past. Many young Kanaka Maoli have the oral history of their grandparents to go on, but not much more. Non-Hawaiian traditional midwives play a crucial support role for ensuring safety, confidence and well-being as these traditions are brought back into being. Without them, the practices would still come back, but slower, with more loss and much less safety and support.

- Consumers are not helped by this measure, which would limit choices, raise prices, and provide no measurable safety benefits .

Women's reproductive choices are harmed.

Home birth is a crucial issue of reproductive choice and body sovereignty, and needs to be respected as such. Limitation of who may practice midwifery is the SAME THING as limitation of who a women may choose to attend her. It is an unreasonable limitation of

What is needed is COMMUNICATION, not regulation of something the State simply cannot understand. GOOD solutions CAN be developed, but THIS IS NOT THE WAY.

My recommendation is to hold this bill, and instead consider the creation of a real body that could effectively bring all concerned parties (DOH, cultural

practitioners, traditional birth attendants, CPMs, student midwives, OBGYN/ER doctors, etc) together to build the needed comprehensive solutions to address real consumer protection and safety. A Working Group or Task Force, as recommended by Sen. Dr. Josh Green in 2014.  
PLEASE HOLD THIS MEASURE. MAHALO!



From: Wai'ala Ahn <noreply@jotform.com>  
Sent: Thursday, March 28, 2019 10:11 AM  
To: FINtestimony  
Subject: Testimony in OPPOSITION to SB 1033



### OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Wai'ala Ahn
Email	waiala.ahn@gmail.com
Type a question	<p>Aloha House Finance Committee Chair Luke, Vice-Chair Cullen, and committee members, I am testifying in STRONG OPPOSITION to SB 1033 SD2 HD1 which would require licensure of midwives. I oppose ALL versions of this bill. We ask you to PLEASE oppose this measure! It is a FINANCE DISASTER, it is DANGEROUS, and it is DISCRIMINATORY and UNCONSTITUTIONAL. This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices, and places a terrible financial burden on local families. Here is why:</p> <ul style="list-style-type: none"><li>• The costs are insane!</li></ul> <p>According to the DCCA, "The costs associated with licensing approximately 13 midwives would be \$203,000." Because State licensing law requires licensure to pay for itself, those 13 eligible midwives would bear a cost burden of \$15,615 each per year, which would be passed directly on to the families they serve. This is IF all 13 who are eligible can afford this astounding fee; if not, it is further increased. These costs would also be greatly increased if a hearing were to take place, a lawsuit or criminal action occurred, or other incidental expenses were incurred for any reason.</p> <p>THIS MAKES MIDWIFE-ATTENDED BIRTHS ACCESSIBLE ONLY TO THE EXTREMELY PRIVILEGED! This is economic discrimination, and places a terrible, prohibitive burden on local families, which is likely to result in more unattended "DIY" births without midwifery support. As the FINANCE Committee, you MUST OPPOSE this.</p> <ul style="list-style-type: none"><li>• This measure is discriminatory!</li></ul> <p>ONLY Midwives trained outside of Hawaii are eligible.</p>

This alone should stop this measure in its tracks. It creates a sharp dividing line, which ALL local home birth midwives are on the wrong side of. Good training routes of many kinds already exist in Hawai'i, but these are sidelined or criminalized by this measure. This bill encourages midwives from outside of Hawaii to move here, with no cultural competency, while annihilating virtually all local practices. This does not serve the people of Hawai'i, and discriminates against local practitioners and families. You have an obligation to protect the local people of Hawai'i from discrimination and displacement.

- Let's call it what it is: a witch hunt.

The persecution of midwives in Hawai'i goes back to the early days of the Territory, during which healers were being persecuted severely, as part of forced assimilation. The notorious witch hunts in Europe and Early America were similarly, in fact, essentially the persecution of midwives. This bill continues those traditions of forced assimilation, medicalization, and persecution. It is also demeaning, especially to respected cultural elders.

- It is legally unsound.

There are many serious legal problems with this measure. For example, the requirement that a traditional midwife "provides the required disclosures to clients that the individual is practicing midwifery in this State without a license to practice midwifery" (as if a rural cultural elder of any ethnicity should be required to do such a thing) is both offensive and legally unsound. This measure defines a legally exempted category of practitioner, and then, in the same sentence, forces them to state that they are practicing without a license to practice. The legal mess this is likely to create (and that the legislators passing such terrible language would be liable for), along with the potential for serious consequences or even death, is enormous. Generally, This measure is also full of legal gray areas; which are what lawsuits are made of.

- It will not be followed.

It should also be noted that most traditional midwives simply WILL NOT give the disclosure required in the bill, because it might INTERFERE WITH MATERNAL CONFIDENCE. Natural birthing is an ancient and sensitive art with its OWN principles of success and safety, which cannot be broken.

- It is DANGEROUS.

Licensed midwives would be utterly unaffordable and realistically, most other practitioners would be operating underground, as they did before 1999. UNASSISTED births are likely to be prevalent, increasing danger. Amongst attended home births,

TRANSFER DELAYS are the greatest danger, and are often driven by fear (note: it is the mother, not the midwife, who makes the decision to go to a hospital or not, as no one can be forced to do so). Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for consenting to give birth with an unlicensed midwife (per this bill’s requirement!). This increases actual danger substantially, particularly within ethnic groups that fear CWS discrimination, believing that child removal or criminalization might occur due to their choice of provider not seeming legitimate enough. You as legislators need to protect people from the

- Kanaka Maoli traditional practices are NOT protected.

First of all, the central traditional practice is BIRTH, not midwifery. Many traditional Kanaka Maoli births are attended by midwives of OTHER ethnicities. Further, Papa Ola Lokahi does not currently have any mechanism to extend protection to traditional midwives or other birth-related practitioners as such (its mandates are currently strictly for laau lapaau, lomilomi, hooponopono and laau kahea). While this could potentially be developed in the future, at this time such protection would be entirely speculative. Law cannot be based on speculation.

It must be remembered that ALL regulation of traditional midwifery limits, alters, and otherwise adversely impacts traditional Native Hawaiian healing, because the central traditional practice in question is BIRTH, not midwifery.

- The entire term “traditional practice” is externally defined, which goes directly against culture and traditions, which must be internally defined in order to be considered bona fide. See quote from Papa Ola Lokahi-convened Kahuna Statement to the Legislature, 1998: PAPA AUWAE AND ALL OTHER KUPUNA OPPOSED CULTURAL PRACTICES BEING DEFINED BY THE LEGISLATURE:

“...LICENSURE, AND CERTIFICATION ISSUES RAISED IN THE LEGISLATION ARE INAPPROPRIATE AND CULTURALLY UNACCEPTABLE FOR GOVERNMENT TO ASCERTAIN. THESE ARE THE KULEANA OF THE HAWAIIAN COMMUNITY ITSELF THROUGH KUPUNA WHO ARE PERPETUATING THESE PRACTICES.”

<http://www.papaolalokahi.org/images/CHRONOLOGY-of-EVENTS-RELATED-TO-TRADITIONAL-HEALING-2015-Dec.pdf>

- There is no reasonable licensure pathway for Hawai'i clinical midwives who are not CPMs.

It is against the Hawai'i Regulatory Licensing Reform

Act to offer a licensure pathway to a part of a profession, but not all of it, especially as NARM Certification is practically logistically impossible for Hawai'i midwives (thus shifting the recognized practice entirely to those trained outside of Hawai'i). The costs involved in licensing such a tiny cohort also need to be assessed prior to structuring legislation, as this Act also requires licensees to bear the full cost of issuance and administration. For a small cohort with complex needs, this could potentially be astronomical.

- The exemptions do not actually exempt anyone currently practicing traditional midwifery.

For this reason, great damage and endangerment would result in our community. The exemptions also notably miss some major areas crucial to local traditional families, such as grandparent-attended births (illegal under this measure), Aunties assisting nieces to give birth (illegal under this measure), and hanai family (illegal under this measure).

What about Tongan midwives? Filipina midwives? African-American midwives?

Women of all cultures deserve to be attended by WHOEVER THEY WANT, especially experts in ancient birthing practices from their culture. Traditional midwives who are not Hawaiian and do not qualify under SB 1033 are extremely important in the traditions that Hawaiian families are reviving from a nearly decimated cultural past. Many young Kanaka Maoli have the oral history of their grandparents to go on, but not much more. Non-Hawaiian traditional midwives play a crucial support role for ensuring safety, confidence and well-being as these traditions are brought back into being. Without them, the practices would still come back, but slower, with more loss and much less safety and support.

- Consumers are not helped by this measure, which would limit choices, raise prices, and provide no measurable safety benefits .

Women's reproductive choices are harmed.

Home birth is a crucial issue of reproductive choice and body sovereignty, and needs to be respected as such. Limitation of who may practice midwifery is the SAME THING as limitation of who a women may choose to attend her. It is an unreasonable limitation of

What is needed is COMMUNICATION, not regulation of something the State simply cannot understand. GOOD solutions CAN be developed, but THIS IS NOT THE WAY.

My recommendation is to hold this bill, and instead consider the creation of a real body that could effectively bring all concerned parties (DOH, cultural

practitioners, traditional birth attendants, CPMs, student midwives, OBGYN/ER doctors, etc) together to build the needed comprehensive solutions to address real consumer protection and safety. A Working Group or Task Force, as recommended by Sen. Dr. Josh Green in 2014.  
PLEASE HOLD THIS MEASURE. MAHALO!

From: Cheryl Sidwell <noreply@jotform.com>  
Sent: Thursday, March 28, 2019 10:07 AM  
To: FINtestimony  
Subject: Testimony in OPPOSITION to SB 1033



### OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Cheryl Sidwell
Email	cheryl.sidwell@gmail.com
Type a question	<p>Aloha House Finance Committee Chair Luke, Vice-Chair Cullen, and committee members, I am testifying in STRONG OPPOSITION to SB 1033 SD2 HD1 which would require licensure of midwives. I oppose ALL versions of this bill. We ask you to PLEASE oppose this measure! It is a FINANCE DISASTER, it is DANGEROUS, and it is DISCRIMINATORY and UNCONSTITUTIONAL. This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices, and places a terrible financial burden on local families. Here is why:</p> <ul style="list-style-type: none"><li>• The costs are insane!</li></ul> <p>According to the DCCA, "The costs associated with licensing approximately 13 midwives would be \$203,000." Because State licensing law requires licensure to pay for itself, those 13 eligible midwives would bear a cost burden of \$15,615 each per year, which would be passed directly on to the families they serve. This is IF all 13 who are eligible can afford this astounding fee; if not, it is further increased. These costs would also be greatly increased if a hearing were to take place, a lawsuit or criminal action occurred, or other incidental expenses were incurred for any reason.</p> <p>THIS MAKES MIDWIFE-ATTENDED BIRTHS ACCESSIBLE ONLY TO THE EXTREMELY PRIVILEGED! This is economic discrimination, and places a terrible, prohibitive burden on local families, which is likely to result in more unattended "DIY" births without midwifery support. As the FINANCE Committee, you MUST OPPOSE this.</p> <ul style="list-style-type: none"><li>• This measure is discriminatory!</li></ul> <p>ONLY Midwives trained outside of Hawaii are eligible.</p>

This alone should stop this measure in its tracks. It creates a sharp dividing line, which ALL local home birth midwives are on the wrong side of. Good training routes of many kinds already exist in Hawai'i, but these are sidelined or criminalized by this measure. This bill encourages midwives from outside of Hawaii to move here, with no cultural competency, while annihilating virtually all local practices. This does not serve the people of Hawai'i, and discriminates against local practitioners and families. You have an obligation to protect the local people of Hawai'i from discrimination and displacement.

- Let's call it what it is: a witch hunt.

The persecution of midwives in Hawai'i goes back to the early days of the Territory, during which healers were being persecuted severely, as part of forced assimilation. The notorious witch hunts in Europe and Early America were similarly, in fact, essentially the persecution of midwives. This bill continues those traditions of forced assimilation, medicalization, and persecution. It is also demeaning, especially to respected cultural elders.

- It is legally unsound.

There are many serious legal problems with this measure. For example, the requirement that a traditional midwife "provides the required disclosures to clients that the individual is practicing midwifery in this State without a license to practice midwifery" (as if a rural cultural elder of any ethnicity should be required to do such a thing) is both offensive and legally unsound. This measure defines a legally exempted category of practitioner, and then, in the same sentence, forces them to state that they are practicing without a license to practice. The legal mess this is likely to create (and that the legislators passing such terrible language would be liable for), along with the potential for serious consequences or even death, is enormous. Generally, This measure is also full of legal gray areas; which are what lawsuits are made of.

- It will not be followed.

It should also be noted that most traditional midwives simply WILL NOT give the disclosure required in the bill, because it might INTERFERE WITH MATERNAL CONFIDENCE. Natural birthing is an ancient and sensitive art with its OWN principles of success and safety, which cannot be broken.

- It is DANGEROUS.

Licensed midwives would be utterly unaffordable and realistically, most other practitioners would be operating underground, as they did before 1999. UNASSISTED births are likely to be prevalent, increasing danger. Amongst attended home births,

TRANSFER DELAYS are the greatest danger, and are often driven by fear (note: it is the mother, not the midwife, who makes the decision to go to a hospital or not, as no one can be forced to do so). Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for consenting to give birth with an unlicensed midwife (per this bill’s requirement!). This increases actual danger substantially, particularly within ethnic groups that fear CWS discrimination, believing that child removal or criminalization might occur due to their choice of provider not seeming legitimate enough. You as legislators need to protect people from the

- Kanaka Maoli traditional practices are NOT protected.

First of all, the central traditional practice is BIRTH, not midwifery. Many traditional Kanaka Maoli births are attended by midwives of OTHER ethnicities. Further, Papa Ola Lokahi does not currently have any mechanism to extend protection to traditional midwives or other birth-related practitioners as such (its mandates are currently strictly for laau lapaau, lomilomi, hooponopono and laau kahea). While this could potentially be developed in the future, at this time such protection would be entirely speculative. Law cannot be based on speculation.

It must be remembered that ALL regulation of traditional midwifery limits, alters, and otherwise adversely impacts traditional Native Hawaiian healing, because the central traditional practice in question is BIRTH, not midwifery.

- The entire term “traditional practice” is externally defined, which goes directly against culture and traditions, which must be internally defined in order to be considered bona fide. See quote from Papa Ola Lokahi-convened Kahuna Statement to the Legislature, 1998: PAPA AUWAE AND ALL OTHER KUPUNA OPPOSED CULTURAL PRACTICES BEING DEFINED BY THE LEGISLATURE:

“...LICENSURE, AND CERTIFICATION ISSUES RAISED IN THE LEGISLATION ARE INAPPROPRIATE AND CULTURALLY UNACCEPTABLE FOR GOVERNMENT TO ASCERTAIN. THESE ARE THE KULEANA OF THE HAWAIIAN COMMUNITY ITSELF THROUGH KUPUNA WHO ARE PERPETUATING THESE PRACTICES.”

<http://www.papaolalokahi.org/images/CHRONOLOGY-of-EVENTS-RELATED-TO-TRADITIONAL-HEALING-2015-Dec.pdf>

- There is no reasonable licensure pathway for Hawai'i clinical midwives who are not CPMs.

It is against the Hawai'i Regulatory Licensing Reform



Act to offer a licensure pathway to a part of a profession, but not all of it, especially as NARM Certification is practically logistically impossible for Hawai'i midwives (thus shifting the recognized practice entirely to those trained outside of Hawai'i). The costs involved in licensing such a tiny cohort also need to be assessed prior to structuring legislation, as this Act also requires licensees to bear the full cost of issuance and administration. For a small cohort with complex needs, this could potentially be astronomical.

- The exemptions do not actually exempt anyone currently practicing traditional midwifery.

For this reason, great damage and endangerment would result in our community. The exemptions also notably miss some major areas crucial to local traditional families, such as grandparent-attended births (illegal under this measure), Aunties assisting nieces to give birth (illegal under this measure), and hanai family (illegal under this measure).

What about Tongan midwives? Filipina midwives? African-American midwives?

Women of all cultures deserve to be attended by WHOEVER THEY WANT, especially experts in ancient birthing practices from their culture. Traditional midwives who are not Hawaiian and do not qualify under SB 1033 are extremely important in the traditions that Hawaiian families are reviving from a nearly decimated cultural past. Many young Kanaka Maoli have the oral history of their grandparents to go on, but not much more. Non-Hawaiian traditional midwives play a crucial support role for ensuring safety, confidence and well-being as these traditions are brought back into being. Without them, the practices would still come back, but slower, with more loss and much less safety and support.

- Consumers are not helped by this measure, which would limit choices, raise prices, and provide no measurable safety benefits .

Women's reproductive choices are harmed.

Home birth is a crucial issue of reproductive choice and body sovereignty, and needs to be respected as such. Limitation of who may practice midwifery is the SAME THING as limitation of who a women may choose to attend her. It is an unreasonable limitation of

What is needed is COMMUNICATION, not regulation of something the State simply cannot understand. GOOD solutions CAN be developed, but THIS IS NOT THE WAY.

My recommendation is to hold this bill, and instead consider the creation of a real body that could effectively bring all concerned parties (DOH, cultural

practitioners, traditional birth attendants, CPMs, student midwives, OBGYN/ER doctors, etc) together to build the needed comprehensive solutions to address real consumer protection and safety. A Working Group or Task Force, as recommended by Sen. Dr. Josh Green in 2014.  
PLEASE HOLD THIS MEASURE. MAHALO!



This alone should stop this measure in its tracks. It creates a sharp dividing line, which ALL local home birth midwives are on the wrong side of. Good training routes of many kinds already exist in Hawai'i, but these are sidelined or criminalized by this measure. This bill encourages midwives from outside of Hawaii to move here, with no cultural competency, while annihilating virtually all local practices. This does not serve the people of Hawai'i, and discriminates against local practitioners and families. You have an obligation to protect the local people of Hawai'i from discrimination and displacement.

- Let's call it what it is: a witch hunt.

The persecution of midwives in Hawai'i goes back to the early days of the Territory, during which healers were being persecuted severely, as part of forced assimilation. The notorious witch hunts in Europe and Early America were similarly, in fact, essentially the persecution of midwives. This bill continues those traditions of forced assimilation, medicalization, and persecution. It is also demeaning, especially to respected cultural elders.

- It is legally unsound.

There are many serious legal problems with this measure. For example, the requirement that a traditional midwife "provides the required disclosures to clients that the individual is practicing midwifery in this State without a license to practice midwifery" (as if a rural cultural elder of any ethnicity should be required to do such a thing) is both offensive and legally unsound. This measure defines a legally exempted category of practitioner, and then, in the same sentence, forces them to state that they are practicing without a license to practice. The legal mess this is likely to create (and that the legislators passing such terrible language would be liable for), along with the potential for serious consequences or even death, is enormous. Generally, This measure is also full of legal gray areas; which are what lawsuits are made of.

- It will not be followed.

It should also be noted that most traditional midwives simply WILL NOT give the disclosure required in the bill, because it might INTERFERE WITH MATERNAL CONFIDENCE. Natural birthing is an ancient and sensitive art with its OWN principles of success and safety, which cannot be broken.

- It is DANGEROUS.

Licensed midwives would be utterly unaffordable and realistically, most other practitioners would be operating underground, as they did before 1999. UNASSISTED births are likely to be prevalent, increasing danger. Amongst attended home births,

TRANSFER DELAYS are the greatest danger, and are often driven by fear (note: it is the mother, not the midwife, who makes the decision to go to a hospital or not, as no one can be forced to do so). Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for consenting to give birth with an unlicensed midwife (per this bill’s requirement!). This increases actual danger substantially, particularly within ethnic groups that fear CWS discrimination, believing that child removal or criminalization might occur due to their choice of provider not seeming legitimate enough. You as legislators need to protect people from the

- Kanaka Maoli traditional practices are NOT protected.

First of all, the central traditional practice is BIRTH, not midwifery. Many traditional Kanaka Maoli births are attended by midwives of OTHER ethnicities. Further, Papa Ola Lokahi does not currently have any mechanism to extend protection to traditional midwives or other birth-related practitioners as such (its mandates are currently strictly for laau lapaau, lomilomi, hooponopono and laau kahea). While this could potentially be developed in the future, at this time such protection would be entirely speculative. Law cannot be based on speculation.

It must be remembered that ALL regulation of traditional midwifery limits, alters, and otherwise adversely impacts traditional Native Hawaiian healing, because the central traditional practice in question is BIRTH, not midwifery.

- The entire term “traditional practice” is externally defined, which goes directly against culture and traditions, which must be internally defined in order to be considered bona fide. See quote from Papa Ola Lokahi-convened Kahuna Statement to the Legislature, 1998: PAPA AUWAE AND ALL OTHER KUPUNA OPPOSED CULTURAL PRACTICES BEING DEFINED BY THE LEGISLATURE:

“...LICENSURE, AND CERTIFICATION ISSUES RAISED IN THE LEGISLATION ARE INAPPROPRIATE AND CULTURALLY UNACCEPTABLE FOR GOVERNMENT TO ASCERTAIN. THESE ARE THE KULEANA OF THE HAWAIIAN COMMUNITY ITSELF THROUGH KUPUNA WHO ARE PERPETUATING THESE PRACTICES.”

<http://www.papaolalokahi.org/images/CHRONOLOGY-of-EVENTS-RELATED-TO-TRADITIONAL-HEALING-2015-Dec.pdf>

- There is no reasonable licensure pathway for Hawai’i clinical midwives who are not CPMs.

It is against the Hawai’i Regulatory Licensing Reform

Act to offer a licensure pathway to a part of a profession, but not all of it, especially as NARM Certification is practically logistically impossible for Hawai'i midwives (thus shifting the recognized practice entirely to those trained outside of Hawai'i). The costs involved in licensing such a tiny cohort also need to be assessed prior to structuring legislation, as this Act also requires licensees to bear the full cost of issuance and administration. For a small cohort with complex needs, this could potentially be astronomical.

- The exemptions do not actually exempt anyone currently practicing traditional midwifery.

For this reason, great damage and endangerment would result in our community. The exemptions also notably miss some major areas crucial to local traditional families, such as grandparent-attended births (illegal under this measure), Aunties assisting nieces to give birth (illegal under this measure), and hanai family (illegal under this measure).

What about Tongan midwives? Filipina midwives? African-American midwives?

Women of all cultures deserve to be attended by WHOEVER THEY WANT, especially experts in ancient birthing practices from their culture. Traditional midwives who are not Hawaiian and do not qualify under SB 1033 are extremely important in the traditions that Hawaiian families are reviving from a nearly decimated cultural past. Many young Kanaka Maoli have the oral history of their grandparents to go on, but not much more. Non-Hawaiian traditional midwives play a crucial support role for ensuring safety, confidence and well-being as these traditions are brought back into being. Without them, the practices would still come back, but slower, with more loss and much less safety and support.

- Consumers are not helped by this measure, which would limit choices, raise prices, and provide no measurable safety benefits .

Women's reproductive choices are harmed.

Home birth is a crucial issue of reproductive choice and body sovereignty, and needs to be respected as such. Limitation of who may practice midwifery is the SAME THING as limitation of who a women may choose to attend her. It is an unreasonable limitation of

What is needed is COMMUNICATION, not regulation of something the State simply cannot understand. GOOD solutions CAN be developed, but THIS IS NOT THE WAY.

My recommendation is to hold this bill, and instead consider the creation of a real body that could effectively bring all concerned parties (DOH, cultural

practitioners, traditional birth attendants, CPMs, student midwives, OBGYN/ER doctors, etc) together to build the needed comprehensive solutions to address real consumer protection and safety. A Working Group or Task Force, as recommended by Sen. Dr. Josh Green in 2014.  
PLEASE HOLD THIS MEASURE. MAHALO!

From: Christina Donaldson <noreply@jotform.com>  
Sent: Thursday, March 28, 2019 9:52 AM  
To: FINtestimony  
Subject: Testimony in OPPOSITION to SB 1033



### OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Christina Donaldson
Email	joyfortruth@gmail.com
Type a question	<p>Aloha House Finance Committee Chair Luke, Vice-Chair Cullen, and committee members, I am testifying in STRONG OPPOSITION to SB 1033 SD2 HD1 which would require licensure of midwives. I oppose ALL versions of this bill. We ask you to PLEASE oppose this measure! It is a FINANCE DISASTER, it is DANGEROUS, and it is DISCRIMINATORY and UNCONSTITUTIONAL. This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices, and places a terrible financial burden on local families. Here is why:</p> <ul style="list-style-type: none"><li>• The costs are insane!</li></ul> <p>According to the DCCA, "The costs associated with licensing approximately 13 midwives would be \$203,000." Because State licensing law requires licensure to pay for itself, those 13 eligible midwives would bear a cost burden of \$15,615 each per year, which would be passed directly on to the families they serve. This is IF all 13 who are eligible can afford this astounding fee; if not, it is further increased. These costs would also be greatly increased if a hearing were to take place, a lawsuit or criminal action occurred, or other incidental expenses were incurred for any reason.</p> <p>THIS MAKES MIDWIFE-ATTENDED BIRTHS ACCESSIBLE ONLY TO THE EXTREMELY PRIVILEGED! This is economic discrimination, and places a terrible, prohibitive burden on local families, which is likely to result in more unattended "DIY" births without midwifery support. As the FINANCE Committee, you MUST OPPOSE this.</p> <ul style="list-style-type: none"><li>• This measure is discriminatory!</li></ul> <p>ONLY Midwives trained outside of Hawaii are eligible.</p>



This alone should stop this measure in its tracks. It creates a sharp dividing line, which ALL local home birth midwives are on the wrong side of. Good training routes of many kinds already exist in Hawai'i, but these are sidelined or criminalized by this measure. This bill encourages midwives from outside of Hawaii to move here, with no cultural competency, while annihilating virtually all local practices. This does not serve the people of Hawai'i, and discriminates against local practitioners and families. You have an obligation to protect the local people of Hawai'i from discrimination and displacement.

- Let's call it what it is: a witch hunt.

The persecution of midwives in Hawai'i goes back to the early days of the Territory, during which healers were being persecuted severely, as part of forced assimilation. The notorious witch hunts in Europe and Early America were similarly, in fact, essentially the persecution of midwives. This bill continues those traditions of forced assimilation, medicalization, and persecution. It is also demeaning, especially to respected cultural elders.

- It is legally unsound.

There are many serious legal problems with this measure. For example, the requirement that a traditional midwife "provides the required disclosures to clients that the individual is practicing midwifery in this State without a license to practice midwifery" (as if a rural cultural elder of any ethnicity should be required to do such a thing) is both offensive and legally unsound. This measure defines a legally exempted category of practitioner, and then, in the same sentence, forces them to state that they are practicing without a license to practice. The legal mess this is likely to create (and that the legislators passing such terrible language would be liable for), along with the potential for serious consequences or even death, is enormous. Generally, This measure is also full of legal gray areas; which are what lawsuits are made of.

- It will not be followed.

It should also be noted that most traditional midwives simply WILL NOT give the disclosure required in the bill, because it might INTERFERE WITH MATERNAL CONFIDENCE. Natural birthing is an ancient and sensitive art with its OWN principles of success and safety, which cannot be broken.

- It is DANGEROUS.

Licensed midwives would be utterly unaffordable and realistically, most other practitioners would be operating underground, as they did before 1999. UNASSISTED births are likely to be prevalent, increasing danger. Amongst attended home births,

TRANSFER DELAYS are the greatest danger, and are often driven by fear (note: it is the mother, not the midwife, who makes the decision to go to a hospital or not, as no one can be forced to do so). Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for consenting to give birth with an unlicensed midwife (per this bill’s requirement!). This increases actual danger substantially, particularly within ethnic groups that fear CWS discrimination, believing that child removal or criminalization might occur due to their choice of provider not seeming legitimate enough. You as legislators need to protect people from the

- Kanaka Maoli traditional practices are NOT protected.

First of all, the central traditional practice is BIRTH, not midwifery. Many traditional Kanaka Maoli births are attended by midwives of OTHER ethnicities. Further, Papa Ola Lokahi does not currently have any mechanism to extend protection to traditional midwives or other birth-related practitioners as such (its mandates are currently strictly for laau lapaau, lomilomi, hooponopono and laau kahea). While this could potentially be developed in the future, at this time such protection would be entirely speculative. Law cannot be based on speculation.

It must be remembered that ALL regulation of traditional midwifery limits, alters, and otherwise adversely impacts traditional Native Hawaiian healing, because the central traditional practice in question is BIRTH, not midwifery.

- The entire term “traditional practice” is externally defined, which goes directly against culture and traditions, which must be internally defined in order to be considered bona fide. See quote from Papa Ola Lokahi-convened Kahuna Statement to the Legislature, 1998: PAPA AUWAE AND ALL OTHER KUPUNA OPPOSED CULTURAL PRACTICES BEING DEFINED BY THE LEGISLATURE:

“...LICENSURE, AND CERTIFICATION ISSUES RAISED IN THE LEGISLATION ARE INAPPROPRIATE AND CULTURALLY UNACCEPTABLE FOR GOVERNMENT TO ASCERTAIN. THESE ARE THE KULEANA OF THE HAWAIIAN COMMUNITY ITSELF THROUGH KUPUNA WHO ARE PERPETUATING THESE PRACTICES.”

<http://www.papaolalokahi.org/images/CHRONOLOGY-of-EVENTS-RELATED-TO-TRADITIONAL-HEALING-2015-Dec.pdf>

- There is no reasonable licensure pathway for Hawai'i clinical midwives who are not CPMs.

It is against the Hawai'i Regulatory Licensing Reform

Act to offer a licensure pathway to a part of a profession, but not all of it, especially as NARM Certification is practically logistically impossible for Hawai'i midwives (thus shifting the recognized practice entirely to those trained outside of Hawai'i). The costs involved in licensing such a tiny cohort also need to be assessed prior to structuring legislation, as this Act also requires licensees to bear the full cost of issuance and administration. For a small cohort with complex needs, this could potentially be astronomical.

- The exemptions do not actually exempt anyone currently practicing traditional midwifery.

For this reason, great damage and endangerment would result in our community. The exemptions also notably miss some major areas crucial to local traditional families, such as grandparent-attended births (illegal under this measure), Aunties assisting nieces to give birth (illegal under this measure), and hanai family (illegal under this measure).

What about Tongan midwives? Filipina midwives? African-American midwives?

Women of all cultures deserve to be attended by WHOEVER THEY WANT, especially experts in ancient birthing practices from their culture. Traditional midwives who are not Hawaiian and do not qualify under SB 1033 are extremely important in the traditions that Hawaiian families are reviving from a nearly decimated cultural past. Many young Kanaka Maoli have the oral history of their grandparents to go on, but not much more. Non-Hawaiian traditional midwives play a crucial support role for ensuring safety, confidence and well-being as these traditions are brought back into being. Without them, the practices would still come back, but slower, with more loss and much less safety and support.

- Consumers are not helped by this measure, which would limit choices, raise prices, and provide no measurable safety benefits .

Women's reproductive choices are harmed.

Home birth is a crucial issue of reproductive choice and body sovereignty, and needs to be respected as such. Limitation of who may practice midwifery is the SAME THING as limitation of who a women may choose to attend her. It is an unreasonable limitation of

What is needed is COMMUNICATION, not regulation of something the State simply cannot understand. GOOD solutions CAN be developed, but THIS IS NOT THE WAY.

My recommendation is to hold this bill, and instead consider the creation of a real body that could effectively bring all concerned parties (DOH, cultural

practitioners, traditional birth attendants, CPMs, student midwives, OBGYN/ER doctors, etc) together to build the needed comprehensive solutions to address real consumer protection and safety. A Working Group or Task Force, as recommended by Sen. Dr. Josh Green in 2014.  
PLEASE HOLD THIS MEASURE. MAHALO!

From: Brittany Zazueta <noreply@jotform.com>  
Sent: Thursday, March 28, 2019 9:52 AM  
To: FINtestimony  
Subject: Testimony in OPPOSITION to SB 1033



### OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Brittany Zazueta
Email	brittanyzazueta16@gmail.com
Type a question	<p>Aloha House Finance Committee Chair Luke, Vice-Chair Cullen, and committee members, I am testifying in STRONG OPPOSITION to SB 1033 SD2 HD1 which would require licensure of midwives. I oppose ALL versions of this bill. We ask you to PLEASE oppose this measure! It is a FINANCE DISASTER, it is DANGEROUS, and it is DISCRIMINATORY and UNCONSTITUTIONAL. This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices, and places a terrible financial burden on local families. Here is why:</p> <ul style="list-style-type: none"><li>• The costs are insane!</li></ul> <p>According to the DCCA, "The costs associated with licensing approximately 13 midwives would be \$203,000." Because State licensing law requires licensure to pay for itself, those 13 eligible midwives would bear a cost burden of \$15,615 each per year, which would be passed directly on to the families they serve. This is IF all 13 who are eligible can afford this astounding fee; if not, it is further increased. These costs would also be greatly increased if a hearing were to take place, a lawsuit or criminal action occurred, or other incidental expenses were incurred for any reason.</p> <p>THIS MAKES MIDWIFE-ATTENDED BIRTHS ACCESSIBLE ONLY TO THE EXTREMELY PRIVILEGED! This is economic discrimination, and places a terrible, prohibitive burden on local families, which is likely to result in more unattended "DIY" births without midwifery support. As the FINANCE Committee, you MUST OPPOSE this.</p> <ul style="list-style-type: none"><li>• This measure is discriminatory!</li></ul> <p>ONLY Midwives trained outside of Hawaii are eligible.</p>

This alone should stop this measure in its tracks. It creates a sharp dividing line, which ALL local home birth midwives are on the wrong side of. Good training routes of many kinds already exist in Hawai'i, but these are sidelined or criminalized by this measure. This bill encourages midwives from outside of Hawaii to move here, with no cultural competency, while annihilating virtually all local practices. This does not serve the people of Hawai'i, and discriminates against local practitioners and families. You have an obligation to protect the local people of Hawai'i from discrimination and displacement.

- Let's call it what it is: a witch hunt.

The persecution of midwives in Hawai'i goes back to the early days of the Territory, during which healers were being persecuted severely, as part of forced assimilation. The notorious witch hunts in Europe and Early America were similarly, in fact, essentially the persecution of midwives. This bill continues those traditions of forced assimilation, medicalization, and persecution. It is also demeaning, especially to respected cultural elders.

- It is legally unsound.

There are many serious legal problems with this measure. For example, the requirement that a traditional midwife "provides the required disclosures to clients that the individual is practicing midwifery in this State without a license to practice midwifery" (as if a rural cultural elder of any ethnicity should be required to do such a thing) is both offensive and legally unsound. This measure defines a legally exempted category of practitioner, and then, in the same sentence, forces them to state that they are practicing without a license to practice. The legal mess this is likely to create (and that the legislators passing such terrible language would be liable for), along with the potential for serious consequences or even death, is enormous. Generally, This measure is also full of legal gray areas; which are what lawsuits are made of.

- It will not be followed.

It should also be noted that most traditional midwives simply WILL NOT give the disclosure required in the bill, because it might INTERFERE WITH MATERNAL CONFIDENCE. Natural birthing is an ancient and sensitive art with its OWN principles of success and safety, which cannot be broken.

- It is DANGEROUS.

Licensed midwives would be utterly unaffordable and realistically, most other practitioners would be operating underground, as they did before 1999. UNASSISTED births are likely to be prevalent, increasing danger. Amongst attended home births,

TRANSFER DELAYS are the greatest danger, and are often driven by fear (note: it is the mother, not the midwife, who makes the decision to go to a hospital or not, as no one can be forced to do so). Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for consenting to give birth with an unlicensed midwife (per this bill’s requirement!). This increases actual danger substantially, particularly within ethnic groups that fear CWS discrimination, believing that child removal or criminalization might occur due to their choice of provider not seeming legitimate enough. You as legislators need to protect people from the

- Kanaka Maoli traditional practices are NOT protected.

First of all, the central traditional practice is BIRTH, not midwifery. Many traditional Kanaka Maoli births are attended by midwives of OTHER ethnicities. Further, Papa Ola Lokahi does not currently have any mechanism to extend protection to traditional midwives or other birth-related practitioners as such (its mandates are currently strictly for laau lapaau, lomilomi, hooponopono and laau kahea). While this could potentially be developed in the future, at this time such protection would be entirely speculative. Law cannot be based on speculation.

It must be remembered that ALL regulation of traditional midwifery limits, alters, and otherwise adversely impacts traditional Native Hawaiian healing, because the central traditional practice in question is BIRTH, not midwifery.

- The entire term “traditional practice” is externally defined, which goes directly against culture and traditions, which must be internally defined in order to be considered bona fide. See quote from Papa Ola Lokahi-convened Kahuna Statement to the Legislature, 1998: PAPA AUWAE AND ALL OTHER KUPUNA OPPOSED CULTURAL PRACTICES BEING DEFINED BY THE LEGISLATURE:

“...LICENSURE, AND CERTIFICATION ISSUES RAISED IN THE LEGISLATION ARE INAPPROPRIATE AND CULTURALLY UNACCEPTABLE FOR GOVERNMENT TO ASCERTAIN. THESE ARE THE KULEANA OF THE HAWAIIAN COMMUNITY ITSELF THROUGH KUPUNA WHO ARE PERPETUATING THESE PRACTICES.”

<http://www.papaolalokahi.org/images/CHRONOLOGY-of-EVENTS-RELATED-TO-TRADITIONAL-HEALING-2015-Dec.pdf>

- There is no reasonable licensure pathway for Hawai'i clinical midwives who are not CPMs.

It is against the Hawai'i Regulatory Licensing Reform

Act to offer a licensure pathway to a part of a profession, but not all of it, especially as NARM Certification is practically logistically impossible for Hawai'i midwives (thus shifting the recognized practice entirely to those trained outside of Hawai'i). The costs involved in licensing such a tiny cohort also need to be assessed prior to structuring legislation, as this Act also requires licensees to bear the full cost of issuance and administration. For a small cohort with complex needs, this could potentially be astronomical.

- The exemptions do not actually exempt anyone currently practicing traditional midwifery.

For this reason, great damage and endangerment would result in our community. The exemptions also notably miss some major areas crucial to local traditional families, such as grandparent-attended births (illegal under this measure), Aunties assisting nieces to give birth (illegal under this measure), and hanai family (illegal under this measure).

What about Tongan midwives? Filipina midwives? African-American midwives?

Women of all cultures deserve to be attended by WHOEVER THEY WANT, especially experts in ancient birthing practices from their culture. Traditional midwives who are not Hawaiian and do not qualify under SB 1033 are extremely important in the traditions that Hawaiian families are reviving from a nearly decimated cultural past. Many young Kanaka Maoli have the oral history of their grandparents to go on, but not much more. Non-Hawaiian traditional midwives play a crucial support role for ensuring safety, confidence and well-being as these traditions are brought back into being. Without them, the practices would still come back, but slower, with more loss and much less safety and support.

- Consumers are not helped by this measure, which would limit choices, raise prices, and provide no measurable safety benefits .

Women's reproductive choices are harmed.

Home birth is a crucial issue of reproductive choice and body sovereignty, and needs to be respected as such. Limitation of who may practice midwifery is the SAME THING as limitation of who a women may choose to attend her. It is an unreasonable limitation of

What is needed is COMMUNICATION, not regulation of something the State simply cannot understand. GOOD solutions CAN be developed, but THIS IS NOT THE WAY.

My recommendation is to hold this bill, and instead consider the creation of a real body that could effectively bring all concerned parties (DOH, cultural



practitioners, traditional birth attendants, CPMs, student midwives, OBGYN/ER doctors, etc) together to build the needed comprehensive solutions to address real consumer protection and safety. A Working Group or Task Force, as recommended by Sen. Dr. Josh Green in 2014.  
PLEASE HOLD THIS MEASURE. MAHALO!

From: Anniken Rose <noreply@jotform.com>  
Sent: Thursday, March 28, 2019 9:43 AM  
To: FINtestimony  
Subject: Testimony in OPPOSITION to SB 1033



**OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Anniken Rose
Email	anniken.rose@gmail.com
Type a question	<p>Aloha House Finance Committee Chair Luke, Vice-Chair Cullen, and committee members, I am testifying in STRONG OPPOSITION to SB 1033 SD2 HD1 which would require licensure of midwives. I oppose ALL versions of this bill. We ask you to PLEASE oppose this measure! It is a FINANCE DISASTER, it is DANGEROUS, and it is DISCRIMINATORY and UNCONSTITUTIONAL. This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices, and places a terrible financial burden on local families. Here is why:</p> <ul style="list-style-type: none"><li>• The costs are insane!</li></ul> <p>According to the DCCA, "The costs associated with licensing approximately 13 midwives would be \$203,000." Because State licensing law requires licensure to pay for itself, those 13 eligible midwives would bear a cost burden of \$15,615 each per year, which would be passed directly on to the families they serve. This is IF all 13 who are eligible can afford this astounding fee; if not, it is further increased. These costs would also be greatly increased if a hearing were to take place, a lawsuit or criminal action occurred, or other incidental expenses were incurred for any reason.</p> <p>THIS MAKES MIDWIFE-ATTENDED BIRTHS ACCESSIBLE ONLY TO THE EXTREMELY PRIVILEGED! This is economic discrimination, and places a terrible, prohibitive burden on local families, which is likely to result in more unattended "DIY" births without midwifery support. As the FINANCE Committee, you MUST OPPOSE this.</p> <ul style="list-style-type: none"><li>• This measure is discriminatory!</li></ul> <p>ONLY Midwives trained outside of Hawaii are eligible.</p>

This alone should stop this measure in its tracks. It creates a sharp dividing line, which ALL local home birth midwives are on the wrong side of. Good training routes of many kinds already exist in Hawai'i, but these are sidelined or criminalized by this measure. This bill encourages midwives from outside of Hawaii to move here, with no cultural competency, while annihilating virtually all local practices. This does not serve the people of Hawai'i, and discriminates against local practitioners and families. You have an obligation to protect the local people of Hawai'i from discrimination and displacement.

- Let's call it what it is: a witch hunt.

The persecution of midwives in Hawai'i goes back to the early days of the Territory, during which healers were being persecuted severely, as part of forced assimilation. The notorious witch hunts in Europe and Early America were similarly, in fact, essentially the persecution of midwives. This bill continues those traditions of forced assimilation, medicalization, and persecution. It is also demeaning, especially to respected cultural elders.

- It is legally unsound.

There are many serious legal problems with this measure. For example, the requirement that a traditional midwife "provides the required disclosures to clients that the individual is practicing midwifery in this State without a license to practice midwifery" (as if a rural cultural elder of any ethnicity should be required to do such a thing) is both offensive and legally unsound. This measure defines a legally exempted category of practitioner, and then, in the same sentence, forces them to state that they are practicing without a license to practice. The legal mess this is likely to create (and that the legislators passing such terrible language would be liable for), along with the potential for serious consequences or even death, is enormous. Generally, This measure is also full of legal gray areas; which are what lawsuits are made of.

- It will not be followed.

It should also be noted that most traditional midwives simply WILL NOT give the disclosure required in the bill, because it might INTERFERE WITH MATERNAL CONFIDENCE. Natural birthing is an ancient and sensitive art with its OWN principles of success and safety, which cannot be broken.

- It is DANGEROUS.

Licensed midwives would be utterly unaffordable and realistically, most other practitioners would be operating underground, as they did before 1999. UNASSISTED births are likely to be prevalent, increasing danger. Amongst attended home births,

TRANSFER DELAYS are the greatest danger, and are often driven by fear (note: it is the mother, not the midwife, who makes the decision to go to a hospital or not, as no one can be forced to do so). Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for consenting to give birth with an unlicensed midwife (per this bill’s requirement!). This increases actual danger substantially, particularly within ethnic groups that fear CWS discrimination, believing that child removal or criminalization might occur due to their choice of provider not seeming legitimate enough. You as legislators need to protect people from the

- Kanaka Maoli traditional practices are NOT protected.

First of all, the central traditional practice is BIRTH, not midwifery. Many traditional Kanaka Maoli births are attended by midwives of OTHER ethnicities. Further, Papa Ola Lokahi does not currently have any mechanism to extend protection to traditional midwives or other birth-related practitioners as such (its mandates are currently strictly for laau lapaau, lomilomi, hooponopono and laau kahea). While this could potentially be developed in the future, at this time such protection would be entirely speculative. Law cannot be based on speculation.

It must be remembered that ALL regulation of traditional midwifery limits, alters, and otherwise adversely impacts traditional Native Hawaiian healing, because the central traditional practice in question is BIRTH, not midwifery.

- The entire term “traditional practice” is externally defined, which goes directly against culture and traditions, which must be internally defined in order to be considered bona fide. See quote from Papa Ola Lokahi-convened Kahuna Statement to the Legislature, 1998: PAPA AUWAE AND ALL OTHER KUPUNA OPPOSED CULTURAL PRACTICES BEING DEFINED BY THE LEGISLATURE:

“...LICENSURE, AND CERTIFICATION ISSUES RAISED IN THE LEGISLATION ARE INAPPROPRIATE AND CULTURALLY UNACCEPTABLE FOR GOVERNMENT TO ASCERTAIN. THESE ARE THE KULEANA OF THE HAWAIIAN COMMUNITY ITSELF THROUGH KUPUNA WHO ARE PERPETUATING THESE PRACTICES.”

<http://www.papaolalokahi.org/images/CHRONOLOGY-of-EVENTS-RELATED-TO-TRADITIONAL-HEALING-2015-Dec.pdf>

- There is no reasonable licensure pathway for Hawai'i clinical midwives who are not CPMs.

It is against the Hawai'i Regulatory Licensing Reform

Act to offer a licensure pathway to a part of a profession, but not all of it, especially as NARM Certification is practically logistically impossible for Hawai'i midwives (thus shifting the recognized practice entirely to those trained outside of Hawai'i). The costs involved in licensing such a tiny cohort also need to be assessed prior to structuring legislation, as this Act also requires licensees to bear the full cost of issuance and administration. For a small cohort with complex needs, this could potentially be astronomical.

- The exemptions do not actually exempt anyone currently practicing traditional midwifery.

For this reason, great damage and endangerment would result in our community. The exemptions also notably miss some major areas crucial to local traditional families, such as grandparent-attended births (illegal under this measure), Aunties assisting nieces to give birth (illegal under this measure), and hanai family (illegal under this measure).

What about Tongan midwives? Filipina midwives? African-American midwives?

Women of all cultures deserve to be attended by WHOEVER THEY WANT, especially experts in ancient birthing practices from their culture. Traditional midwives who are not Hawaiian and do not qualify under SB 1033 are extremely important in the traditions that Hawaiian families are reviving from a nearly decimated cultural past. Many young Kanaka Maoli have the oral history of their grandparents to go on, but not much more. Non-Hawaiian traditional midwives play a crucial support role for ensuring safety, confidence and well-being as these traditions are brought back into being. Without them, the practices would still come back, but slower, with more loss and much less safety and support.

- Consumers are not helped by this measure, which would limit choices, raise prices, and provide no measurable safety benefits .

Women's reproductive choices are harmed.

Home birth is a crucial issue of reproductive choice and body sovereignty, and needs to be respected as such. Limitation of who may practice midwifery is the SAME THING as limitation of who a women may choose to attend her. It is an unreasonable limitation of

What is needed is COMMUNICATION, not regulation of something the State simply cannot understand. GOOD solutions CAN be developed, but THIS IS NOT THE WAY.

My recommendation is to hold this bill, and instead consider the creation of a real body that could effectively bring all concerned parties (DOH, cultural

practitioners, traditional birth attendants, CPMs, student midwives, OBGYN/ER doctors, etc) together to build the needed comprehensive solutions to address real consumer protection and safety. A Working Group or Task Force, as recommended by Sen. Dr. Josh Green in 2014.  
PLEASE HOLD THIS MEASURE. MAHALO!

From: Randy Gonce <noreply@jotform.com>  
Sent: Thursday, March 28, 2019 9:32 AM  
To: FINtestimony  
Subject: Testimony in OPPOSITION to SB 1033



**OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Randy Gonce
Email	patrickroyfan@gmail.com
Type a question	<p>Aloha House Finance Committee Chair Luke, Vice-Chair Cullen, and committee members, I am testifying in STRONG OPPOSITION to SB 1033 SD2 HD1 which would require licensure of midwives. I oppose ALL versions of this bill. We ask you to PLEASE oppose this measure! It is a FINANCE DISASTER, it is DANGEROUS, and it is DISCRIMINATORY and UNCONSTITUTIONAL. This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices, and places a terrible financial burden on local families. Here is why:</p> <ul style="list-style-type: none"><li>• The costs are insane!</li></ul> <p>According to the DCCA, "The costs associated with licensing approximately 13 midwives would be \$203,000." Because State licensing law requires licensure to pay for itself, those 13 eligible midwives would bear a cost burden of \$15,615 each per year, which would be passed directly on to the families they serve. This is IF all 13 who are eligible can afford this astounding fee; if not, it is further increased. These costs would also be greatly increased if a hearing were to take place, a lawsuit or criminal action occurred, or other incidental expenses were incurred for any reason.</p> <p>THIS MAKES MIDWIFE-ATTENDED BIRTHS ACCESSIBLE ONLY TO THE EXTREMELY PRIVILEGED! This is economic discrimination, and places a terrible, prohibitive burden on local families, which is likely to result in more unattended "DIY" births without midwifery support. As the FINANCE Committee, you MUST OPPOSE this.</p> <ul style="list-style-type: none"><li>• This measure is discriminatory!</li></ul> <p>ONLY Midwives trained outside of Hawaii are eligible.</p>

This alone should stop this measure in its tracks. It creates a sharp dividing line, which ALL local home birth midwives are on the wrong side of. Good training routes of many kinds already exist in Hawai'i, but these are sidelined or criminalized by this measure. This bill encourages midwives from outside of Hawaii to move here, with no cultural competency, while annihilating virtually all local practices. This does not serve the people of Hawai'i, and discriminates against local practitioners and families. You have an obligation to protect the local people of Hawai'i from discrimination and displacement.

- Let's call it what it is: a witch hunt.

The persecution of midwives in Hawai'i goes back to the early days of the Territory, during which healers were being persecuted severely, as part of forced assimilation. The notorious witch hunts in Europe and Early America were similarly, in fact, essentially the persecution of midwives. This bill continues those traditions of forced assimilation, medicalization, and persecution. It is also demeaning, especially to respected cultural elders.

- It is legally unsound.

There are many serious legal problems with this measure. For example, the requirement that a traditional midwife "provides the required disclosures to clients that the individual is practicing midwifery in this State without a license to practice midwifery" (as if a rural cultural elder of any ethnicity should be required to do such a thing) is both offensive and legally unsound. This measure defines a legally exempted category of practitioner, and then, in the same sentence, forces them to state that they are practicing without a license to practice. The legal mess this is likely to create (and that the legislators passing such terrible language would be liable for), along with the potential for serious consequences or even death, is enormous. Generally, This measure is also full of legal gray areas; which are what lawsuits are made of.

- It will not be followed.

It should also be noted that most traditional midwives simply WILL NOT give the disclosure required in the bill, because it might INTERFERE WITH MATERNAL CONFIDENCE. Natural birthing is an ancient and sensitive art with its OWN principles of success and safety, which cannot be broken.

- It is DANGEROUS.

Licensed midwives would be utterly unaffordable and realistically, most other practitioners would be operating underground, as they did before 1999. UNASSISTED births are likely to be prevalent, increasing danger. Amongst attended home births,



TRANSFER DELAYS are the greatest danger, and are often driven by fear (note: it is the mother, not the midwife, who makes the decision to go to a hospital or not, as no one can be forced to do so). Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for consenting to give birth with an unlicensed midwife (per this bill’s requirement!). This increases actual danger substantially, particularly within ethnic groups that fear CWS discrimination, believing that child removal or criminalization might occur due to their choice of provider not seeming legitimate enough. You as legislators need to protect people from the

- Kanaka Maoli traditional practices are NOT protected.

First of all, the central traditional practice is BIRTH, not midwifery. Many traditional Kanaka Maoli births are attended by midwives of OTHER ethnicities. Further, Papa Ola Lokahi does not currently have any mechanism to extend protection to traditional midwives or other birth-related practitioners as such (its mandates are currently strictly for laau lapaau, lomilomi, hooponopono and laau kahea). While this could potentially be developed in the future, at this time such protection would be entirely speculative. Law cannot be based on speculation.

It must be remembered that ALL regulation of traditional midwifery limits, alters, and otherwise adversely impacts traditional Native Hawaiian healing, because the central traditional practice in question is BIRTH, not midwifery.

- The entire term “traditional practice” is externally defined, which goes directly against culture and traditions, which must be internally defined in order to be considered bona fide. See quote from Papa Ola Lokahi-convened Kahuna Statement to the Legislature, 1998: PAPA AUWAE AND ALL OTHER KUPUNA OPPOSED CULTURAL PRACTICES BEING DEFINED BY THE LEGISLATURE:

“...LICENSURE, AND CERTIFICATION ISSUES RAISED IN THE LEGISLATION ARE INAPPROPRIATE AND CULTURALLY UNACCEPTABLE FOR GOVERNMENT TO ASCERTAIN. THESE ARE THE KULEANA OF THE HAWAIIAN COMMUNITY ITSELF THROUGH KUPUNA WHO ARE PERPETUATING THESE PRACTICES.”

<http://www.papaolalokahi.org/images/CHRONOLOGY-of-EVENTS-RELATED-TO-TRADITIONAL-HEALING-2015-Dec.pdf>

- There is no reasonable licensure pathway for Hawai'i clinical midwives who are not CPMs.

It is against the Hawai'i Regulatory Licensing Reform

Act to offer a licensure pathway to a part of a profession, but not all of it, especially as NARM Certification is practically logistically impossible for Hawai'i midwives (thus shifting the recognized practice entirely to those trained outside of Hawai'i). The costs involved in licensing such a tiny cohort also need to be assessed prior to structuring legislation, as this Act also requires licensees to bear the full cost of issuance and administration. For a small cohort with complex needs, this could potentially be astronomical.

- The exemptions do not actually exempt anyone currently practicing traditional midwifery.

For this reason, great damage and endangerment would result in our community. The exemptions also notably miss some major areas crucial to local traditional families, such as grandparent-attended births (illegal under this measure), Aunties assisting nieces to give birth (illegal under this measure), and hanai family (illegal under this measure).

What about Tongan midwives? Filipina midwives? African-American midwives?

Women of all cultures deserve to be attended by WHOEVER THEY WANT, especially experts in ancient birthing practices from their culture. Traditional midwives who are not Hawaiian and do not qualify under SB 1033 are extremely important in the traditions that Hawaiian families are reviving from a nearly decimated cultural past. Many young Kanaka Maoli have the oral history of their grandparents to go on, but not much more. Non-Hawaiian traditional midwives play a crucial support role for ensuring safety, confidence and well-being as these traditions are brought back into being. Without them, the practices would still come back, but slower, with more loss and much less safety and support.

- Consumers are not helped by this measure, which would limit choices, raise prices, and provide no measurable safety benefits .

Women's reproductive choices are harmed.

Home birth is a crucial issue of reproductive choice and body sovereignty, and needs to be respected as such. Limitation of who may practice midwifery is the SAME THING as limitation of who a women may choose to attend her. It is an unreasonable limitation of

What is needed is COMMUNICATION, not regulation of something the State simply cannot understand. GOOD solutions CAN be developed, but THIS IS NOT THE WAY.

My recommendation is to hold this bill, and instead consider the creation of a real body that could effectively bring all concerned parties (DOH, cultural

practitioners, traditional birth attendants, CPMs, student midwives, OBGYN/ER doctors, etc) together to build the needed comprehensive solutions to address real consumer protection and safety. A Working Group or Task Force, as recommended by Sen. Dr. Josh Green in 2014.  
PLEASE HOLD THIS MEASURE. MAHALO!

From: Sharon Willeford <noreply@jotform.com>  
Sent: Thursday, March 28, 2019 9:23 AM  
To: FINtestimony  
Subject: Testimony in OPPOSITION to SB 1033



### OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Sharon Willeford
Email	slwsurfing@yahoo.com
Type a question	<p>Aloha House Finance Committee Chair Luke, Vice-Chair Cullen, and committee members, I am testifying in STRONG OPPOSITION to SB 1033 SD2 HD1 which would require licensure of midwives. I oppose ALL versions of this bill. We ask you to PLEASE oppose this measure! It is a FINANCE DISASTER, it is DANGEROUS, and it is DISCRIMINATORY and UNCONSTITUTIONAL. This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices, and places a terrible financial burden on local families. Here is why:</p> <ul style="list-style-type: none"><li>• The costs are insane!</li></ul> <p>According to the DCCA, "The costs associated with licensing approximately 13 midwives would be \$203,000." Because State licensing law requires licensure to pay for itself, those 13 eligible midwives would bear a cost burden of \$15,615 each per year, which would be passed directly on to the families they serve. This is IF all 13 who are eligible can afford this astounding fee; if not, it is further increased. These costs would also be greatly increased if a hearing were to take place, a lawsuit or criminal action occurred, or other incidental expenses were incurred for any reason.</p> <p>THIS MAKES MIDWIFE-ATTENDED BIRTHS ACCESSIBLE ONLY TO THE EXTREMELY PRIVILEGED! This is economic discrimination, and places a terrible, prohibitive burden on local families, which is likely to result in more unattended "DIY" births without midwifery support. As the FINANCE Committee, you MUST OPPOSE this.</p> <ul style="list-style-type: none"><li>• This measure is discriminatory!</li></ul> <p>ONLY Midwives trained outside of Hawaii are eligible.</p>

This alone should stop this measure in its tracks. It creates a sharp dividing line, which ALL local home birth midwives are on the wrong side of. Good training routes of many kinds already exist in Hawai'i, but these are sidelined or criminalized by this measure. This bill encourages midwives from outside of Hawaii to move here, with no cultural competency, while annihilating virtually all local practices. This does not serve the people of Hawai'i, and discriminates against local practitioners and families. You have an obligation to protect the local people of Hawai'i from discrimination and displacement.

- Let's call it what it is: a witch hunt.

The persecution of midwives in Hawai'i goes back to the early days of the Territory, during which healers were being persecuted severely, as part of forced assimilation. The notorious witch hunts in Europe and Early America were similarly, in fact, essentially the persecution of midwives. This bill continues those traditions of forced assimilation, medicalization, and persecution. It is also demeaning, especially to respected cultural elders.

- It is legally unsound.

There are many serious legal problems with this measure. For example, the requirement that a traditional midwife "provides the required disclosures to clients that the individual is practicing midwifery in this State without a license to practice midwifery" (as if a rural cultural elder of any ethnicity should be required to do such a thing) is both offensive and legally unsound. This measure defines a legally exempted category of practitioner, and then, in the same sentence, forces them to state that they are practicing without a license to practice. The legal mess this is likely to create (and that the legislators passing such terrible language would be liable for), along with the potential for serious consequences or even death, is enormous. Generally, This measure is also full of legal gray areas; which are what lawsuits are made of.

- It will not be followed.

It should also be noted that most traditional midwives simply WILL NOT give the disclosure required in the bill, because it might INTERFERE WITH MATERNAL CONFIDENCE. Natural birthing is an ancient and sensitive art with its OWN principles of success and safety, which cannot be broken.

- It is DANGEROUS.

Licensed midwives would be utterly unaffordable and realistically, most other practitioners would be operating underground, as they did before 1999. UNASSISTED births are likely to be prevalent, increasing danger. Amongst attended home births,

TRANSFER DELAYS are the greatest danger, and are often driven by fear (note: it is the mother, not the midwife, who makes the decision to go to a hospital or not, as no one can be forced to do so). Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for consenting to give birth with an unlicensed midwife (per this bill’s requirement!). This increases actual danger substantially, particularly within ethnic groups that fear CWS discrimination, believing that child removal or criminalization might occur due to their choice of provider not seeming legitimate enough. You as legislators need to protect people from the

- Kanaka Maoli traditional practices are NOT protected.

First of all, the central traditional practice is BIRTH, not midwifery. Many traditional Kanaka Maoli births are attended by midwives of OTHER ethnicities. Further, Papa Ola Lokahi does not currently have any mechanism to extend protection to traditional midwives or other birth-related practitioners as such (its mandates are currently strictly for laau lapaau, lomilomi, hooponopono and laau kahea). While this could potentially be developed in the future, at this time such protection would be entirely speculative. Law cannot be based on speculation.

It must be remembered that ALL regulation of traditional midwifery limits, alters, and otherwise adversely impacts traditional Native Hawaiian healing, because the central traditional practice in question is BIRTH, not midwifery.

- The entire term “traditional practice” is externally defined, which goes directly against culture and traditions, which must be internally defined in order to be considered bona fide. See quote from Papa Ola Lokahi-convened Kahuna Statement to the Legislature, 1998: PAPA AUWAE AND ALL OTHER KUPUNA OPPOSED CULTURAL PRACTICES BEING DEFINED BY THE LEGISLATURE:

“...LICENSURE, AND CERTIFICATION ISSUES RAISED IN THE LEGISLATION ARE INAPPROPRIATE AND CULTURALLY UNACCEPTABLE FOR GOVERNMENT TO ASCERTAIN. THESE ARE THE KULEANA OF THE HAWAIIAN COMMUNITY ITSELF THROUGH KUPUNA WHO ARE PERPETUATING THESE PRACTICES.”

<http://www.papaolalokahi.org/images/CHRONOLOGY-of-EVENTS-RELATED-TO-TRADITIONAL-HEALING-2015-Dec.pdf>

- There is no reasonable licensure pathway for Hawai'i clinical midwives who are not CPMs.

It is against the Hawai'i Regulatory Licensing Reform

Act to offer a licensure pathway to a part of a profession, but not all of it, especially as NARM Certification is practically logistically impossible for Hawai'i midwives (thus shifting the recognized practice entirely to those trained outside of Hawai'i). The costs involved in licensing such a tiny cohort also need to be assessed prior to structuring legislation, as this Act also requires licensees to bear the full cost of issuance and administration. For a small cohort with complex needs, this could potentially be astronomical.

- The exemptions do not actually exempt anyone currently practicing traditional midwifery.

For this reason, great damage and endangerment would result in our community. The exemptions also notably miss some major areas crucial to local traditional families, such as grandparent-attended births (illegal under this measure), Aunties assisting nieces to give birth (illegal under this measure), and hanai family (illegal under this measure).

What about Tongan midwives? Filipina midwives? African-American midwives?

Women of all cultures deserve to be attended by WHOEVER THEY WANT, especially experts in ancient birthing practices from their culture. Traditional midwives who are not Hawaiian and do not qualify under SB 1033 are extremely important in the traditions that Hawaiian families are reviving from a nearly decimated cultural past. Many young Kanaka Maoli have the oral history of their grandparents to go on, but not much more. Non-Hawaiian traditional midwives play a crucial support role for ensuring safety, confidence and well-being as these traditions are brought back into being. Without them, the practices would still come back, but slower, with more loss and much less safety and support.

- Consumers are not helped by this measure, which would limit choices, raise prices, and provide no measurable safety benefits .

Women's reproductive choices are harmed.

Home birth is a crucial issue of reproductive choice and body sovereignty, and needs to be respected as such. Limitation of who may practice midwifery is the SAME THING as limitation of who a women may choose to attend her. It is an unreasonable limitation of

What is needed is COMMUNICATION, not regulation of something the State simply cannot understand. GOOD solutions CAN be developed, but THIS IS NOT THE WAY.

My recommendation is to hold this bill, and instead consider the creation of a real body that could effectively bring all concerned parties (DOH, cultural

practitioners, traditional birth attendants, CPMs, student midwives, OBGYN/ER doctors, etc) together to build the needed comprehensive solutions to address real consumer protection and safety. A Working Group or Task Force, as recommended by Sen. Dr. Josh Green in 2014.  
PLEASE HOLD THIS MEASURE. MAHALO!



From: Sheridan McNeil <noreply@jotform.com>  
Sent: Thursday, March 28, 2019 9:11 AM  
To: FINtestimony  
Subject: Testimony in OPPOSITION to SB 1033



### OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Sheridan McNeil
Email	sseaboy@gmail.com
Type a question	<p>Aloha House Finance Committee Chair Luke, Vice-Chair Cullen, and committee members, I am testifying in STRONG OPPOSITION to SB 1033 SD2 HD1 which would require licensure of midwives. I oppose ALL versions of this bill. We ask you to PLEASE oppose this measure! It is a FINANCE DISASTER, it is DANGEROUS, and it is DISCRIMINATORY and UNCONSTITUTIONAL. This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices, and places a terrible financial burden on local families. Here is why:</p> <ul style="list-style-type: none"><li>• The costs are insane!</li></ul> <p>According to the DCCA, "The costs associated with licensing approximately 13 midwives would be \$203,000." Because State licensing law requires licensure to pay for itself, those 13 eligible midwives would bear a cost burden of \$15,615 each per year, which would be passed directly on to the families they serve. This is IF all 13 who are eligible can afford this astounding fee; if not, it is further increased. These costs would also be greatly increased if a hearing were to take place, a lawsuit or criminal action occurred, or other incidental expenses were incurred for any reason.</p> <p>THIS MAKES MIDWIFE-ATTENDED BIRTHS ACCESSIBLE ONLY TO THE EXTREMELY PRIVILEGED! This is economic discrimination, and places a terrible, prohibitive burden on local families, which is likely to result in more unattended "DIY" births without midwifery support. As the FINANCE Committee, you MUST OPPOSE this.</p> <ul style="list-style-type: none"><li>• This measure is discriminatory!</li></ul> <p>ONLY Midwives trained outside of Hawaii are eligible.</p>

This alone should stop this measure in its tracks. It creates a sharp dividing line, which ALL local home birth midwives are on the wrong side of. Good training routes of many kinds already exist in Hawai'i, but these are sidelined or criminalized by this measure. This bill encourages midwives from outside of Hawaii to move here, with no cultural competency, while annihilating virtually all local practices. This does not serve the people of Hawai'i, and discriminates against local practitioners and families. You have an obligation to protect the local people of Hawai'i from discrimination and displacement.

- Let's call it what it is: a witch hunt.

The persecution of midwives in Hawai'i goes back to the early days of the Territory, during which healers were being persecuted severely, as part of forced assimilation. The notorious witch hunts in Europe and Early America were similarly, in fact, essentially the persecution of midwives. This bill continues those traditions of forced assimilation, medicalization, and persecution. It is also demeaning, especially to respected cultural elders.

- It is legally unsound.

There are many serious legal problems with this measure. For example, the requirement that a traditional midwife "provides the required disclosures to clients that the individual is practicing midwifery in this State without a license to practice midwifery" (as if a rural cultural elder of any ethnicity should be required to do such a thing) is both offensive and legally unsound. This measure defines a legally exempted category of practitioner, and then, in the same sentence, forces them to state that they are practicing without a license to practice. The legal mess this is likely to create (and that the legislators passing such terrible language would be liable for), along with the potential for serious consequences or even death, is enormous. Generally, This measure is also full of legal gray areas; which are what lawsuits are made of.

- It will not be followed.

It should also be noted that most traditional midwives simply WILL NOT give the disclosure required in the bill, because it might INTERFERE WITH MATERNAL CONFIDENCE. Natural birthing is an ancient and sensitive art with its OWN principles of success and safety, which cannot be broken.

- It is DANGEROUS.

Licensed midwives would be utterly unaffordable and realistically, most other practitioners would be operating underground, as they did before 1999. UNASSISTED births are likely to be prevalent, increasing danger. Amongst attended home births,

TRANSFER DELAYS are the greatest danger, and are often driven by fear (note: it is the mother, not the midwife, who makes the decision to go to a hospital or not, as no one can be forced to do so). Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for consenting to give birth with an unlicensed midwife (per this bill’s requirement!). This increases actual danger substantially, particularly within ethnic groups that fear CWS discrimination, believing that child removal or criminalization might occur due to their choice of provider not seeming legitimate enough. You as legislators need to protect people from the

- Kanaka Maoli traditional practices are NOT protected.

First of all, the central traditional practice is BIRTH, not midwifery. Many traditional Kanaka Maoli births are attended by midwives of OTHER ethnicities. Further, Papa Ola Lokahi does not currently have any mechanism to extend protection to traditional midwives or other birth-related practitioners as such (its mandates are currently strictly for laau lapaau, lomilomi, hooponopono and laau kahea). While this could potentially be developed in the future, at this time such protection would be entirely speculative. Law cannot be based on speculation.

It must be remembered that ALL regulation of traditional midwifery limits, alters, and otherwise adversely impacts traditional Native Hawaiian healing, because the central traditional practice in question is BIRTH, not midwifery.

- The entire term “traditional practice” is externally defined, which goes directly against culture and traditions, which must be internally defined in order to be considered bona fide. See quote from Papa Ola Lokahi-convened Kahuna Statement to the Legislature, 1998: PAPA AUWAE AND ALL OTHER KUPUNA OPPOSED CULTURAL PRACTICES BEING DEFINED BY THE LEGISLATURE:

“...LICENSURE, AND CERTIFICATION ISSUES RAISED IN THE LEGISLATION ARE INAPPROPRIATE AND CULTURALLY UNACCEPTABLE FOR GOVERNMENT TO ASCERTAIN. THESE ARE THE KULEANA OF THE HAWAIIAN COMMUNITY ITSELF THROUGH KUPUNA WHO ARE PERPETUATING THESE PRACTICES.”

<http://www.papaolalokahi.org/images/CHRONOLOGY-of-EVENTS-RELATED-TO-TRADITIONAL-HEALING-2015-Dec.pdf>

- There is no reasonable licensure pathway for Hawai’i clinical midwives who are not CPMs.

It is against the Hawai’i Regulatory Licensing Reform

Act to offer a licensure pathway to a part of a profession, but not all of it, especially as NARM Certification is practically logistically impossible for Hawai'i midwives (thus shifting the recognized practice entirely to those trained outside of Hawai'i). The costs involved in licensing such a tiny cohort also need to be assessed prior to structuring legislation, as this Act also requires licensees to bear the full cost of issuance and administration. For a small cohort with complex needs, this could potentially be astronomical.

- The exemptions do not actually exempt anyone currently practicing traditional midwifery.

For this reason, great damage and endangerment would result in our community. The exemptions also notably miss some major areas crucial to local traditional families, such as grandparent-attended births (illegal under this measure), Aunties assisting nieces to give birth (illegal under this measure), and hanai family (illegal under this measure).

What about Tongan midwives? Filipina midwives? African-American midwives?

Women of all cultures deserve to be attended by WHOEVER THEY WANT, especially experts in ancient birthing practices from their culture. Traditional midwives who are not Hawaiian and do not qualify under SB 1033 are extremely important in the traditions that Hawaiian families are reviving from a nearly decimated cultural past. Many young Kanaka Maoli have the oral history of their grandparents to go on, but not much more. Non-Hawaiian traditional midwives play a crucial support role for ensuring safety, confidence and well-being as these traditions are brought back into being. Without them, the practices would still come back, but slower, with more loss and much less safety and support.

- Consumers are not helped by this measure, which would limit choices, raise prices, and provide no measurable safety benefits .

Women's reproductive choices are harmed.

Home birth is a crucial issue of reproductive choice and body sovereignty, and needs to be respected as such. Limitation of who may practice midwifery is the SAME THING as limitation of who a women may choose to attend her. It is an unreasonable limitation of

What is needed is COMMUNICATION, not regulation of something the State simply cannot understand. GOOD solutions CAN be developed, but THIS IS NOT THE WAY.

My recommendation is to hold this bill, and instead consider the creation of a real body that could effectively bring all concerned parties (DOH, cultural

practitioners, traditional birth attendants, CPMs, student midwives, OBGYN/ER doctors, etc) together to build the needed comprehensive solutions to address real consumer protection and safety. A Working Group or Task Force, as recommended by Sen. Dr. Josh Green in 2014.  
PLEASE HOLD THIS MEASURE. MAHALO!

From: Irina Brewster <noreply@jotform.com>  
Sent: Thursday, March 28, 2019 9:05 AM  
To: FINtestimony  
Subject: Testimony in OPPOSITION to SB 1033



### OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Irina Brewster
Email	mopsonfire@gmail.com
Type a question	<p>Aloha House Finance Committee Chair Luke, Vice-Chair Cullen, and committee members, I am testifying in STRONG OPPOSITION to SB 1033 SD2 HD1 which would require licensure of midwives. I oppose ALL versions of this bill. We ask you to PLEASE oppose this measure! It is a FINANCE DISASTER, it is DANGEROUS, and it is DISCRIMINATORY and UNCONSTITUTIONAL. This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices, and places a terrible financial burden on local families. Here is why:</p> <ul style="list-style-type: none"><li>• The costs are insane!</li></ul> <p>According to the DCCA, "The costs associated with licensing approximately 13 midwives would be \$203,000." Because State licensing law requires licensure to pay for itself, those 13 eligible midwives would bear a cost burden of \$15,615 each per year, which would be passed directly on to the families they serve. This is IF all 13 who are eligible can afford this astounding fee; if not, it is further increased. These costs would also be greatly increased if a hearing were to take place, a lawsuit or criminal action occurred, or other incidental expenses were incurred for any reason.</p> <p>THIS MAKES MIDWIFE-ATTENDED BIRTHS ACCESSIBLE ONLY TO THE EXTREMELY PRIVILEGED! This is economic discrimination, and places a terrible, prohibitive burden on local families, which is likely to result in more unattended "DIY" births without midwifery support. As the FINANCE Committee, you MUST OPPOSE this.</p> <ul style="list-style-type: none"><li>• This measure is discriminatory!</li></ul> <p>ONLY Midwives trained outside of Hawaii are eligible.</p>

This alone should stop this measure in its tracks. It creates a sharp dividing line, which ALL local home birth midwives are on the wrong side of. Good training routes of many kinds already exist in Hawai'i, but these are sidelined or criminalized by this measure. This bill encourages midwives from outside of Hawaii to move here, with no cultural competency, while annihilating virtually all local practices. This does not serve the people of Hawai'i, and discriminates against local practitioners and families. You have an obligation to protect the local people of Hawai'i from discrimination and displacement.

- Let's call it what it is: a witch hunt.

The persecution of midwives in Hawai'i goes back to the early days of the Territory, during which healers were being persecuted severely, as part of forced assimilation. The notorious witch hunts in Europe and Early America were similarly, in fact, essentially the persecution of midwives. This bill continues those traditions of forced assimilation, medicalization, and persecution. It is also demeaning, especially to respected cultural elders.

- It is legally unsound.

There are many serious legal problems with this measure. For example, the requirement that a traditional midwife "provides the required disclosures to clients that the individual is practicing midwifery in this State without a license to practice midwifery" (as if a rural cultural elder of any ethnicity should be required to do such a thing) is both offensive and legally unsound. This measure defines a legally exempted category of practitioner, and then, in the same sentence, forces them to state that they are practicing without a license to practice. The legal mess this is likely to create (and that the legislators passing such terrible language would be liable for), along with the potential for serious consequences or even death, is enormous. Generally, This measure is also full of legal gray areas; which are what lawsuits are made of.

- It will not be followed.

It should also be noted that most traditional midwives simply WILL NOT give the disclosure required in the bill, because it might INTERFERE WITH MATERNAL CONFIDENCE. Natural birthing is an ancient and sensitive art with its OWN principles of success and safety, which cannot be broken.

- It is DANGEROUS.

Licensed midwives would be utterly unaffordable and realistically, most other practitioners would be operating underground, as they did before 1999. UNASSISTED births are likely to be prevalent, increasing danger. Amongst attended home births,

TRANSFER DELAYS are the greatest danger, and are often driven by fear (note: it is the mother, not the midwife, who makes the decision to go to a hospital or not, as no one can be forced to do so). Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for consenting to give birth with an unlicensed midwife (per this bill’s requirement!). This increases actual danger substantially, particularly within ethnic groups that fear CWS discrimination, believing that child removal or criminalization might occur due to their choice of provider not seeming legitimate enough. You as legislators need to protect people from the

- Kanaka Maoli traditional practices are NOT protected.

First of all, the central traditional practice is BIRTH, not midwifery. Many traditional Kanaka Maoli births are attended by midwives of OTHER ethnicities. Further, Papa Ola Lokahi does not currently have any mechanism to extend protection to traditional midwives or other birth-related practitioners as such (its mandates are currently strictly for laau lapaau, lomilomi, hooponopono and laau kahea). While this could potentially be developed in the future, at this time such protection would be entirely speculative. Law cannot be based on speculation.

It must be remembered that ALL regulation of traditional midwifery limits, alters, and otherwise adversely impacts traditional Native Hawaiian healing, because the central traditional practice in question is BIRTH, not midwifery.

- The entire term “traditional practice” is externally defined, which goes directly against culture and traditions, which must be internally defined in order to be considered bona fide. See quote from Papa Ola Lokahi-convened Kahuna Statement to the Legislature, 1998: PAPA AUWAE AND ALL OTHER KUPUNA OPPOSED CULTURAL PRACTICES BEING DEFINED BY THE LEGISLATURE:

“...LICENSURE, AND CERTIFICATION ISSUES RAISED IN THE LEGISLATION ARE INAPPROPRIATE AND CULTURALLY UNACCEPTABLE FOR GOVERNMENT TO ASCERTAIN. THESE ARE THE KULEANA OF THE HAWAIIAN COMMUNITY ITSELF THROUGH KUPUNA WHO ARE PERPETUATING THESE PRACTICES.”

<http://www.papaolalokahi.org/images/CHRONOLOGY-of-EVENTS-RELATED-TO-TRADITIONAL-HEALING-2015-Dec.pdf>

- There is no reasonable licensure pathway for Hawai’i clinical midwives who are not CPMs.

It is against the Hawai’i Regulatory Licensing Reform



Act to offer a licensure pathway to a part of a profession, but not all of it, especially as NARM Certification is practically logistically impossible for Hawai'i midwives (thus shifting the recognized practice entirely to those trained outside of Hawai'i). The costs involved in licensing such a tiny cohort also need to be assessed prior to structuring legislation, as this Act also requires licensees to bear the full cost of issuance and administration. For a small cohort with complex needs, this could potentially be astronomical.

- The exemptions do not actually exempt anyone currently practicing traditional midwifery.

For this reason, great damage and endangerment would result in our community. The exemptions also notably miss some major areas crucial to local traditional families, such as grandparent-attended births (illegal under this measure), Aunties assisting nieces to give birth (illegal under this measure), and hanai family (illegal under this measure).

What about Tongan midwives? Filipina midwives? African-American midwives?

Women of all cultures deserve to be attended by WHOEVER THEY WANT, especially experts in ancient birthing practices from their culture. Traditional midwives who are not Hawaiian and do not qualify under SB 1033 are extremely important in the traditions that Hawaiian families are reviving from a nearly decimated cultural past. Many young Kanaka Maoli have the oral history of their grandparents to go on, but not much more. Non-Hawaiian traditional midwives play a crucial support role for ensuring safety, confidence and well-being as these traditions are brought back into being. Without them, the practices would still come back, but slower, with more loss and much less safety and support.

- Consumers are not helped by this measure, which would limit choices, raise prices, and provide no measurable safety benefits .

Women's reproductive choices are harmed.

Home birth is a crucial issue of reproductive choice and body sovereignty, and needs to be respected as such. Limitation of who may practice midwifery is the SAME THING as limitation of who a women may choose to attend her. It is an unreasonable limitation of

What is needed is COMMUNICATION, not regulation of something the State simply cannot understand. GOOD solutions CAN be developed, but THIS IS NOT THE WAY.

My recommendation is to hold this bill, and instead consider the creation of a real body that could effectively bring all concerned parties (DOH, cultural

practitioners, traditional birth attendants, CPMs, student midwives, OBGYN/ER doctors, etc) together to build the needed comprehensive solutions to address real consumer protection and safety. A Working Group or Task Force, as recommended by Sen. Dr. Josh Green in 2014.  
PLEASE HOLD THIS MEASURE. MAHALO!

From: Sofia Petrova <noreply@jotform.com>  
Sent: Thursday, March 28, 2019 9:01 AM  
To: FINtestimony  
Subject: Testimony in OPPOSITION to SB 1033



**OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Sofia Petrova
Email	sofiavpetrova@gmail.com
Type a question	<p>Aloha House Finance Committee Chair Luke, Vice-Chair Cullen, and committee members, I am testifying in STRONG OPPOSITION to SB 1033 SD2 HD1 which would require licensure of midwives. I oppose ALL versions of this bill. We ask you to PLEASE oppose this measure! It is a FINANCE DISASTER, it is DANGEROUS, and it is DISCRIMINATORY and UNCONSTITUTIONAL. This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices, and places a terrible financial burden on local families. Here is why:</p> <ul style="list-style-type: none"><li>• The costs are insane!</li></ul> <p>According to the DCCA, "The costs associated with licensing approximately 13 midwives would be \$203,000." Because State licensing law requires licensure to pay for itself, those 13 eligible midwives would bear a cost burden of \$15,615 each per year, which would be passed directly on to the families they serve. This is IF all 13 who are eligible can afford this astounding fee; if not, it is further increased. These costs would also be greatly increased if a hearing were to take place, a lawsuit or criminal action occurred, or other incidental expenses were incurred for any reason.</p> <p>THIS MAKES MIDWIFE-ATTENDED BIRTHS ACCESSIBLE ONLY TO THE EXTREMELY PRIVILEGED! This is economic discrimination, and places a terrible, prohibitive burden on local families, which is likely to result in more unattended "DIY" births without midwifery support. As the FINANCE Committee, you MUST OPPOSE this.</p> <ul style="list-style-type: none"><li>• This measure is discriminatory!</li></ul> <p>ONLY Midwives trained outside of Hawaii are eligible.</p>

This alone should stop this measure in its tracks. It creates a sharp dividing line, which ALL local home birth midwives are on the wrong side of. Good training routes of many kinds already exist in Hawai'i, but these are sidelined or criminalized by this measure. This bill encourages midwives from outside of Hawaii to move here, with no cultural competency, while annihilating virtually all local practices. This does not serve the people of Hawai'i, and discriminates against local practitioners and families. You have an obligation to protect the local people of Hawai'i from discrimination and displacement.

- Let's call it what it is: a witch hunt.

The persecution of midwives in Hawai'i goes back to the early days of the Territory, during which healers were being persecuted severely, as part of forced assimilation. The notorious witch hunts in Europe and Early America were similarly, in fact, essentially the persecution of midwives. This bill continues those traditions of forced assimilation, medicalization, and persecution. It is also demeaning, especially to respected cultural elders.

- It is legally unsound.

There are many serious legal problems with this measure. For example, the requirement that a traditional midwife "provides the required disclosures to clients that the individual is practicing midwifery in this State without a license to practice midwifery" (as if a rural cultural elder of any ethnicity should be required to do such a thing) is both offensive and legally unsound. This measure defines a legally exempted category of practitioner, and then, in the same sentence, forces them to state that they are practicing without a license to practice. The legal mess this is likely to create (and that the legislators passing such terrible language would be liable for), along with the potential for serious consequences or even death, is enormous. Generally, This measure is also full of legal gray areas; which are what lawsuits are made of.

- It will not be followed.

It should also be noted that most traditional midwives simply WILL NOT give the disclosure required in the bill, because it might INTERFERE WITH MATERNAL CONFIDENCE. Natural birthing is an ancient and sensitive art with its OWN principles of success and safety, which cannot be broken.

- It is DANGEROUS.

Licensed midwives would be utterly unaffordable and realistically, most other practitioners would be operating underground, as they did before 1999. UNASSISTED births are likely to be prevalent, increasing danger. Amongst attended home births,

TRANSFER DELAYS are the greatest danger, and are often driven by fear (note: it is the mother, not the midwife, who makes the decision to go to a hospital or not, as no one can be forced to do so). Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for consenting to give birth with an unlicensed midwife (per this bill’s requirement!). This increases actual danger substantially, particularly within ethnic groups that fear CWS discrimination, believing that child removal or criminalization might occur due to their choice of provider not seeming legitimate enough. You as legislators need to protect people from the

- Kanaka Maoli traditional practices are NOT protected.

First of all, the central traditional practice is BIRTH, not midwifery. Many traditional Kanaka Maoli births are attended by midwives of OTHER ethnicities. Further, Papa Ola Lokahi does not currently have any mechanism to extend protection to traditional midwives or other birth-related practitioners as such (its mandates are currently strictly for laau lapaau, lomilomi, hooponopono and laau kahea). While this could potentially be developed in the future, at this time such protection would be entirely speculative. Law cannot be based on speculation.

It must be remembered that ALL regulation of traditional midwifery limits, alters, and otherwise adversely impacts traditional Native Hawaiian healing, because the central traditional practice in question is BIRTH, not midwifery.

- The entire term “traditional practice” is externally defined, which goes directly against culture and traditions, which must be internally defined in order to be considered bona fide. See quote from Papa Ola Lokahi-convened Kahuna Statement to the Legislature, 1998: PAPA AUWAE AND ALL OTHER KUPUNA OPPOSED CULTURAL PRACTICES BEING DEFINED BY THE LEGISLATURE:

“...LICENSURE, AND CERTIFICATION ISSUES RAISED IN THE LEGISLATION ARE INAPPROPRIATE AND CULTURALLY UNACCEPTABLE FOR GOVERNMENT TO ASCERTAIN. THESE ARE THE KULEANA OF THE HAWAIIAN COMMUNITY ITSELF THROUGH KUPUNA WHO ARE PERPETUATING THESE PRACTICES.”

<http://www.papaolalokahi.org/images/CHRONOLOGY-of-EVENTS-RELATED-TO-TRADITIONAL-HEALING-2015-Dec.pdf>

- There is no reasonable licensure pathway for Hawai’i clinical midwives who are not CPMs.

It is against the Hawai’i Regulatory Licensing Reform

Act to offer a licensure pathway to a part of a profession, but not all of it, especially as NARM Certification is practically logistically impossible for Hawai'i midwives (thus shifting the recognized practice entirely to those trained outside of Hawai'i). The costs involved in licensing such a tiny cohort also need to be assessed prior to structuring legislation, as this Act also requires licensees to bear the full cost of issuance and administration. For a small cohort with complex needs, this could potentially be astronomical.

- The exemptions do not actually exempt anyone currently practicing traditional midwifery.

For this reason, great damage and endangerment would result in our community. The exemptions also notably miss some major areas crucial to local traditional families, such as grandparent-attended births (illegal under this measure), Aunties assisting nieces to give birth (illegal under this measure), and hanai family (illegal under this measure).

What about Tongan midwives? Filipina midwives? African-American midwives?

Women of all cultures deserve to be attended by WHOEVER THEY WANT, especially experts in ancient birthing practices from their culture. Traditional midwives who are not Hawaiian and do not qualify under SB 1033 are extremely important in the traditions that Hawaiian families are reviving from a nearly decimated cultural past. Many young Kanaka Maoli have the oral history of their grandparents to go on, but not much more. Non-Hawaiian traditional midwives play a crucial support role for ensuring safety, confidence and well-being as these traditions are brought back into being. Without them, the practices would still come back, but slower, with more loss and much less safety and support.

- Consumers are not helped by this measure, which would limit choices, raise prices, and provide no measurable safety benefits .

Women's reproductive choices are harmed.

Home birth is a crucial issue of reproductive choice and body sovereignty, and needs to be respected as such. Limitation of who may practice midwifery is the SAME THING as limitation of who a women may choose to attend her. It is an unreasonable limitation of

What is needed is COMMUNICATION, not regulation of something the State simply cannot understand. GOOD solutions CAN be developed, but THIS IS NOT THE WAY.

My recommendation is to hold this bill, and instead consider the creation of a real body that could effectively bring all concerned parties (DOH, cultural

practitioners, traditional birth attendants, CPMs, student midwives, OBGYN/ER doctors, etc) together to build the needed comprehensive solutions to address real consumer protection and safety. A Working Group or Task Force, as recommended by Sen. Dr. Josh Green in 2014.  
PLEASE HOLD THIS MEASURE. MAHALO!

From: Pollyanna Fisher- Pool <noreply@jotform.com>  
Sent: Thursday, March 28, 2019 8:55 AM  
To: FINtestimony  
Subject: Testimony in OPPOSITION to SB 1033



**OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Pollyanna Fisher- Pool
Email	pollyannaf@yahoo.com
Type a question	<p>Aloha House Finance Committee Chair Luke, Vice-Chair Cullen, and committee members, I am testifying in STRONG OPPOSITION to SB 1033 SD2 HD1 which would require licensure of midwives. I oppose ALL versions of this bill. We ask you to PLEASE oppose this measure! It is a FINANCE DISASTER, it is DANGEROUS, and it is DISCRIMINATORY and UNCONSTITUTIONAL. This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices, and places a terrible financial burden on local families. Here is why:</p> <ul style="list-style-type: none"><li>• The costs are insane!</li></ul> <p>According to the DCCA, "The costs associated with licensing approximately 13 midwives would be \$203,000." Because State licensing law requires licensure to pay for itself, those 13 eligible midwives would bear a cost burden of \$15,615 each per year, which would be passed directly on to the families they serve. This is IF all 13 who are eligible can afford this astounding fee; if not, it is further increased. These costs would also be greatly increased if a hearing were to take place, a lawsuit or criminal action occurred, or other incidental expenses were incurred for any reason.</p> <p>THIS MAKES MIDWIFE-ATTENDED BIRTHS ACCESSIBLE ONLY TO THE EXTREMELY PRIVILEGED! This is economic discrimination, and places a terrible, prohibitive burden on local families, which is likely to result in more unattended "DIY" births without midwifery support. As the FINANCE Committee, you MUST OPPOSE this.</p> <ul style="list-style-type: none"><li>• This measure is discriminatory!</li></ul> <p>ONLY Midwives trained outside of Hawaii are eligible.</p>



This alone should stop this measure in its tracks. It creates a sharp dividing line, which ALL local home birth midwives are on the wrong side of. Good training routes of many kinds already exist in Hawai'i, but these are sidelined or criminalized by this measure. This bill encourages midwives from outside of Hawaii to move here, with no cultural competency, while annihilating virtually all local practices. This does not serve the people of Hawai'i, and discriminates against local practitioners and families. You have an obligation to protect the local people of Hawai'i from discrimination and displacement.

- Let's call it what it is: a witch hunt.

The persecution of midwives in Hawai'i goes back to the early days of the Territory, during which healers were being persecuted severely, as part of forced assimilation. The notorious witch hunts in Europe and Early America were similarly, in fact, essentially the persecution of midwives. This bill continues those traditions of forced assimilation, medicalization, and persecution. It is also demeaning, especially to respected cultural elders.

- It is legally unsound.

There are many serious legal problems with this measure. For example, the requirement that a traditional midwife "provides the required disclosures to clients that the individual is practicing midwifery in this State without a license to practice midwifery" (as if a rural cultural elder of any ethnicity should be required to do such a thing) is both offensive and legally unsound. This measure defines a legally exempted category of practitioner, and then, in the same sentence, forces them to state that they are practicing without a license to practice. The legal mess this is likely to create (and that the legislators passing such terrible language would be liable for), along with the potential for serious consequences or even death, is enormous. Generally, This measure is also full of legal gray areas; which are what lawsuits are made of.

- It will not be followed.

It should also be noted that most traditional midwives simply WILL NOT give the disclosure required in the bill, because it might INTERFERE WITH MATERNAL CONFIDENCE. Natural birthing is an ancient and sensitive art with its OWN principles of success and safety, which cannot be broken.

- It is DANGEROUS.

Licensed midwives would be utterly unaffordable and realistically, most other practitioners would be operating underground, as they did before 1999. UNASSISTED births are likely to be prevalent, increasing danger. Amongst attended home births,

TRANSFER DELAYS are the greatest danger, and are often driven by fear (note: it is the mother, not the midwife, who makes the decision to go to a hospital or not, as no one can be forced to do so). Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for consenting to give birth with an unlicensed midwife (per this bill’s requirement!). This increases actual danger substantially, particularly within ethnic groups that fear CWS discrimination, believing that child removal or criminalization might occur due to their choice of provider not seeming legitimate enough. You as legislators need to protect people from the

- Kanaka Maoli traditional practices are NOT protected.

First of all, the central traditional practice is BIRTH, not midwifery. Many traditional Kanaka Maoli births are attended by midwives of OTHER ethnicities. Further, Papa Ola Lokahi does not currently have any mechanism to extend protection to traditional midwives or other birth-related practitioners as such (its mandates are currently strictly for laau lapaau, lomilomi, hooponopono and laau kahea). While this could potentially be developed in the future, at this time such protection would be entirely speculative. Law cannot be based on speculation.

It must be remembered that ALL regulation of traditional midwifery limits, alters, and otherwise adversely impacts traditional Native Hawaiian healing, because the central traditional practice in question is BIRTH, not midwifery.

- The entire term “traditional practice” is externally defined, which goes directly against culture and traditions, which must be internally defined in order to be considered bona fide. See quote from Papa Ola Lokahi-convened Kahuna Statement to the Legislature, 1998: PAPA AUWAE AND ALL OTHER KUPUNA OPPOSED CULTURAL PRACTICES BEING DEFINED BY THE LEGISLATURE:

“...LICENSURE, AND CERTIFICATION ISSUES RAISED IN THE LEGISLATION ARE INAPPROPRIATE AND CULTURALLY UNACCEPTABLE FOR GOVERNMENT TO ASCERTAIN. THESE ARE THE KULEANA OF THE HAWAIIAN COMMUNITY ITSELF THROUGH KUPUNA WHO ARE PERPETUATING THESE PRACTICES.”

<http://www.papaolalokahi.org/images/CHRONOLOGY-of-EVENTS-RELATED-TO-TRADITIONAL-HEALING-2015-Dec.pdf>

- There is no reasonable licensure pathway for Hawai'i clinical midwives who are not CPMs.

It is against the Hawai'i Regulatory Licensing Reform

Act to offer a licensure pathway to a part of a profession, but not all of it, especially as NARM Certification is practically logistically impossible for Hawai'i midwives (thus shifting the recognized practice entirely to those trained outside of Hawai'i). The costs involved in licensing such a tiny cohort also need to be assessed prior to structuring legislation, as this Act also requires licensees to bear the full cost of issuance and administration. For a small cohort with complex needs, this could potentially be astronomical.

- The exemptions do not actually exempt anyone currently practicing traditional midwifery.

For this reason, great damage and endangerment would result in our community. The exemptions also notably miss some major areas crucial to local traditional families, such as grandparent-attended births (illegal under this measure), Aunties assisting nieces to give birth (illegal under this measure), and hanai family (illegal under this measure).

What about Tongan midwives? Filipina midwives? African-American midwives?

Women of all cultures deserve to be attended by WHOEVER THEY WANT, especially experts in ancient birthing practices from their culture. Traditional midwives who are not Hawaiian and do not qualify under SB 1033 are extremely important in the traditions that Hawaiian families are reviving from a nearly decimated cultural past. Many young Kanaka Maoli have the oral history of their grandparents to go on, but not much more. Non-Hawaiian traditional midwives play a crucial support role for ensuring safety, confidence and well-being as these traditions are brought back into being. Without them, the practices would still come back, but slower, with more loss and much less safety and support.

- Consumers are not helped by this measure, which would limit choices, raise prices, and provide no measurable safety benefits .

Women's reproductive choices are harmed.

Home birth is a crucial issue of reproductive choice and body sovereignty, and needs to be respected as such. Limitation of who may practice midwifery is the SAME THING as limitation of who a women may choose to attend her. It is an unreasonable limitation of

What is needed is COMMUNICATION, not regulation of something the State simply cannot understand. GOOD solutions CAN be developed, but THIS IS NOT THE WAY.

My recommendation is to hold this bill, and instead consider the creation of a real body that could effectively bring all concerned parties (DOH, cultural

practitioners, traditional birth attendants, CPMs, student midwives, OBGYN/ER doctors, etc) together to build the needed comprehensive solutions to address real consumer protection and safety. A Working Group or Task Force, as recommended by Sen. Dr. Josh Green in 2014.  
PLEASE HOLD THIS MEASURE. MAHALO!

From: David Sansone <noreply@jotform.com>  
Sent: Thursday, March 28, 2019 8:46 AM  
To: FINtestimony  
Subject: Testimony in OPPOSITION to SB 1033



### OPPOSE SB 1033 ! Requiring licensure of midwives

Name	David Sansone
Email	davesansone@hotmail.com
Type a question	<p>Aloha House Finance Committee Chair Luke, Vice-Chair Cullen, and committee members, I am testifying in STRONG OPPOSITION to SB 1033 SD2 HD1 which would require licensure of midwives. I oppose ALL versions of this bill. We ask you to PLEASE oppose this measure! It is a FINANCE DISASTER, it is DANGEROUS, and it is DISCRIMINATORY and UNCONSTITUTIONAL. This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices, and places a terrible financial burden on local families. Here is why:</p> <ul style="list-style-type: none"><li>• The costs are insane!</li></ul> <p>According to the DCCA, "The costs associated with licensing approximately 13 midwives would be \$203,000." Because State licensing law requires licensure to pay for itself, those 13 eligible midwives would bear a cost burden of \$15,615 each per year, which would be passed directly on to the families they serve. This is IF all 13 who are eligible can afford this astounding fee; if not, it is further increased. These costs would also be greatly increased if a hearing were to take place, a lawsuit or criminal action occurred, or other incidental expenses were incurred for any reason.</p> <p>THIS MAKES MIDWIFE-ATTENDED BIRTHS ACCESSIBLE ONLY TO THE EXTREMELY PRIVILEGED! This is economic discrimination, and places a terrible, prohibitive burden on local families, which is likely to result in more unattended "DIY" births without midwifery support. As the FINANCE Committee, you MUST OPPOSE this.</p> <ul style="list-style-type: none"><li>• This measure is discriminatory!</li></ul> <p>ONLY Midwives trained outside of Hawaii are eligible.</p>

This alone should stop this measure in its tracks. It creates a sharp dividing line, which ALL local home birth midwives are on the wrong side of. Good training routes of many kinds already exist in Hawai'i, but these are sidelined or criminalized by this measure. This bill encourages midwives from outside of Hawaii to move here, with no cultural competency, while annihilating virtually all local practices. This does not serve the people of Hawai'i, and discriminates against local practitioners and families. You have an obligation to protect the local people of Hawai'i from discrimination and displacement.

- Let's call it what it is: a witch hunt.

The persecution of midwives in Hawai'i goes back to the early days of the Territory, during which healers were being persecuted severely, as part of forced assimilation. The notorious witch hunts in Europe and Early America were similarly, in fact, essentially the persecution of midwives. This bill continues those traditions of forced assimilation, medicalization, and persecution. It is also demeaning, especially to respected cultural elders.

- It is legally unsound.

There are many serious legal problems with this measure. For example, the requirement that a traditional midwife "provides the required disclosures to clients that the individual is practicing midwifery in this State without a license to practice midwifery" (as if a rural cultural elder of any ethnicity should be required to do such a thing) is both offensive and legally unsound. This measure defines a legally exempted category of practitioner, and then, in the same sentence, forces them to state that they are practicing without a license to practice. The legal mess this is likely to create (and that the legislators passing such terrible language would be liable for), along with the potential for serious consequences or even death, is enormous. Generally, This measure is also full of legal gray areas; which are what lawsuits are made of.

- It will not be followed.

It should also be noted that most traditional midwives simply WILL NOT give the disclosure required in the bill, because it might INTERFERE WITH MATERNAL CONFIDENCE. Natural birthing is an ancient and sensitive art with its OWN principles of success and safety, which cannot be broken.

- It is DANGEROUS.

Licensed midwives would be utterly unaffordable and realistically, most other practitioners would be operating underground, as they did before 1999. UNASSISTED births are likely to be prevalent, increasing danger. Amongst attended home births,

TRANSFER DELAYS are the greatest danger, and are often driven by fear (note: it is the mother, not the midwife, who makes the decision to go to a hospital or not, as no one can be forced to do so). Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for consenting to give birth with an unlicensed midwife (per this bill’s requirement!). This increases actual danger substantially, particularly within ethnic groups that fear CWS discrimination, believing that child removal or criminalization might occur due to their choice of provider not seeming legitimate enough. You as legislators need to protect people from the

- Kanaka Maoli traditional practices are NOT protected.

First of all, the central traditional practice is BIRTH, not midwifery. Many traditional Kanaka Maoli births are attended by midwives of OTHER ethnicities. Further, Papa Ola Lokahi does not currently have any mechanism to extend protection to traditional midwives or other birth-related practitioners as such (its mandates are currently strictly for laau lapaau, lomilomi, hooponopono and laau kahea). While this could potentially be developed in the future, at this time such protection would be entirely speculative. Law cannot be based on speculation.

It must be remembered that ALL regulation of traditional midwifery limits, alters, and otherwise adversely impacts traditional Native Hawaiian healing, because the central traditional practice in question is BIRTH, not midwifery.

- The entire term “traditional practice” is externally defined, which goes directly against culture and traditions, which must be internally defined in order to be considered bona fide. See quote from Papa Ola Lokahi-convened Kahuna Statement to the Legislature, 1998: PAPA AUWAE AND ALL OTHER KUPUNA OPPOSED CULTURAL PRACTICES BEING DEFINED BY THE LEGISLATURE:

“...LICENSURE, AND CERTIFICATION ISSUES RAISED IN THE LEGISLATION ARE INAPPROPRIATE AND CULTURALLY UNACCEPTABLE FOR GOVERNMENT TO ASCERTAIN. THESE ARE THE KULEANA OF THE HAWAIIAN COMMUNITY ITSELF THROUGH KUPUNA WHO ARE PERPETUATING THESE PRACTICES.”

<http://www.papaolalokahi.org/images/CHRONOLOGY-of-EVENTS-RELATED-TO-TRADITIONAL-HEALING-2015-Dec.pdf>

- There is no reasonable licensure pathway for Hawai'i clinical midwives who are not CPMs.

It is against the Hawai'i Regulatory Licensing Reform

Act to offer a licensure pathway to a part of a profession, but not all of it, especially as NARM Certification is practically logistically impossible for Hawai'i midwives (thus shifting the recognized practice entirely to those trained outside of Hawai'i). The costs involved in licensing such a tiny cohort also need to be assessed prior to structuring legislation, as this Act also requires licensees to bear the full cost of issuance and administration. For a small cohort with complex needs, this could potentially be astronomical.

- The exemptions do not actually exempt anyone currently practicing traditional midwifery.

For this reason, great damage and endangerment would result in our community. The exemptions also notably miss some major areas crucial to local traditional families, such as grandparent-attended births (illegal under this measure), Aunties assisting nieces to give birth (illegal under this measure), and hanai family (illegal under this measure).

What about Tongan midwives? Filipina midwives? African-American midwives?

Women of all cultures deserve to be attended by WHOEVER THEY WANT, especially experts in ancient birthing practices from their culture. Traditional midwives who are not Hawaiian and do not qualify under SB 1033 are extremely important in the traditions that Hawaiian families are reviving from a nearly decimated cultural past. Many young Kanaka Maoli have the oral history of their grandparents to go on, but not much more. Non-Hawaiian traditional midwives play a crucial support role for ensuring safety, confidence and well-being as these traditions are brought back into being. Without them, the practices would still come back, but slower, with more loss and much less safety and support.

- Consumers are not helped by this measure, which would limit choices, raise prices, and provide no measurable safety benefits .

Women's reproductive choices are harmed.

Home birth is a crucial issue of reproductive choice and body sovereignty, and needs to be respected as such. Limitation of who may practice midwifery is the SAME THING as limitation of who a women may choose to attend her. It is an unreasonable limitation of

What is needed is COMMUNICATION, not regulation of something the State simply cannot understand. GOOD solutions CAN be developed, but THIS IS NOT THE WAY.

My recommendation is to hold this bill, and instead consider the creation of a real body that could effectively bring all concerned parties (DOH, cultural



practitioners, traditional birth attendants, CPMs, student midwives, OBGYN/ER doctors, etc) together to build the needed comprehensive solutions to address real consumer protection and safety. A Working Group or Task Force, as recommended by Sen. Dr. Josh Green in 2014.  
PLEASE HOLD THIS MEASURE. MAHALO!

From: Yvonne Christenson <noreply@jotform.com>  
Sent: Thursday, March 28, 2019 8:42 AM  
To: FINtestimony  
Subject: Testimony in OPPOSITION to SB 1033



**OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Yvonne Christenson
Email	ymchri10@hotmail.com
Type a question	<p>Aloha House Finance Committee Chair Luke, Vice-Chair Cullen, and committee members, I am testifying in STRONG OPPOSITION to SB 1033 SD2 HD1 which would require licensure of midwives. I oppose ALL versions of this bill. We ask you to PLEASE oppose this measure! It is a FINANCE DISASTER, it is DANGEROUS, and it is DISCRIMINATORY and UNCONSTITUTIONAL. This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices, and places a terrible financial burden on local families. Here is why:</p> <ul style="list-style-type: none"><li>• The costs are insane!</li></ul> <p>According to the DCCA, "The costs associated with licensing approximately 13 midwives would be \$203,000." Because State licensing law requires licensure to pay for itself, those 13 eligible midwives would bear a cost burden of \$15,615 each per year, which would be passed directly on to the families they serve. This is IF all 13 who are eligible can afford this astounding fee; if not, it is further increased. These costs would also be greatly increased if a hearing were to take place, a lawsuit or criminal action occurred, or other incidental expenses were incurred for any reason.</p> <p>THIS MAKES MIDWIFE-ATTENDED BIRTHS ACCESSIBLE ONLY TO THE EXTREMELY PRIVILEGED! This is economic discrimination, and places a terrible, prohibitive burden on local families, which is likely to result in more unattended "DIY" births without midwifery support. As the FINANCE Committee, you MUST OPPOSE this.</p> <ul style="list-style-type: none"><li>• This measure is discriminatory!</li></ul> <p>ONLY Midwives trained outside of Hawaii are eligible.</p>

This alone should stop this measure in its tracks. It creates a sharp dividing line, which ALL local home birth midwives are on the wrong side of. Good training routes of many kinds already exist in Hawai'i, but these are sidelined or criminalized by this measure. This bill encourages midwives from outside of Hawaii to move here, with no cultural competency, while annihilating virtually all local practices. This does not serve the people of Hawai'i, and discriminates against local practitioners and families. You have an obligation to protect the local people of Hawai'i from discrimination and displacement.

- Let's call it what it is: a witch hunt.

The persecution of midwives in Hawai'i goes back to the early days of the Territory, during which healers were being persecuted severely, as part of forced assimilation. The notorious witch hunts in Europe and Early America were similarly, in fact, essentially the persecution of midwives. This bill continues those traditions of forced assimilation, medicalization, and persecution. It is also demeaning, especially to respected cultural elders.

- It is legally unsound.

There are many serious legal problems with this measure. For example, the requirement that a traditional midwife "provides the required disclosures to clients that the individual is practicing midwifery in this State without a license to practice midwifery" (as if a rural cultural elder of any ethnicity should be required to do such a thing) is both offensive and legally unsound. This measure defines a legally exempted category of practitioner, and then, in the same sentence, forces them to state that they are practicing without a license to practice. The legal mess this is likely to create (and that the legislators passing such terrible language would be liable for), along with the potential for serious consequences or even death, is enormous. Generally, This measure is also full of legal gray areas; which are what lawsuits are made of.

- It will not be followed.

It should also be noted that most traditional midwives simply WILL NOT give the disclosure required in the bill, because it might INTERFERE WITH MATERNAL CONFIDENCE. Natural birthing is an ancient and sensitive art with its OWN principles of success and safety, which cannot be broken.

- It is DANGEROUS.

Licensed midwives would be utterly unaffordable and realistically, most other practitioners would be operating underground, as they did before 1999. UNASSISTED births are likely to be prevalent, increasing danger. Amongst attended home births,

TRANSFER DELAYS are the greatest danger, and are often driven by fear (note: it is the mother, not the midwife, who makes the decision to go to a hospital or not, as no one can be forced to do so). Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for consenting to give birth with an unlicensed midwife (per this bill’s requirement!). This increases actual danger substantially, particularly within ethnic groups that fear CWS discrimination, believing that child removal or criminalization might occur due to their choice of provider not seeming legitimate enough. You as legislators need to protect people from the

- Kanaka Maoli traditional practices are NOT protected.

First of all, the central traditional practice is BIRTH, not midwifery. Many traditional Kanaka Maoli births are attended by midwives of OTHER ethnicities. Further, Papa Ola Lokahi does not currently have any mechanism to extend protection to traditional midwives or other birth-related practitioners as such (its mandates are currently strictly for laau lapaau, lomilomi, hooponopono and laau kahea). While this could potentially be developed in the future, at this time such protection would be entirely speculative. Law cannot be based on speculation.

It must be remembered that ALL regulation of traditional midwifery limits, alters, and otherwise adversely impacts traditional Native Hawaiian healing, because the central traditional practice in question is BIRTH, not midwifery.

- The entire term “traditional practice” is externally defined, which goes directly against culture and traditions, which must be internally defined in order to be considered bona fide. See quote from Papa Ola Lokahi-convened Kahuna Statement to the Legislature, 1998: PAPA AUWAE AND ALL OTHER KUPUNA OPPOSED CULTURAL PRACTICES BEING DEFINED BY THE LEGISLATURE:

“...LICENSURE, AND CERTIFICATION ISSUES RAISED IN THE LEGISLATION ARE INAPPROPRIATE AND CULTURALLY UNACCEPTABLE FOR GOVERNMENT TO ASCERTAIN. THESE ARE THE KULEANA OF THE HAWAIIAN COMMUNITY ITSELF THROUGH KUPUNA WHO ARE PERPETUATING THESE PRACTICES.”

<http://www.papaolalokahi.org/images/CHRONOLOGY-of-EVENTS-RELATED-TO-TRADITIONAL-HEALING-2015-Dec.pdf>

- There is no reasonable licensure pathway for Hawai'i clinical midwives who are not CPMs.

It is against the Hawai'i Regulatory Licensing Reform

Act to offer a licensure pathway to a part of a profession, but not all of it, especially as NARM Certification is practically logistically impossible for Hawai'i midwives (thus shifting the recognized practice entirely to those trained outside of Hawai'i). The costs involved in licensing such a tiny cohort also need to be assessed prior to structuring legislation, as this Act also requires licensees to bear the full cost of issuance and administration. For a small cohort with complex needs, this could potentially be astronomical.

- The exemptions do not actually exempt anyone currently practicing traditional midwifery.

For this reason, great damage and endangerment would result in our community. The exemptions also notably miss some major areas crucial to local traditional families, such as grandparent-attended births (illegal under this measure), Aunties assisting nieces to give birth (illegal under this measure), and hanai family (illegal under this measure).

What about Tongan midwives? Filipina midwives? African-American midwives?

Women of all cultures deserve to be attended by WHOEVER THEY WANT, especially experts in ancient birthing practices from their culture. Traditional midwives who are not Hawaiian and do not qualify under SB 1033 are extremely important in the traditions that Hawaiian families are reviving from a nearly decimated cultural past. Many young Kanaka Maoli have the oral history of their grandparents to go on, but not much more. Non-Hawaiian traditional midwives play a crucial support role for ensuring safety, confidence and well-being as these traditions are brought back into being. Without them, the practices would still come back, but slower, with more loss and much less safety and support.

- Consumers are not helped by this measure, which would limit choices, raise prices, and provide no measurable safety benefits .

Women's reproductive choices are harmed.

Home birth is a crucial issue of reproductive choice and body sovereignty, and needs to be respected as such. Limitation of who may practice midwifery is the SAME THING as limitation of who a women may choose to attend her. It is an unreasonable limitation of

What is needed is COMMUNICATION, not regulation of something the State simply cannot understand. GOOD solutions CAN be developed, but THIS IS NOT THE WAY.

My recommendation is to hold this bill, and instead consider the creation of a real body that could effectively bring all concerned parties (DOH, cultural

practitioners, traditional birth attendants, CPMs, student midwives, OBGYN/ER doctors, etc) together to build the needed comprehensive solutions to address real consumer protection and safety. A Working Group or Task Force, as recommended by Sen. Dr. Josh Green in 2014.  
PLEASE HOLD THIS MEASURE. MAHALO!

From: Sarah Van Patten <noreply@jotform.com>  
Sent: Thursday, March 28, 2019 8:41 AM  
To: FINtestimony  
Subject: Testimony in OPPOSITION to SB 1033



**OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Sarah Van Patten
Email	Sobesarah0385@gmail.com
Type a question	<p>Aloha House Finance Committee Chair Luke, Vice-Chair Cullen, and committee members, I am testifying in STRONG OPPOSITION to SB 1033 SD2 HD1 which would require licensure of midwives. I oppose ALL versions of this bill. We ask you to PLEASE oppose this measure! It is a FINANCE DISASTER, it is DANGEROUS, and it is DISCRIMINATORY and UNCONSTITUTIONAL. This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices, and places a terrible financial burden on local families. Here is why:</p> <ul style="list-style-type: none"><li>• The costs are insane!</li></ul> <p>According to the DCCA, "The costs associated with licensing approximately 13 midwives would be \$203,000." Because State licensing law requires licensure to pay for itself, those 13 eligible midwives would bear a cost burden of \$15,615 each per year, which would be passed directly on to the families they serve. This is IF all 13 who are eligible can afford this astounding fee; if not, it is further increased. These costs would also be greatly increased if a hearing were to take place, a lawsuit or criminal action occurred, or other incidental expenses were incurred for any reason.</p> <p>THIS MAKES MIDWIFE-ATTENDED BIRTHS ACCESSIBLE ONLY TO THE EXTREMELY PRIVILEGED! This is economic discrimination, and places a terrible, prohibitive burden on local families, which is likely to result in more unattended "DIY" births without midwifery support. As the FINANCE Committee, you MUST OPPOSE this.</p> <ul style="list-style-type: none"><li>• This measure is discriminatory!</li></ul> <p>ONLY Midwives trained outside of Hawaii are eligible.</p>

This alone should stop this measure in its tracks. It creates a sharp dividing line, which ALL local home birth midwives are on the wrong side of. Good training routes of many kinds already exist in Hawai'i, but these are sidelined or criminalized by this measure. This bill encourages midwives from outside of Hawaii to move here, with no cultural competency, while annihilating virtually all local practices. This does not serve the people of Hawai'i, and discriminates against local practitioners and families. You have an obligation to protect the local people of Hawai'i from discrimination and displacement.

- Let's call it what it is: a witch hunt.

The persecution of midwives in Hawai'i goes back to the early days of the Territory, during which healers were being persecuted severely, as part of forced assimilation. The notorious witch hunts in Europe and Early America were similarly, in fact, essentially the persecution of midwives. This bill continues those traditions of forced assimilation, medicalization, and persecution. It is also demeaning, especially to respected cultural elders.

- It is legally unsound.

There are many serious legal problems with this measure. For example, the requirement that a traditional midwife "provides the required disclosures to clients that the individual is practicing midwifery in this State without a license to practice midwifery" (as if a rural cultural elder of any ethnicity should be required to do such a thing) is both offensive and legally unsound. This measure defines a legally exempted category of practitioner, and then, in the same sentence, forces them to state that they are practicing without a license to practice. The legal mess this is likely to create (and that the legislators passing such terrible language would be liable for), along with the potential for serious consequences or even death, is enormous. Generally, This measure is also full of legal gray areas; which are what lawsuits are made of.

- It will not be followed.

It should also be noted that most traditional midwives simply WILL NOT give the disclosure required in the bill, because it might INTERFERE WITH MATERNAL CONFIDENCE. Natural birthing is an ancient and sensitive art with its OWN principles of success and safety, which cannot be broken.

- It is DANGEROUS.

Licensed midwives would be utterly unaffordable and realistically, most other practitioners would be operating underground, as they did before 1999. UNASSISTED births are likely to be prevalent, increasing danger. Amongst attended home births,



TRANSFER DELAYS are the greatest danger, and are often driven by fear (note: it is the mother, not the midwife, who makes the decision to go to a hospital or not, as no one can be forced to do so). Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for consenting to give birth with an unlicensed midwife (per this bill’s requirement!). This increases actual danger substantially, particularly within ethnic groups that fear CWS discrimination, believing that child removal or criminalization might occur due to their choice of provider not seeming legitimate enough. You as legislators need to protect people from the

- Kanaka Maoli traditional practices are NOT protected.

First of all, the central traditional practice is BIRTH, not midwifery. Many traditional Kanaka Maoli births are attended by midwives of OTHER ethnicities. Further, Papa Ola Lokahi does not currently have any mechanism to extend protection to traditional midwives or other birth-related practitioners as such (its mandates are currently strictly for laau lapaau, lomilomi, hooponopono and laau kahea). While this could potentially be developed in the future, at this time such protection would be entirely speculative. Law cannot be based on speculation.

It must be remembered that ALL regulation of traditional midwifery limits, alters, and otherwise adversely impacts traditional Native Hawaiian healing, because the central traditional practice in question is BIRTH, not midwifery.

- The entire term “traditional practice” is externally defined, which goes directly against culture and traditions, which must be internally defined in order to be considered bona fide. See quote from Papa Ola Lokahi-convened Kahuna Statement to the Legislature, 1998: PAPA AUWAE AND ALL OTHER KUPUNA OPPOSED CULTURAL PRACTICES BEING DEFINED BY THE LEGISLATURE:

“...LICENSURE, AND CERTIFICATION ISSUES RAISED IN THE LEGISLATION ARE INAPPROPRIATE AND CULTURALLY UNACCEPTABLE FOR GOVERNMENT TO ASCERTAIN. THESE ARE THE KULEANA OF THE HAWAIIAN COMMUNITY ITSELF THROUGH KUPUNA WHO ARE PERPETUATING THESE PRACTICES.”

<http://www.papaolalokahi.org/images/CHRONOLOGY-of-EVENTS-RELATED-TO-TRADITIONAL-HEALING-2015-Dec.pdf>

- There is no reasonable licensure pathway for Hawai’i clinical midwives who are not CPMs.

It is against the Hawai’i Regulatory Licensing Reform

Act to offer a licensure pathway to a part of a profession, but not all of it, especially as NARM Certification is practically logistically impossible for Hawai'i midwives (thus shifting the recognized practice entirely to those trained outside of Hawai'i). The costs involved in licensing such a tiny cohort also need to be assessed prior to structuring legislation, as this Act also requires licensees to bear the full cost of issuance and administration. For a small cohort with complex needs, this could potentially be astronomical.

- The exemptions do not actually exempt anyone currently practicing traditional midwifery.

For this reason, great damage and endangerment would result in our community. The exemptions also notably miss some major areas crucial to local traditional families, such as grandparent-attended births (illegal under this measure), Aunties assisting nieces to give birth (illegal under this measure), and hanai family (illegal under this measure).

What about Tongan midwives? Filipina midwives? African-American midwives?

Women of all cultures deserve to be attended by WHOEVER THEY WANT, especially experts in ancient birthing practices from their culture. Traditional midwives who are not Hawaiian and do not qualify under SB 1033 are extremely important in the traditions that Hawaiian families are reviving from a nearly decimated cultural past. Many young Kanaka Maoli have the oral history of their grandparents to go on, but not much more. Non-Hawaiian traditional midwives play a crucial support role for ensuring safety, confidence and well-being as these traditions are brought back into being. Without them, the practices would still come back, but slower, with more loss and much less safety and support.

- Consumers are not helped by this measure, which would limit choices, raise prices, and provide no measurable safety benefits .

Women's reproductive choices are harmed.

Home birth is a crucial issue of reproductive choice and body sovereignty, and needs to be respected as such. Limitation of who may practice midwifery is the SAME THING as limitation of who a women may choose to attend her. It is an unreasonable limitation of

What is needed is COMMUNICATION, not regulation of something the State simply cannot understand. GOOD solutions CAN be developed, but THIS IS NOT THE WAY.

My recommendation is to hold this bill, and instead consider the creation of a real body that could effectively bring all concerned parties (DOH, cultural

practitioners, traditional birth attendants, CPMs, student midwives, OBGYN/ER doctors, etc) together to build the needed comprehensive solutions to address real consumer protection and safety. A Working Group or Task Force, as recommended by Sen. Dr. Josh Green in 2014.  
PLEASE HOLD THIS MEASURE. MAHALO!

From: Kathryn Benjamin <noreply@jotform.com>  
Sent: Thursday, March 28, 2019 8:39 AM  
To: FINtestimony  
Subject: Testimony in OPPOSITION to SB 1033



### OPPOSE SB 1033 ! Requiring licensure of midwives

Name Kathryn Benjamin

Email katy.benjamin@gmail.com

Type a question

Aloha  
House Finance Committee Chair Luke, Vice-Chair Cullen, and committee members,  
I am testifying in STRONG OPPOSITION to SB 1033 SD2 HD1 which would require licensure of midwives. I oppose ALL versions of this bill.  
We ask you to PLEASE oppose this measure! It is a FINANCE DISASTER, it is DANGEROUS, and it is DISCRIMINATORY and UNCONSTITUTIONAL.

I want to personalize this statement, however the statement below is so comprehensive and representational of my viewpoint, there isn't much need. As a doula who has attended births with CPMs, CNMs, NDs, OBGYNs, and traditional midwives, I can fully agree with the below statements that this bill does no favors to any of our birthing communities. Those who are pushing it, do so out of self interest, or a colonial ideology that the western (American) model of care is best, when in reality, this care is some of the least best on earth. Please do not take our concerns lightly. There IS A WAY to create licensure for CPMs that would not make ALL OTHER forms of midwives and home birth illegal. We the people, our opinions, matter more than the select few in the hospital and medicalized birth systems, for it is our bodies being legislated over. Please read in full.

This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices, and places a terrible financial burden on local families. Here is why:

- The costs are insane!

According to the DCCA, "The costs associated with licensing approximately 13 midwives would be

\$203,000.” Because State licensing law requires licensure to pay for itself, those 13 eligible midwives would bear a cost burden of \$15,615 each per year, which would be passed directly on to the families they serve. This is IF all 13 who are eligible can afford this astounding fee; if not, it is further increased. These costs would also be greatly increased if a hearing were to take place, a lawsuit or criminal action occurred, or other incidental expenses were incurred for any reason.

THIS MAKES MIDWIFE-ATTENDED BIRTHS ACCESSIBLE ONLY TO THE EXTREMELY PRIVILEGED! This is economic discrimination, and places a terrible, prohibitive burden on local families, which is likely to result in more unattended “DIY” births without midwifery support. As the FINANCE Committee, you MUST OPPOSE this.

- This measure is discriminatory!

ONLY Midwives trained outside of Hawaii are eligible. This alone should stop this measure in its tracks. It creates a sharp dividing line, which ALL local home birth midwives are on the wrong side of. Good training routes of many kinds already exist in Hawai‘i, but these are sidelined or criminalized by this measure. This bill encourages midwives from outside of Hawaii to move here, with no cultural competency, while annihilating virtually all local practices. This does not serve the people of Hawai‘i, and discriminates against local practitioners and families. You have an obligation to protect the local people of Hawai‘i from discrimination and displacement.

- Let’s call it what it is: a witch hunt.

The persecution of midwives in Hawai‘i goes back to the early days of the Territory, during which healers were being persecuted severely, as part of forced assimilation. The notorious witch hunts in Europe and Early America were similarly, in fact, essentially the persecution of midwives. This bill continues those traditions of forced assimilation, medicalization, and persecution. It is also demeaning, especially to respected cultural elders.

- It is legally unsound.

There are many serious legal problems with this measure. For example, the requirement that a traditional midwife “provides the required disclosures to clients that the individual is practicing midwifery in this State without a license to practice midwifery” (as if a rural cultural elder of any ethnicity should be required to do such a thing) is both offensive and legally unsound. This measure defines a legally exempted category of practitioner, and then, in the same sentence, forces them to state that they are

practicing without a license to practice. The legal mess this is likely to create (and that the legislators passing such terrible language would be liable for), along with the potential for serious consequences or even death, is enormous. Generally, This measure is also full of legal gray areas; which are what lawsuits are made of.

- It will not be followed.

It should also be noted that most traditional midwives simply WILL NOT give the disclosure required in the bill, because it might INTERFERE WITH MATERNAL CONFIDENCE. Natural birthing is an ancient and sensitive art with its OWN principles of success and safety, which cannot be broken.

- It is DANGEROUS.

Licensed midwives would be utterly unaffordable and realistically, most other practitioners would be operating underground, as they did before 1999. UNASSISTED births are likely to be prevalent, increasing danger. Amongst attended home births, TRANSFER DELAYS are the greatest danger, and are often driven by fear (note: it is the mother, not the midwife, who makes the decision to go to a hospital or not, as no one can be forced to do so). Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for consenting to give birth with an unlicensed midwife (per this bill’s requirement!). This increases actual danger substantially, particularly within ethnic groups that fear CWS discrimination, believing that child removal or criminalization might occur due to their choice of provider not seeming legitimate enough. You as legislators need to protect people from the

- Kanaka Maoli traditional practices are NOT protected.

First of all, the central traditional practice is BIRTH, not midwifery. Many traditional Kanaka Maoli births are attended by midwives of OTHER ethnicities. Further, Papa Ola Lokahi does not currently have any mechanism to extend protection to traditional midwives or other birth-related practitioners as such (its mandates are currently strictly for laau lapaau, lomilomi, hooponopono and laau kahea). While this could potentially be developed in the future, at this time such protection would be entirely speculative. Law cannot be based on speculation.

It must be remembered that ALL regulation of traditional midwifery limits, alters, and otherwise adversely impacts traditional Native Hawaiian healing, because the central traditional practice in question is BIRTH, not midwifery.

- The entire term “traditional practice” is externally

defined, which goes directly against culture and traditions, which must be internally defined in order to be considered bona fide. See quote from Papa Ola Lokahi-convened Kahuna Statement to the Legislature, 1998: PAPA AUWAE AND ALL OTHER KUPUNA OPPOSED CULTURAL PRACTICES BEING DEFINED BY THE LEGISLATURE:

"...LICENSURE, AND CERTIFICATION ISSUES RAISED IN THE LEGISLATION ARE INAPPROPRIATE AND CULTURALLY UNACCEPTABLE FOR GOVERNMENT TO ASCERTAIN. THESE ARE THE KULEANA OF THE HAWAIIAN COMMUNITY ITSELF THROUGH KUPUNA WHO ARE PERPETUATING THESE PRACTICES."

<http://www.papaolalokahi.org/images/CHRONOLOGY-of-EVENTS-RELATED-TO-TRADITIONAL-HEALING-2015-Dec.pdf>

- There is no reasonable licensure pathway for Hawai'i clinical midwives who are not CPMs.

It is against the Hawai'i Regulatory Licensing Reform Act to offer a licensure pathway to a part of a profession, but not all of it, especially as NARM Certification is practically logistically impossible for Hawai'i midwives (thus shifting the recognized practice entirely to those trained outside of Hawai'i). The costs involved in licensing such a tiny cohort also need to be assessed prior to structuring legislation, as this Act also requires licensees to bear the full cost of issuance and administration. For a small cohort with complex needs, this could potentially be astronomical.

- The exemptions do not actually exempt anyone currently practicing traditional midwifery.

For this reason, great damage and endangerment would result in our community. The exemptions also notably miss some major areas crucial to local traditional families, such as grandparent-attended births (illegal under this measure), Aunties assisting nieces to give birth (illegal under this measure), and hanai family (illegal under this measure).

What about Tongan midwives? Filipina midwives? African-American midwives?

Women of all cultures deserve to be attended by WHOEVER THEY WANT, especially experts in ancient birthing practices from their culture. Traditional midwives who are not Hawaiian and do not qualify under SB 1033 are extremely important in the traditions that Hawaiian families are reviving from a nearly decimated cultural past. Many young Kanaka Maoli have the oral history of their grandparents to go on, but not much more. Non-Hawaiian traditional midwives play a crucial support role for ensuring safety, confidence and well-being as these traditions are brought back into being. Without them, the

practices would still come back, but slower, with more loss and much less safety and support.

- Consumers are not helped by this measure, which would limit choices, raise prices, and provide no measurable safety benefits .

Women's reproductive choices are harmed.

Home birth is a crucial issue of reproductive choice and body sovereignty, and needs to be respected as such. Limitation of who may practice midwifery is the SAME THING as limitation of who a women may choose to attend her. It is an unreasonable limitation of

of  
What is needed is COMMUNICATION, not regulation of something the State simply cannot understand.

GOOD solutions CAN be developed, but THIS IS NOT THE WAY.

My recommendation is to hold this bill, and instead consider the creation of a real body that could effectively bring all concerned parties (DOH, cultural practitioners, traditional birth attendants, CPMs, student midwives, OBGYN/ER doctors, etc) together to build the needed comprehensive solutions to address real consumer protection and safety. A Working Group or Task Force, as recommended by Sen. Dr. Josh Green in 2014.

PLEASE HOLD THIS MEASURE. MAHALO!



From: Shannon Bennett <noreply@jotform.com>  
Sent: Thursday, March 28, 2019 8:34 AM  
To: FINtestimony  
Subject: Testimony in OPPOSITION to SB 1033



### OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Shannon Bennett
Email	sebennett789@gmail.com
Type a question	<p>Aloha House Finance Committee Chair Luke, Vice-Chair Cullen, and committee members, I am testifying in STRONG OPPOSITION to SB 1033 SD2 HD1 which would require licensure of midwives. I oppose ALL versions of this bill. We ask you to PLEASE oppose this measure! It is a FINANCE DISASTER, it is DANGEROUS, and it is DISCRIMINATORY and UNCONSTITUTIONAL. This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices, and places a terrible financial burden on local families. Here is why:</p> <ul style="list-style-type: none"><li>• The costs are insane!</li></ul> <p>According to the DCCA, "The costs associated with licensing approximately 13 midwives would be \$203,000." Because State licensing law requires licensure to pay for itself, those 13 eligible midwives would bear a cost burden of \$15,615 each per year, which would be passed directly on to the families they serve. This is IF all 13 who are eligible can afford this astounding fee; if not, it is further increased. These costs would also be greatly increased if a hearing were to take place, a lawsuit or criminal action occurred, or other incidental expenses were incurred for any reason.</p> <p>THIS MAKES MIDWIFE-ATTENDED BIRTHS ACCESSIBLE ONLY TO THE EXTREMELY PRIVILEGED! This is economic discrimination, and places a terrible, prohibitive burden on local families, which is likely to result in more unattended "DIY" births without midwifery support. As the FINANCE Committee, you MUST OPPOSE this.</p> <ul style="list-style-type: none"><li>• This measure is discriminatory!</li></ul> <p>ONLY Midwives trained outside of Hawaii are eligible.</p>

This alone should stop this measure in its tracks. It creates a sharp dividing line, which ALL local home birth midwives are on the wrong side of. Good training routes of many kinds already exist in Hawai'i, but these are sidelined or criminalized by this measure. This bill encourages midwives from outside of Hawaii to move here, with no cultural competency, while annihilating virtually all local practices. This does not serve the people of Hawai'i, and discriminates against local practitioners and families. You have an obligation to protect the local people of Hawai'i from discrimination and displacement.

- Let's call it what it is: a witch hunt.

The persecution of midwives in Hawai'i goes back to the early days of the Territory, during which healers were being persecuted severely, as part of forced assimilation. The notorious witch hunts in Europe and Early America were similarly, in fact, essentially the persecution of midwives. This bill continues those traditions of forced assimilation, medicalization, and persecution. It is also demeaning, especially to respected cultural elders.

- It is legally unsound.

There are many serious legal problems with this measure. For example, the requirement that a traditional midwife "provides the required disclosures to clients that the individual is practicing midwifery in this State without a license to practice midwifery" (as if a rural cultural elder of any ethnicity should be required to do such a thing) is both offensive and legally unsound. This measure defines a legally exempted category of practitioner, and then, in the same sentence, forces them to state that they are practicing without a license to practice. The legal mess this is likely to create (and that the legislators passing such terrible language would be liable for), along with the potential for serious consequences or even death, is enormous. Generally, This measure is also full of legal gray areas; which are what lawsuits are made of.

- It will not be followed.

It should also be noted that most traditional midwives simply WILL NOT give the disclosure required in the bill, because it might INTERFERE WITH MATERNAL CONFIDENCE. Natural birthing is an ancient and sensitive art with its OWN principles of success and safety, which cannot be broken.

- It is DANGEROUS.

Licensed midwives would be utterly unaffordable and realistically, most other practitioners would be operating underground, as they did before 1999. UNASSISTED births are likely to be prevalent, increasing danger. Amongst attended home births,

TRANSFER DELAYS are the greatest danger, and are often driven by fear (note: it is the mother, not the midwife, who makes the decision to go to a hospital or not, as no one can be forced to do so). Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for consenting to give birth with an unlicensed midwife (per this bill’s requirement!). This increases actual danger substantially, particularly within ethnic groups that fear CWS discrimination, believing that child removal or criminalization might occur due to their choice of provider not seeming legitimate enough. You as legislators need to protect people from the

- Kanaka Maoli traditional practices are NOT protected.

First of all, the central traditional practice is BIRTH, not midwifery. Many traditional Kanaka Maoli births are attended by midwives of OTHER ethnicities. Further, Papa Ola Lokahi does not currently have any mechanism to extend protection to traditional midwives or other birth-related practitioners as such (its mandates are currently strictly for laau lapaau, lomilomi, hooponopono and laau kahea). While this could potentially be developed in the future, at this time such protection would be entirely speculative. Law cannot be based on speculation.

It must be remembered that ALL regulation of traditional midwifery limits, alters, and otherwise adversely impacts traditional Native Hawaiian healing, because the central traditional practice in question is BIRTH, not midwifery.

- The entire term “traditional practice” is externally defined, which goes directly against culture and traditions, which must be internally defined in order to be considered bona fide. See quote from Papa Ola Lokahi-convened Kahuna Statement to the Legislature, 1998: PAPA AUWAE AND ALL OTHER KUPUNA OPPOSED CULTURAL PRACTICES BEING DEFINED BY THE LEGISLATURE:

“...LICENSURE, AND CERTIFICATION ISSUES RAISED IN THE LEGISLATION ARE INAPPROPRIATE AND CULTURALLY UNACCEPTABLE FOR GOVERNMENT TO ASCERTAIN. THESE ARE THE KULEANA OF THE HAWAIIAN COMMUNITY ITSELF THROUGH KUPUNA WHO ARE PERPETUATING THESE PRACTICES.”

<http://www.papaolalokahi.org/images/CHRONOLOGY-of-EVENTS-RELATED-TO-TRADITIONAL-HEALING-2015-Dec.pdf>

- There is no reasonable licensure pathway for Hawai'i clinical midwives who are not CPMs.

It is against the Hawai'i Regulatory Licensing Reform

Act to offer a licensure pathway to a part of a profession, but not all of it, especially as NARM Certification is practically logistically impossible for Hawai'i midwives (thus shifting the recognized practice entirely to those trained outside of Hawai'i). The costs involved in licensing such a tiny cohort also need to be assessed prior to structuring legislation, as this Act also requires licensees to bear the full cost of issuance and administration. For a small cohort with complex needs, this could potentially be astronomical.

- The exemptions do not actually exempt anyone currently practicing traditional midwifery.

For this reason, great damage and endangerment would result in our community. The exemptions also notably miss some major areas crucial to local traditional families, such as grandparent-attended births (illegal under this measure), Aunties assisting nieces to give birth (illegal under this measure), and hanai family (illegal under this measure).

What about Tongan midwives? Filipina midwives? African-American midwives?

Women of all cultures deserve to be attended by WHOEVER THEY WANT, especially experts in ancient birthing practices from their culture. Traditional midwives who are not Hawaiian and do not qualify under SB 1033 are extremely important in the traditions that Hawaiian families are reviving from a nearly decimated cultural past. Many young Kanaka Maoli have the oral history of their grandparents to go on, but not much more. Non-Hawaiian traditional midwives play a crucial support role for ensuring safety, confidence and well-being as these traditions are brought back into being. Without them, the practices would still come back, but slower, with more loss and much less safety and support.

- Consumers are not helped by this measure, which would limit choices, raise prices, and provide no measurable safety benefits .

Women's reproductive choices are harmed.

Home birth is a crucial issue of reproductive choice and body sovereignty, and needs to be respected as such. Limitation of who may practice midwifery is the SAME THING as limitation of who a women may choose to attend her. It is an unreasonable limitation of

What is needed is COMMUNICATION, not regulation of something the State simply cannot understand. GOOD solutions CAN be developed, but THIS IS NOT THE WAY.

My recommendation is to hold this bill, and instead consider the creation of a real body that could effectively bring all concerned parties (DOH, cultural

practitioners, traditional birth attendants, CPMs, student midwives, OBGYN/ER doctors, etc) together to build the needed comprehensive solutions to address real consumer protection and safety. A Working Group or Task Force, as recommended by Sen. Dr. Josh Green in 2014.  
PLEASE HOLD THIS MEASURE. MAHALO!

From: Simone Derow-Ostapowicz <noreply@jotform.com>  
Sent: Thursday, March 28, 2019 8:34 AM  
To: FINtestimony  
Subject: Testimony in OPPOSITION to SB 1033



### OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Simone Derow-Ostapowicz
Email	simonederow@yahoo.com
Type a question	<p>Aloha House Finance Committee Chair Luke, Vice-Chair Cullen, and committee members, I am testifying in STRONG OPPOSITION to SB 1033 SD2 HD1 which would require licensure of midwives. I oppose ALL versions of this bill. We ask you to PLEASE oppose this measure! It is a FINANCE DISASTER, it is DANGEROUS, and it is DISCRIMINATORY and UNCONSTITUTIONAL. This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices, and places a terrible financial burden on local families. Here is why:</p> <ul style="list-style-type: none"><li>• The costs are insane!</li></ul> <p>According to the DCCA, "The costs associated with licensing approximately 13 midwives would be \$203,000." Because State licensing law requires licensure to pay for itself, those 13 eligible midwives would bear a cost burden of \$15,615 each per year, which would be passed directly on to the families they serve. This is IF all 13 who are eligible can afford this astounding fee; if not, it is further increased. These costs would also be greatly increased if a hearing were to take place, a lawsuit or criminal action occurred, or other incidental expenses were incurred for any reason.</p> <p>THIS MAKES MIDWIFE-ATTENDED BIRTHS ACCESSIBLE ONLY TO THE EXTREMELY PRIVILEGED! This is economic discrimination, and places a terrible, prohibitive burden on local families, which is likely to result in more unattended "DIY" births without midwifery support. As the FINANCE Committee, you MUST OPPOSE this.</p> <ul style="list-style-type: none"><li>• This measure is discriminatory!</li></ul> <p>ONLY Midwives trained outside of Hawaii are eligible.</p>

This alone should stop this measure in its tracks. It creates a sharp dividing line, which ALL local home birth midwives are on the wrong side of. Good training routes of many kinds already exist in Hawai'i, but these are sidelined or criminalized by this measure. This bill encourages midwives from outside of Hawaii to move here, with no cultural competency, while annihilating virtually all local practices. This does not serve the people of Hawai'i, and discriminates against local practitioners and families. You have an obligation to protect the local people of Hawai'i from discrimination and displacement.

- Let's call it what it is: a witch hunt.

The persecution of midwives in Hawai'i goes back to the early days of the Territory, during which healers were being persecuted severely, as part of forced assimilation. The notorious witch hunts in Europe and Early America were similarly, in fact, essentially the persecution of midwives. This bill continues those traditions of forced assimilation, medicalization, and persecution. It is also demeaning, especially to respected cultural elders.

- It is legally unsound.

There are many serious legal problems with this measure. For example, the requirement that a traditional midwife "provides the required disclosures to clients that the individual is practicing midwifery in this State without a license to practice midwifery" (as if a rural cultural elder of any ethnicity should be required to do such a thing) is both offensive and legally unsound. This measure defines a legally exempted category of practitioner, and then, in the same sentence, forces them to state that they are practicing without a license to practice. The legal mess this is likely to create (and that the legislators passing such terrible language would be liable for), along with the potential for serious consequences or even death, is enormous. Generally, This measure is also full of legal gray areas; which are what lawsuits are made of.

- It will not be followed.

It should also be noted that most traditional midwives simply WILL NOT give the disclosure required in the bill, because it might INTERFERE WITH MATERNAL CONFIDENCE. Natural birthing is an ancient and sensitive art with its OWN principles of success and safety, which cannot be broken.

- It is DANGEROUS.

Licensed midwives would be utterly unaffordable and realistically, most other practitioners would be operating underground, as they did before 1999. UNASSISTED births are likely to be prevalent, increasing danger. Amongst attended home births,

TRANSFER DELAYS are the greatest danger, and are often driven by fear (note: it is the mother, not the midwife, who makes the decision to go to a hospital or not, as no one can be forced to do so). Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for consenting to give birth with an unlicensed midwife (per this bill’s requirement!). This increases actual danger substantially, particularly within ethnic groups that fear CWS discrimination, believing that child removal or criminalization might occur due to their choice of provider not seeming legitimate enough. You as legislators need to protect people from the

- Kanaka Maoli traditional practices are NOT protected.

First of all, the central traditional practice is BIRTH, not midwifery. Many traditional Kanaka Maoli births are attended by midwives of OTHER ethnicities. Further, Papa Ola Lokahi does not currently have any mechanism to extend protection to traditional midwives or other birth-related practitioners as such (its mandates are currently strictly for laau lapaau, lomilomi, hooponopono and laau kahea). While this could potentially be developed in the future, at this time such protection would be entirely speculative. Law cannot be based on speculation.

It must be remembered that ALL regulation of traditional midwifery limits, alters, and otherwise adversely impacts traditional Native Hawaiian healing, because the central traditional practice in question is BIRTH, not midwifery.

- The entire term “traditional practice” is externally defined, which goes directly against culture and traditions, which must be internally defined in order to be considered bona fide. See quote from Papa Ola Lokahi-convened Kahuna Statement to the Legislature, 1998: PAPA AUWAE AND ALL OTHER KUPUNA OPPOSED CULTURAL PRACTICES BEING DEFINED BY THE LEGISLATURE:

“...LICENSURE, AND CERTIFICATION ISSUES RAISED IN THE LEGISLATION ARE INAPPROPRIATE AND CULTURALLY UNACCEPTABLE FOR GOVERNMENT TO ASCERTAIN. THESE ARE THE KULEANA OF THE HAWAIIAN COMMUNITY ITSELF THROUGH KUPUNA WHO ARE PERPETUATING THESE PRACTICES.”

<http://www.papaolalokahi.org/images/CHRONOLOGY-of-EVENTS-RELATED-TO-TRADITIONAL-HEALING-2015-Dec.pdf>

- There is no reasonable licensure pathway for Hawai'i clinical midwives who are not CPMs.

It is against the Hawai'i Regulatory Licensing Reform



Act to offer a licensure pathway to a part of a profession, but not all of it, especially as NARM Certification is practically logistically impossible for Hawai'i midwives (thus shifting the recognized practice entirely to those trained outside of Hawai'i). The costs involved in licensing such a tiny cohort also need to be assessed prior to structuring legislation, as this Act also requires licensees to bear the full cost of issuance and administration. For a small cohort with complex needs, this could potentially be astronomical.

- The exemptions do not actually exempt anyone currently practicing traditional midwifery.

For this reason, great damage and endangerment would result in our community. The exemptions also notably miss some major areas crucial to local traditional families, such as grandparent-attended births (illegal under this measure), Aunties assisting nieces to give birth (illegal under this measure), and hanai family (illegal under this measure).

What about Tongan midwives? Filipina midwives? African-American midwives?

Women of all cultures deserve to be attended by WHOEVER THEY WANT, especially experts in ancient birthing practices from their culture. Traditional midwives who are not Hawaiian and do not qualify under SB 1033 are extremely important in the traditions that Hawaiian families are reviving from a nearly decimated cultural past. Many young Kanaka Maoli have the oral history of their grandparents to go on, but not much more. Non-Hawaiian traditional midwives play a crucial support role for ensuring safety, confidence and well-being as these traditions are brought back into being. Without them, the practices would still come back, but slower, with more loss and much less safety and support.

- Consumers are not helped by this measure, which would limit choices, raise prices, and provide no measurable safety benefits .

Women's reproductive choices are harmed.

Home birth is a crucial issue of reproductive choice and body sovereignty, and needs to be respected as such. Limitation of who may practice midwifery is the SAME THING as limitation of who a women may choose to attend her. It is an unreasonable limitation of

What is needed is COMMUNICATION, not regulation of something the State simply cannot understand. GOOD solutions CAN be developed, but THIS IS NOT THE WAY.

My recommendation is to hold this bill, and instead consider the creation of a real body that could effectively bring all concerned parties (DOH, cultural

practitioners, traditional birth attendants, CPMs, student midwives, OBGYN/ER doctors, etc) together to build the needed comprehensive solutions to address real consumer protection and safety. A Working Group or Task Force, as recommended by Sen. Dr. Josh Green in 2014.  
PLEASE HOLD THIS MEASURE. MAHALO!

From: John Remis <noreply@jotform.com>  
Sent: Thursday, March 28, 2019 8:33 AM  
To: FINtestimony  
Subject: Testimony in OPPOSITION to SB 1033



### OPPOSE SB 1033 ! Requiring licensure of midwives

Name	John Remis
Email	johnaremis@gmail.com
Type a question	<p>Aloha House Finance Committee Chair Luke, Vice-Chair Cullen, and committee members, I am testifying in STRONG OPPOSITION to SB 1033 SD2 HD1 which would require licensure of midwives. I oppose ALL versions of this bill. We ask you to PLEASE oppose this measure! It is a FINANCE DISASTER, it is DANGEROUS, and it is DISCRIMINATORY and UNCONSTITUTIONAL. This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices, and places a terrible financial burden on local families. Here is why:</p> <ul style="list-style-type: none"><li>• The costs are insane!</li></ul> <p>According to the DCCA, "The costs associated with licensing approximately 13 midwives would be \$203,000." Because State licensing law requires licensure to pay for itself, those 13 eligible midwives would bear a cost burden of \$15,615 each per year, which would be passed directly on to the families they serve. This is IF all 13 who are eligible can afford this astounding fee; if not, it is further increased. These costs would also be greatly increased if a hearing were to take place, a lawsuit or criminal action occurred, or other incidental expenses were incurred for any reason.</p> <p>THIS MAKES MIDWIFE-ATTENDED BIRTHS ACCESSIBLE ONLY TO THE EXTREMELY PRIVILEGED! This is economic discrimination, and places a terrible, prohibitive burden on local families, which is likely to result in more unattended "DIY" births without midwifery support. As the FINANCE Committee, you MUST OPPOSE this.</p> <ul style="list-style-type: none"><li>• This measure is discriminatory!</li></ul> <p>ONLY Midwives trained outside of Hawaii are eligible.</p>

This alone should stop this measure in its tracks. It creates a sharp dividing line, which ALL local home birth midwives are on the wrong side of. Good training routes of many kinds already exist in Hawai'i, but these are sidelined or criminalized by this measure. This bill encourages midwives from outside of Hawaii to move here, with no cultural competency, while annihilating virtually all local practices. This does not serve the people of Hawai'i, and discriminates against local practitioners and families. You have an obligation to protect the local people of Hawai'i from discrimination and displacement.

- Let's call it what it is: a witch hunt.

The persecution of midwives in Hawai'i goes back to the early days of the Territory, during which healers were being persecuted severely, as part of forced assimilation. The notorious witch hunts in Europe and Early America were similarly, in fact, essentially the persecution of midwives. This bill continues those traditions of forced assimilation, medicalization, and persecution. It is also demeaning, especially to respected cultural elders.

- It is legally unsound.

There are many serious legal problems with this measure. For example, the requirement that a traditional midwife "provides the required disclosures to clients that the individual is practicing midwifery in this State without a license to practice midwifery" (as if a rural cultural elder of any ethnicity should be required to do such a thing) is both offensive and legally unsound. This measure defines a legally exempted category of practitioner, and then, in the same sentence, forces them to state that they are practicing without a license to practice. The legal mess this is likely to create (and that the legislators passing such terrible language would be liable for), along with the potential for serious consequences or even death, is enormous. Generally, This measure is also full of legal gray areas; which are what lawsuits are made of.

- It will not be followed.

It should also be noted that most traditional midwives simply WILL NOT give the disclosure required in the bill, because it might INTERFERE WITH MATERNAL CONFIDENCE. Natural birthing is an ancient and sensitive art with its OWN principles of success and safety, which cannot be broken.

- It is DANGEROUS.

Licensed midwives would be utterly unaffordable and realistically, most other practitioners would be operating underground, as they did before 1999. UNASSISTED births are likely to be prevalent, increasing danger. Amongst attended home births,

TRANSFER DELAYS are the greatest danger, and are often driven by fear (note: it is the mother, not the midwife, who makes the decision to go to a hospital or not, as no one can be forced to do so). Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for consenting to give birth with an unlicensed midwife (per this bill’s requirement!). This increases actual danger substantially, particularly within ethnic groups that fear CWS discrimination, believing that child removal or criminalization might occur due to their choice of provider not seeming legitimate enough. You as legislators need to protect people from the

- Kanaka Maoli traditional practices are NOT protected.

First of all, the central traditional practice is BIRTH, not midwifery. Many traditional Kanaka Maoli births are attended by midwives of OTHER ethnicities. Further, Papa Ola Lokahi does not currently have any mechanism to extend protection to traditional midwives or other birth-related practitioners as such (its mandates are currently strictly for laau lapaau, lomilomi, hooponopono and laau kahea). While this could potentially be developed in the future, at this time such protection would be entirely speculative. Law cannot be based on speculation.

It must be remembered that ALL regulation of traditional midwifery limits, alters, and otherwise adversely impacts traditional Native Hawaiian healing, because the central traditional practice in question is BIRTH, not midwifery.

- The entire term “traditional practice” is externally defined, which goes directly against culture and traditions, which must be internally defined in order to be considered bona fide. See quote from Papa Ola Lokahi-convened Kahuna Statement to the Legislature, 1998: PAPA AUWAE AND ALL OTHER KUPUNA OPPOSED CULTURAL PRACTICES BEING DEFINED BY THE LEGISLATURE:

“...LICENSURE, AND CERTIFICATION ISSUES RAISED IN THE LEGISLATION ARE INAPPROPRIATE AND CULTURALLY UNACCEPTABLE FOR GOVERNMENT TO ASCERTAIN. THESE ARE THE KULEANA OF THE HAWAIIAN COMMUNITY ITSELF THROUGH KUPUNA WHO ARE PERPETUATING THESE PRACTICES.”

<http://www.papaolalokahi.org/images/CHRONOLOGY-of-EVENTS-RELATED-TO-TRADITIONAL-HEALING-2015-Dec.pdf>

- There is no reasonable licensure pathway for Hawai'i clinical midwives who are not CPMs.

It is against the Hawai'i Regulatory Licensing Reform

Act to offer a licensure pathway to a part of a profession, but not all of it, especially as NARM Certification is practically logistically impossible for Hawai'i midwives (thus shifting the recognized practice entirely to those trained outside of Hawai'i). The costs involved in licensing such a tiny cohort also need to be assessed prior to structuring legislation, as this Act also requires licensees to bear the full cost of issuance and administration. For a small cohort with complex needs, this could potentially be astronomical.

- The exemptions do not actually exempt anyone currently practicing traditional midwifery.

For this reason, great damage and endangerment would result in our community. The exemptions also notably miss some major areas crucial to local traditional families, such as grandparent-attended births (illegal under this measure), Aunties assisting nieces to give birth (illegal under this measure), and hanai family (illegal under this measure).

What about Tongan midwives? Filipina midwives? African-American midwives?

Women of all cultures deserve to be attended by WHOEVER THEY WANT, especially experts in ancient birthing practices from their culture. Traditional midwives who are not Hawaiian and do not qualify under SB 1033 are extremely important in the traditions that Hawaiian families are reviving from a nearly decimated cultural past. Many young Kanaka Maoli have the oral history of their grandparents to go on, but not much more. Non-Hawaiian traditional midwives play a crucial support role for ensuring safety, confidence and well-being as these traditions are brought back into being. Without them, the practices would still come back, but slower, with more loss and much less safety and support.

- Consumers are not helped by this measure, which would limit choices, raise prices, and provide no measurable safety benefits .

Women's reproductive choices are harmed.

Home birth is a crucial issue of reproductive choice and body sovereignty, and needs to be respected as such. Limitation of who may practice midwifery is the SAME THING as limitation of who a women may choose to attend her. It is an unreasonable limitation of

What is needed is COMMUNICATION, not regulation of something the State simply cannot understand. GOOD solutions CAN be developed, but THIS IS NOT THE WAY.

My recommendation is to hold this bill, and instead consider the creation of a real body that could effectively bring all concerned parties (DOH, cultural

practitioners, traditional birth attendants, CPMs, student midwives, OBGYN/ER doctors, etc) together to build the needed comprehensive solutions to address real consumer protection and safety. A Working Group or Task Force, as recommended by Sen. Dr. Josh Green in 2014.  
PLEASE HOLD THIS MEASURE. MAHALO!

From: josephine Keliipio <noreply@jotform.com>  
Sent: Thursday, March 28, 2019 8:31 AM  
To: FINtestimony  
Subject: Testimony in OPPOSITION to SB 1033



### OPPOSE SB 1033 ! Requiring licensure of midwives

Name	josephine Keliipio
Email	jlili808@yahoo.com
Type a question	<p>Aloha House Finance Committee Chair Luke, Vice-Chair Cullen, and committee members, I am testifying in STRONG OPPOSITION to SB 1033 SD2 HD1 which would require licensure of midwives. I oppose ALL versions of this bill. We ask you to PLEASE oppose this measure! It is a FINANCE DISASTER, it is DANGEROUS, and it is DISCRIMINATORY and UNCONSTITUTIONAL. This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices, and places a terrible financial burden on local families. Here is why:</p> <ul style="list-style-type: none"><li>• The costs are insane!</li></ul> <p>According to the DCCA, "The costs associated with licensing approximately 13 midwives would be \$203,000." Because State licensing law requires licensure to pay for itself, those 13 eligible midwives would bear a cost burden of \$15,615 each per year, which would be passed directly on to the families they serve. This is IF all 13 who are eligible can afford this astounding fee; if not, it is further increased. These costs would also be greatly increased if a hearing were to take place, a lawsuit or criminal action occurred, or other incidental expenses were incurred for any reason.</p> <p>THIS MAKES MIDWIFE-ATTENDED BIRTHS ACCESSIBLE ONLY TO THE EXTREMELY PRIVILEGED! This is economic discrimination, and places a terrible, prohibitive burden on local families, which is likely to result in more unattended "DIY" births without midwifery support. As the FINANCE Committee, you MUST OPPOSE this.</p> <ul style="list-style-type: none"><li>• This measure is discriminatory!</li></ul> <p>ONLY Midwives trained outside of Hawaii are eligible.</p>



This alone should stop this measure in its tracks. It creates a sharp dividing line, which ALL local home birth midwives are on the wrong side of. Good training routes of many kinds already exist in Hawai'i, but these are sidelined or criminalized by this measure. This bill encourages midwives from outside of Hawaii to move here, with no cultural competency, while annihilating virtually all local practices. This does not serve the people of Hawai'i, and discriminates against local practitioners and families. You have an obligation to protect the local people of Hawai'i from discrimination and displacement.

- Let's call it what it is: a witch hunt.

The persecution of midwives in Hawai'i goes back to the early days of the Territory, during which healers were being persecuted severely, as part of forced assimilation. The notorious witch hunts in Europe and Early America were similarly, in fact, essentially the persecution of midwives. This bill continues those traditions of forced assimilation, medicalization, and persecution. It is also demeaning, especially to respected cultural elders.

- It is legally unsound.

There are many serious legal problems with this measure. For example, the requirement that a traditional midwife "provides the required disclosures to clients that the individual is practicing midwifery in this State without a license to practice midwifery" (as if a rural cultural elder of any ethnicity should be required to do such a thing) is both offensive and legally unsound. This measure defines a legally exempted category of practitioner, and then, in the same sentence, forces them to state that they are practicing without a license to practice. The legal mess this is likely to create (and that the legislators passing such terrible language would be liable for), along with the potential for serious consequences or even death, is enormous. Generally, This measure is also full of legal gray areas; which are what lawsuits are made of.

- It will not be followed.

It should also be noted that most traditional midwives simply WILL NOT give the disclosure required in the bill, because it might INTERFERE WITH MATERNAL CONFIDENCE. Natural birthing is an ancient and sensitive art with its OWN principles of success and safety, which cannot be broken.

- It is DANGEROUS.

Licensed midwives would be utterly unaffordable and realistically, most other practitioners would be operating underground, as they did before 1999. UNASSISTED births are likely to be prevalent, increasing danger. Amongst attended home births,

TRANSFER DELAYS are the greatest danger, and are often driven by fear (note: it is the mother, not the midwife, who makes the decision to go to a hospital or not, as no one can be forced to do so). Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for consenting to give birth with an unlicensed midwife (per this bill’s requirement!). This increases actual danger substantially, particularly within ethnic groups that fear CWS discrimination, believing that child removal or criminalization might occur due to their choice of provider not seeming legitimate enough. You as legislators need to protect people from the

- Kanaka Maoli traditional practices are NOT protected.

First of all, the central traditional practice is BIRTH, not midwifery. Many traditional Kanaka Maoli births are attended by midwives of OTHER ethnicities. Further, Papa Ola Lokahi does not currently have any mechanism to extend protection to traditional midwives or other birth-related practitioners as such (its mandates are currently strictly for laau lapaau, lomilomi, hooponopono and laau kahea). While this could potentially be developed in the future, at this time such protection would be entirely speculative. Law cannot be based on speculation.

It must be remembered that ALL regulation of traditional midwifery limits, alters, and otherwise adversely impacts traditional Native Hawaiian healing, because the central traditional practice in question is BIRTH, not midwifery.

- The entire term “traditional practice” is externally defined, which goes directly against culture and traditions, which must be internally defined in order to be considered bona fide. See quote from Papa Ola Lokahi-convened Kahuna Statement to the Legislature, 1998: PAPA AUWAE AND ALL OTHER KUPUNA OPPOSED CULTURAL PRACTICES BEING DEFINED BY THE LEGISLATURE:

“...LICENSURE, AND CERTIFICATION ISSUES RAISED IN THE LEGISLATION ARE INAPPROPRIATE AND CULTURALLY UNACCEPTABLE FOR GOVERNMENT TO ASCERTAIN. THESE ARE THE KULEANA OF THE HAWAIIAN COMMUNITY ITSELF THROUGH KUPUNA WHO ARE PERPETUATING THESE PRACTICES.”

<http://www.papaolalokahi.org/images/CHRONOLOGY-of-EVENTS-RELATED-TO-TRADITIONAL-HEALING-2015-Dec.pdf>

- There is no reasonable licensure pathway for Hawai’i clinical midwives who are not CPMs.

It is against the Hawai’i Regulatory Licensing Reform

Act to offer a licensure pathway to a part of a profession, but not all of it, especially as NARM Certification is practically logistically impossible for Hawai'i midwives (thus shifting the recognized practice entirely to those trained outside of Hawai'i). The costs involved in licensing such a tiny cohort also need to be assessed prior to structuring legislation, as this Act also requires licensees to bear the full cost of issuance and administration. For a small cohort with complex needs, this could potentially be astronomical.

- The exemptions do not actually exempt anyone currently practicing traditional midwifery.

For this reason, great damage and endangerment would result in our community. The exemptions also notably miss some major areas crucial to local traditional families, such as grandparent-attended births (illegal under this measure), Aunties assisting nieces to give birth (illegal under this measure), and hanai family (illegal under this measure).

What about Tongan midwives? Filipina midwives? African-American midwives?

Women of all cultures deserve to be attended by WHOEVER THEY WANT, especially experts in ancient birthing practices from their culture. Traditional midwives who are not Hawaiian and do not qualify under SB 1033 are extremely important in the traditions that Hawaiian families are reviving from a nearly decimated cultural past. Many young Kanaka Maoli have the oral history of their grandparents to go on, but not much more. Non-Hawaiian traditional midwives play a crucial support role for ensuring safety, confidence and well-being as these traditions are brought back into being. Without them, the practices would still come back, but slower, with more loss and much less safety and support.

- Consumers are not helped by this measure, which would limit choices, raise prices, and provide no measurable safety benefits .

Women's reproductive choices are harmed.

Home birth is a crucial issue of reproductive choice and body sovereignty, and needs to be respected as such. Limitation of who may practice midwifery is the SAME THING as limitation of who a women may choose to attend her. It is an unreasonable limitation of

What is needed is COMMUNICATION, not regulation of something the State simply cannot understand. GOOD solutions CAN be developed, but THIS IS NOT THE WAY.

My recommendation is to hold this bill, and instead consider the creation of a real body that could effectively bring all concerned parties (DOH, cultural

practitioners, traditional birth attendants, CPMs, student midwives, OBGYN/ER doctors, etc) together to build the needed comprehensive solutions to address real consumer protection and safety. A Working Group or Task Force, as recommended by Sen. Dr. Josh Green in 2014.  
PLEASE HOLD THIS MEASURE. MAHALO!

From: Megumi Nagaya <noreply@jotform.com>  
Sent: Thursday, March 28, 2019 8:31 AM  
To: FINtestimony  
Subject: Testimony in OPPOSITION to SB 1033



**OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Megumi Nagaya
Email	megnag39@gmail.com
Type a question	<p>Aloha House Finance Committee Chair Luke, Vice-Chair Cullen, and committee members, I am testifying in STRONG OPPOSITION to SB 1033 SD2 HD1 which would require licensure of midwives. I oppose ALL versions of this bill. We ask you to PLEASE oppose this measure! It is a FINANCE DISASTER, it is DANGEROUS, and it is DISCRIMINATORY and UNCONSTITUTIONAL. This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices, and places a terrible financial burden on local families. Here is why:</p> <ul style="list-style-type: none"><li>• The costs are insane!</li></ul> <p>According to the DCCA, "The costs associated with licensing approximately 13 midwives would be \$203,000." Because State licensing law requires licensure to pay for itself, those 13 eligible midwives would bear a cost burden of \$15,615 each per year, which would be passed directly on to the families they serve. This is IF all 13 who are eligible can afford this astounding fee; if not, it is further increased. These costs would also be greatly increased if a hearing were to take place, a lawsuit or criminal action occurred, or other incidental expenses were incurred for any reason.</p> <p>THIS MAKES MIDWIFE-ATTENDED BIRTHS ACCESSIBLE ONLY TO THE EXTREMELY PRIVILEGED! This is economic discrimination, and places a terrible, prohibitive burden on local families, which is likely to result in more unattended "DIY" births without midwifery support. As the FINANCE Committee, you MUST OPPOSE this.</p> <ul style="list-style-type: none"><li>• This measure is discriminatory!</li></ul> <p>ONLY Midwives trained outside of Hawaii are eligible.</p>

This alone should stop this measure in its tracks. It creates a sharp dividing line, which ALL local home birth midwives are on the wrong side of. Good training routes of many kinds already exist in Hawai'i, but these are sidelined or criminalized by this measure. This bill encourages midwives from outside of Hawaii to move here, with no cultural competency, while annihilating virtually all local practices. This does not serve the people of Hawai'i, and discriminates against local practitioners and families. You have an obligation to protect the local people of Hawai'i from discrimination and displacement.

- Let's call it what it is: a witch hunt.

The persecution of midwives in Hawai'i goes back to the early days of the Territory, during which healers were being persecuted severely, as part of forced assimilation. The notorious witch hunts in Europe and Early America were similarly, in fact, essentially the persecution of midwives. This bill continues those traditions of forced assimilation, medicalization, and persecution. It is also demeaning, especially to respected cultural elders.

- It is legally unsound.

There are many serious legal problems with this measure. For example, the requirement that a traditional midwife "provides the required disclosures to clients that the individual is practicing midwifery in this State without a license to practice midwifery" (as if a rural cultural elder of any ethnicity should be required to do such a thing) is both offensive and legally unsound. This measure defines a legally exempted category of practitioner, and then, in the same sentence, forces them to state that they are practicing without a license to practice. The legal mess this is likely to create (and that the legislators passing such terrible language would be liable for), along with the potential for serious consequences or even death, is enormous. Generally, This measure is also full of legal gray areas; which are what lawsuits are made of.

- It will not be followed.

It should also be noted that most traditional midwives simply WILL NOT give the disclosure required in the bill, because it might INTERFERE WITH MATERNAL CONFIDENCE. Natural birthing is an ancient and sensitive art with its OWN principles of success and safety, which cannot be broken.

- It is DANGEROUS.

Licensed midwives would be utterly unaffordable and realistically, most other practitioners would be operating underground, as they did before 1999. UNASSISTED births are likely to be prevalent, increasing danger. Amongst attended home births,

TRANSFER DELAYS are the greatest danger, and are often driven by fear (note: it is the mother, not the midwife, who makes the decision to go to a hospital or not, as no one can be forced to do so). Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for consenting to give birth with an unlicensed midwife (per this bill’s requirement!). This increases actual danger substantially, particularly within ethnic groups that fear CWS discrimination, believing that child removal or criminalization might occur due to their choice of provider not seeming legitimate enough. You as legislators need to protect people from the

- Kanaka Maoli traditional practices are NOT protected.

First of all, the central traditional practice is BIRTH, not midwifery. Many traditional Kanaka Maoli births are attended by midwives of OTHER ethnicities. Further, Papa Ola Lokahi does not currently have any mechanism to extend protection to traditional midwives or other birth-related practitioners as such (its mandates are currently strictly for laau lapaau, lomilomi, hooponopono and laau kahea). While this could potentially be developed in the future, at this time such protection would be entirely speculative. Law cannot be based on speculation.

It must be remembered that ALL regulation of traditional midwifery limits, alters, and otherwise adversely impacts traditional Native Hawaiian healing, because the central traditional practice in question is BIRTH, not midwifery.

- The entire term “traditional practice” is externally defined, which goes directly against culture and traditions, which must be internally defined in order to be considered bona fide. See quote from Papa Ola Lokahi-convened Kahuna Statement to the Legislature, 1998: PAPA AUWAE AND ALL OTHER KUPUNA OPPOSED CULTURAL PRACTICES BEING DEFINED BY THE LEGISLATURE:

“...LICENSURE, AND CERTIFICATION ISSUES RAISED IN THE LEGISLATION ARE INAPPROPRIATE AND CULTURALLY UNACCEPTABLE FOR GOVERNMENT TO ASCERTAIN. THESE ARE THE KULEANA OF THE HAWAIIAN COMMUNITY ITSELF THROUGH KUPUNA WHO ARE PERPETUATING THESE PRACTICES.”

<http://www.papaolalokahi.org/images/CHRONOLOGY-of-EVENTS-RELATED-TO-TRADITIONAL-HEALING-2015-Dec.pdf>

- There is no reasonable licensure pathway for Hawai’i clinical midwives who are not CPMs.

It is against the Hawai’i Regulatory Licensing Reform

Act to offer a licensure pathway to a part of a profession, but not all of it, especially as NARM Certification is practically logistically impossible for Hawai'i midwives (thus shifting the recognized practice entirely to those trained outside of Hawai'i). The costs involved in licensing such a tiny cohort also need to be assessed prior to structuring legislation, as this Act also requires licensees to bear the full cost of issuance and administration. For a small cohort with complex needs, this could potentially be astronomical.

- The exemptions do not actually exempt anyone currently practicing traditional midwifery.

For this reason, great damage and endangerment would result in our community. The exemptions also notably miss some major areas crucial to local traditional families, such as grandparent-attended births (illegal under this measure), Aunties assisting nieces to give birth (illegal under this measure), and hanai family (illegal under this measure).

What about Tongan midwives? Filipina midwives? African-American midwives?

Women of all cultures deserve to be attended by WHOEVER THEY WANT, especially experts in ancient birthing practices from their culture. Traditional midwives who are not Hawaiian and do not qualify under SB 1033 are extremely important in the traditions that Hawaiian families are reviving from a nearly decimated cultural past. Many young Kanaka Maoli have the oral history of their grandparents to go on, but not much more. Non-Hawaiian traditional midwives play a crucial support role for ensuring safety, confidence and well-being as these traditions are brought back into being. Without them, the practices would still come back, but slower, with more loss and much less safety and support.

- Consumers are not helped by this measure, which would limit choices, raise prices, and provide no measurable safety benefits .

Women's reproductive choices are harmed.

Home birth is a crucial issue of reproductive choice and body sovereignty, and needs to be respected as such. Limitation of who may practice midwifery is the SAME THING as limitation of who a women may choose to attend her. It is an unreasonable limitation of

What is needed is COMMUNICATION, not regulation of something the State simply cannot understand. GOOD solutions CAN be developed, but THIS IS NOT THE WAY.

My recommendation is to hold this bill, and instead consider the creation of a real body that could effectively bring all concerned parties (DOH, cultural



practitioners, traditional birth attendants, CPMs, student midwives, OBGYN/ER doctors, etc) together to build the needed comprehensive solutions to address real consumer protection and safety. A Working Group or Task Force, as recommended by Sen. Dr. Josh Green in 2014.  
PLEASE HOLD THIS MEASURE. MAHALO!

From: Jess Lee <noreply@jotform.com>  
Sent: Thursday, March 28, 2019 8:27 AM  
To: FINtestimony  
Subject: Testimony in OPPOSITION to SB 1033



### OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Jess Lee
Email	jsrlee@gmail.com
Type a question	<p>Aloha House Finance Committee Chair Luke, Vice-Chair Cullen, and committee members, I am testifying in STRONG OPPOSITION to SB 1033 SD2 HD1 which would require licensure of midwives. I oppose ALL versions of this bill. We ask you to PLEASE oppose this measure! It is a FINANCE DISASTER, it is DANGEROUS, and it is DISCRIMINATORY and UNCONSTITUTIONAL. This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices, and places a terrible financial burden on local families. Here is why:</p> <ul style="list-style-type: none"><li>• The costs are insane!</li></ul> <p>According to the DCCA, "The costs associated with licensing approximately 13 midwives would be \$203,000." Because State licensing law requires licensure to pay for itself, those 13 eligible midwives would bear a cost burden of \$15,615 each per year, which would be passed directly on to the families they serve. This is IF all 13 who are eligible can afford this astounding fee; if not, it is further increased. These costs would also be greatly increased if a hearing were to take place, a lawsuit or criminal action occurred, or other incidental expenses were incurred for any reason.</p> <p>THIS MAKES MIDWIFE-ATTENDED BIRTHS ACCESSIBLE ONLY TO THE EXTREMELY PRIVILEGED! This is economic discrimination, and places a terrible, prohibitive burden on local families, which is likely to result in more unattended "DIY" births without midwifery support. As the FINANCE Committee, you MUST OPPOSE this.</p> <ul style="list-style-type: none"><li>• This measure is discriminatory!</li></ul> <p>ONLY Midwives trained outside of Hawaii are eligible.</p>

This alone should stop this measure in its tracks. It creates a sharp dividing line, which ALL local home birth midwives are on the wrong side of. Good training routes of many kinds already exist in Hawai'i, but these are sidelined or criminalized by this measure. This bill encourages midwives from outside of Hawaii to move here, with no cultural competency, while annihilating virtually all local practices. This does not serve the people of Hawai'i, and discriminates against local practitioners and families. You have an obligation to protect the local people of Hawai'i from discrimination and displacement.

- Let's call it what it is: a witch hunt.

The persecution of midwives in Hawai'i goes back to the early days of the Territory, during which healers were being persecuted severely, as part of forced assimilation. The notorious witch hunts in Europe and Early America were similarly, in fact, essentially the persecution of midwives. This bill continues those traditions of forced assimilation, medicalization, and persecution. It is also demeaning, especially to respected cultural elders.

- It is legally unsound.

There are many serious legal problems with this measure. For example, the requirement that a traditional midwife "provides the required disclosures to clients that the individual is practicing midwifery in this State without a license to practice midwifery" (as if a rural cultural elder of any ethnicity should be required to do such a thing) is both offensive and legally unsound. This measure defines a legally exempted category of practitioner, and then, in the same sentence, forces them to state that they are practicing without a license to practice. The legal mess this is likely to create (and that the legislators passing such terrible language would be liable for), along with the potential for serious consequences or even death, is enormous. Generally, This measure is also full of legal gray areas; which are what lawsuits are made of.

- It will not be followed.

It should also be noted that most traditional midwives simply WILL NOT give the disclosure required in the bill, because it might INTERFERE WITH MATERNAL CONFIDENCE. Natural birthing is an ancient and sensitive art with its OWN principles of success and safety, which cannot be broken.

- It is DANGEROUS.

Licensed midwives would be utterly unaffordable and realistically, most other practitioners would be operating underground, as they did before 1999. UNASSISTED births are likely to be prevalent, increasing danger. Amongst attended home births,

TRANSFER DELAYS are the greatest danger, and are often driven by fear (note: it is the mother, not the midwife, who makes the decision to go to a hospital or not, as no one can be forced to do so). Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for consenting to give birth with an unlicensed midwife (per this bill’s requirement!). This increases actual danger substantially, particularly within ethnic groups that fear CWS discrimination, believing that child removal or criminalization might occur due to their choice of provider not seeming legitimate enough. You as legislators need to protect people from the

- Kanaka Maoli traditional practices are NOT protected.

First of all, the central traditional practice is BIRTH, not midwifery. Many traditional Kanaka Maoli births are attended by midwives of OTHER ethnicities. Further, Papa Ola Lokahi does not currently have any mechanism to extend protection to traditional midwives or other birth-related practitioners as such (its mandates are currently strictly for laau lapaau, lomilomi, hooponopono and laau kahea). While this could potentially be developed in the future, at this time such protection would be entirely speculative. Law cannot be based on speculation.

It must be remembered that ALL regulation of traditional midwifery limits, alters, and otherwise adversely impacts traditional Native Hawaiian healing, because the central traditional practice in question is BIRTH, not midwifery.

- The entire term “traditional practice” is externally defined, which goes directly against culture and traditions, which must be internally defined in order to be considered bona fide. See quote from Papa Ola Lokahi-convened Kahuna Statement to the Legislature, 1998: PAPA AUWAE AND ALL OTHER KUPUNA OPPOSED CULTURAL PRACTICES BEING DEFINED BY THE LEGISLATURE:

“...LICENSURE, AND CERTIFICATION ISSUES RAISED IN THE LEGISLATION ARE INAPPROPRIATE AND CULTURALLY UNACCEPTABLE FOR GOVERNMENT TO ASCERTAIN. THESE ARE THE KULEANA OF THE HAWAIIAN COMMUNITY ITSELF THROUGH KUPUNA WHO ARE PERPETUATING THESE PRACTICES.”

<http://www.papaolalokahi.org/images/CHRONOLOGY-of-EVENTS-RELATED-TO-TRADITIONAL-HEALING-2015-Dec.pdf>

- There is no reasonable licensure pathway for Hawai’i clinical midwives who are not CPMs.

It is against the Hawai’i Regulatory Licensing Reform

Act to offer a licensure pathway to a part of a profession, but not all of it, especially as NARM Certification is practically logistically impossible for Hawai'i midwives (thus shifting the recognized practice entirely to those trained outside of Hawai'i). The costs involved in licensing such a tiny cohort also need to be assessed prior to structuring legislation, as this Act also requires licensees to bear the full cost of issuance and administration. For a small cohort with complex needs, this could potentially be astronomical.

- The exemptions do not actually exempt anyone currently practicing traditional midwifery.

For this reason, great damage and endangerment would result in our community. The exemptions also notably miss some major areas crucial to local traditional families, such as grandparent-attended births (illegal under this measure), Aunties assisting nieces to give birth (illegal under this measure), and hanai family (illegal under this measure).

What about Tongan midwives? Filipina midwives? African-American midwives?

Women of all cultures deserve to be attended by WHOEVER THEY WANT, especially experts in ancient birthing practices from their culture. Traditional midwives who are not Hawaiian and do not qualify under SB 1033 are extremely important in the traditions that Hawaiian families are reviving from a nearly decimated cultural past. Many young Kanaka Maoli have the oral history of their grandparents to go on, but not much more. Non-Hawaiian traditional midwives play a crucial support role for ensuring safety, confidence and well-being as these traditions are brought back into being. Without them, the practices would still come back, but slower, with more loss and much less safety and support.

- Consumers are not helped by this measure, which would limit choices, raise prices, and provide no measurable safety benefits .

Women's reproductive choices are harmed.

Home birth is a crucial issue of reproductive choice and body sovereignty, and needs to be respected as such. Limitation of who may practice midwifery is the SAME THING as limitation of who a women may choose to attend her. It is an unreasonable limitation of

What is needed is COMMUNICATION, not regulation of something the State simply cannot understand. GOOD solutions CAN be developed, but THIS IS NOT THE WAY.

My recommendation is to hold this bill, and instead consider the creation of a real body that could effectively bring all concerned parties (DOH, cultural

practitioners, traditional birth attendants, CPMs, student midwives, OBGYN/ER doctors, etc) together to build the needed comprehensive solutions to address real consumer protection and safety. A Working Group or Task Force, as recommended by Sen. Dr. Josh Green in 2014.  
PLEASE HOLD THIS MEASURE. MAHALO!

From: Leila Wright <noreply@jotform.com>  
Sent: Thursday, March 28, 2019 8:26 AM  
To: FINtestimony  
Subject: Testimony in OPPOSITION to SB 1033



### OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Leila Wright
Email	leiwright8@gmail.com
Type a question	<p>Aloha House Finance Committee Chair Luke, Vice-Chair Cullen, and committee members, I am testifying in STRONG OPPOSITION to SB 1033 SD2 HD1 which would require licensure of midwives. I oppose ALL versions of this bill. We ask you to PLEASE oppose this measure! It is a FINANCE DISASTER, it is DANGEROUS, and it is DISCRIMINATORY and UNCONSTITUTIONAL. This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices, and places a terrible financial burden on local families. Here is why:</p> <ul style="list-style-type: none"><li>• The costs are insane!</li></ul> <p>According to the DCCA, "The costs associated with licensing approximately 13 midwives would be \$203,000." Because State licensing law requires licensure to pay for itself, those 13 eligible midwives would bear a cost burden of \$15,615 each per year, which would be passed directly on to the families they serve. This is IF all 13 who are eligible can afford this astounding fee; if not, it is further increased. These costs would also be greatly increased if a hearing were to take place, a lawsuit or criminal action occurred, or other incidental expenses were incurred for any reason.</p> <p>THIS MAKES MIDWIFE-ATTENDED BIRTHS ACCESSIBLE ONLY TO THE EXTREMELY PRIVILEGED! This is economic discrimination, and places a terrible, prohibitive burden on local families, which is likely to result in more unattended "DIY" births without midwifery support. As the FINANCE Committee, you MUST OPPOSE this.</p> <ul style="list-style-type: none"><li>• This measure is discriminatory!</li></ul> <p>ONLY Midwives trained outside of Hawaii are eligible.</p>

This alone should stop this measure in its tracks. It creates a sharp dividing line, which ALL local home birth midwives are on the wrong side of. Good training routes of many kinds already exist in Hawai'i, but these are sidelined or criminalized by this measure. This bill encourages midwives from outside of Hawaii to move here, with no cultural competency, while annihilating virtually all local practices. This does not serve the people of Hawai'i, and discriminates against local practitioners and families. You have an obligation to protect the local people of Hawai'i from discrimination and displacement.

- Let's call it what it is: a witch hunt.

The persecution of midwives in Hawai'i goes back to the early days of the Territory, during which healers were being persecuted severely, as part of forced assimilation. The notorious witch hunts in Europe and Early America were similarly, in fact, essentially the persecution of midwives. This bill continues those traditions of forced assimilation, medicalization, and persecution. It is also demeaning, especially to respected cultural elders.

- It is legally unsound.

There are many serious legal problems with this measure. For example, the requirement that a traditional midwife "provides the required disclosures to clients that the individual is practicing midwifery in this State without a license to practice midwifery" (as if a rural cultural elder of any ethnicity should be required to do such a thing) is both offensive and legally unsound. This measure defines a legally exempted category of practitioner, and then, in the same sentence, forces them to state that they are practicing without a license to practice. The legal mess this is likely to create (and that the legislators passing such terrible language would be liable for), along with the potential for serious consequences or even death, is enormous. Generally, This measure is also full of legal gray areas; which are what lawsuits are made of.

- It will not be followed.

It should also be noted that most traditional midwives simply WILL NOT give the disclosure required in the bill, because it might INTERFERE WITH MATERNAL CONFIDENCE. Natural birthing is an ancient and sensitive art with its OWN principles of success and safety, which cannot be broken.

- It is DANGEROUS.

Licensed midwives would be utterly unaffordable and realistically, most other practitioners would be operating underground, as they did before 1999. UNASSISTED births are likely to be prevalent, increasing danger. Amongst attended home births,



TRANSFER DELAYS are the greatest danger, and are often driven by fear (note: it is the mother, not the midwife, who makes the decision to go to a hospital or not, as no one can be forced to do so). Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for consenting to give birth with an unlicensed midwife (per this bill’s requirement!). This increases actual danger substantially, particularly within ethnic groups that fear CWS discrimination, believing that child removal or criminalization might occur due to their choice of provider not seeming legitimate enough. You as legislators need to protect people from the

- Kanaka Maoli traditional practices are NOT protected.

First of all, the central traditional practice is BIRTH, not midwifery. Many traditional Kanaka Maoli births are attended by midwives of OTHER ethnicities. Further, Papa Ola Lokahi does not currently have any mechanism to extend protection to traditional midwives or other birth-related practitioners as such (its mandates are currently strictly for laau lapaau, lomilomi, hooponopono and laau kahea). While this could potentially be developed in the future, at this time such protection would be entirely speculative. Law cannot be based on speculation.

It must be remembered that ALL regulation of traditional midwifery limits, alters, and otherwise adversely impacts traditional Native Hawaiian healing, because the central traditional practice in question is BIRTH, not midwifery.

- The entire term “traditional practice” is externally defined, which goes directly against culture and traditions, which must be internally defined in order to be considered bona fide. See quote from Papa Ola Lokahi-convened Kahuna Statement to the Legislature, 1998: PAPA AUWAE AND ALL OTHER KUPUNA OPPOSED CULTURAL PRACTICES BEING DEFINED BY THE LEGISLATURE:

“...LICENSURE, AND CERTIFICATION ISSUES RAISED IN THE LEGISLATION ARE INAPPROPRIATE AND CULTURALLY UNACCEPTABLE FOR GOVERNMENT TO ASCERTAIN. THESE ARE THE KULEANA OF THE HAWAIIAN COMMUNITY ITSELF THROUGH KUPUNA WHO ARE PERPETUATING THESE PRACTICES.”

<http://www.papaolalokahi.org/images/CHRONOLOGY-of-EVENTS-RELATED-TO-TRADITIONAL-HEALING-2015-Dec.pdf>

- There is no reasonable licensure pathway for Hawai'i clinical midwives who are not CPMs.

It is against the Hawai'i Regulatory Licensing Reform

Act to offer a licensure pathway to a part of a profession, but not all of it, especially as NARM Certification is practically logistically impossible for Hawai'i midwives (thus shifting the recognized practice entirely to those trained outside of Hawai'i). The costs involved in licensing such a tiny cohort also need to be assessed prior to structuring legislation, as this Act also requires licensees to bear the full cost of issuance and administration. For a small cohort with complex needs, this could potentially be astronomical.

- The exemptions do not actually exempt anyone currently practicing traditional midwifery.

For this reason, great damage and endangerment would result in our community. The exemptions also notably miss some major areas crucial to local traditional families, such as grandparent-attended births (illegal under this measure), Aunties assisting nieces to give birth (illegal under this measure), and hanai family (illegal under this measure).

What about Tongan midwives? Filipina midwives? African-American midwives?

Women of all cultures deserve to be attended by WHOEVER THEY WANT, especially experts in ancient birthing practices from their culture. Traditional midwives who are not Hawaiian and do not qualify under SB 1033 are extremely important in the traditions that Hawaiian families are reviving from a nearly decimated cultural past. Many young Kanaka Maoli have the oral history of their grandparents to go on, but not much more. Non-Hawaiian traditional midwives play a crucial support role for ensuring safety, confidence and well-being as these traditions are brought back into being. Without them, the practices would still come back, but slower, with more loss and much less safety and support.

- Consumers are not helped by this measure, which would limit choices, raise prices, and provide no measurable safety benefits .

Women's reproductive choices are harmed.

Home birth is a crucial issue of reproductive choice and body sovereignty, and needs to be respected as such. Limitation of who may practice midwifery is the SAME THING as limitation of who a women may choose to attend her. It is an unreasonable limitation of

What is needed is COMMUNICATION, not regulation of something the State simply cannot understand. GOOD solutions CAN be developed, but THIS IS NOT THE WAY.

My recommendation is to hold this bill, and instead consider the creation of a real body that could effectively bring all concerned parties (DOH, cultural

practitioners, traditional birth attendants, CPMs, student midwives, OBGYN/ER doctors, etc) together to build the needed comprehensive solutions to address real consumer protection and safety. A Working Group or Task Force, as recommended by Sen. Dr. Josh Green in 2014.  
PLEASE HOLD THIS MEASURE. MAHALO!

From: Pua'ena Ahn <noreply@jotform.com>  
Sent: Thursday, March 28, 2019 8:24 AM  
To: FINtestimony  
Subject: Testimony in OPPOSITION to SB 1033



**OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Pua'ena Ahn
Email	puaena.n.ahn@gmail.com
Type a question	<p>Aloha House Finance Committee Chair Luke, Vice-Chair Cullen, and committee members, I am testifying in STRONG OPPOSITION to SB 1033 SD2 HD1 which would require licensure of midwives. I oppose ALL versions of this bill. We ask you to PLEASE oppose this measure! It is a FINANCE DISASTER, it is DANGEROUS, and it is DISCRIMINATORY and UNCONSTITUTIONAL. This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices, and places a terrible financial burden on local families. Here is why:</p> <ul style="list-style-type: none"><li>• The costs are insane!</li></ul> <p>According to the DCCA, "The costs associated with licensing approximately 13 midwives would be \$203,000." Because State licensing law requires licensure to pay for itself, those 13 eligible midwives would bear a cost burden of \$15,615 each per year, which would be passed directly on to the families they serve. This is IF all 13 who are eligible can afford this astounding fee; if not, it is further increased. These costs would also be greatly increased if a hearing were to take place, a lawsuit or criminal action occurred, or other incidental expenses were incurred for any reason.</p> <p>THIS MAKES MIDWIFE-ATTENDED BIRTHS ACCESSIBLE ONLY TO THE EXTREMELY PRIVILEGED! This is economic discrimination, and places a terrible, prohibitive burden on local families, which is likely to result in more unattended "DIY" births without midwifery support. As the FINANCE Committee, you MUST OPPOSE this.</p> <ul style="list-style-type: none"><li>• This measure is discriminatory!</li></ul> <p>ONLY Midwives trained outside of Hawaii are eligible.</p>

This alone should stop this measure in its tracks. It creates a sharp dividing line, which ALL local home birth midwives are on the wrong side of. Good training routes of many kinds already exist in Hawai'i, but these are sidelined or criminalized by this measure. This bill encourages midwives from outside of Hawaii to move here, with no cultural competency, while annihilating virtually all local practices. This does not serve the people of Hawai'i, and discriminates against local practitioners and families. You have an obligation to protect the local people of Hawai'i from discrimination and displacement.

- Let's call it what it is: a witch hunt.

The persecution of midwives in Hawai'i goes back to the early days of the Territory, during which healers were being persecuted severely, as part of forced assimilation. The notorious witch hunts in Europe and Early America were similarly, in fact, essentially the persecution of midwives. This bill continues those traditions of forced assimilation, medicalization, and persecution. It is also demeaning, especially to respected cultural elders.

- It is legally unsound.

There are many serious legal problems with this measure. For example, the requirement that a traditional midwife "provides the required disclosures to clients that the individual is practicing midwifery in this State without a license to practice midwifery" (as if a rural cultural elder of any ethnicity should be required to do such a thing) is both offensive and legally unsound. This measure defines a legally exempted category of practitioner, and then, in the same sentence, forces them to state that they are practicing without a license to practice. The legal mess this is likely to create (and that the legislators passing such terrible language would be liable for), along with the potential for serious consequences or even death, is enormous. Generally, This measure is also full of legal gray areas; which are what lawsuits are made of.

- It will not be followed.

It should also be noted that most traditional midwives simply WILL NOT give the disclosure required in the bill, because it might INTERFERE WITH MATERNAL CONFIDENCE. Natural birthing is an ancient and sensitive art with its OWN principles of success and safety, which cannot be broken.

- It is DANGEROUS.

Licensed midwives would be utterly unaffordable and realistically, most other practitioners would be operating underground, as they did before 1999. UNASSISTED births are likely to be prevalent, increasing danger. Amongst attended home births,

TRANSFER DELAYS are the greatest danger, and are often driven by fear (note: it is the mother, not the midwife, who makes the decision to go to a hospital or not, as no one can be forced to do so). Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for consenting to give birth with an unlicensed midwife (per this bill’s requirement!). This increases actual danger substantially, particularly within ethnic groups that fear CWS discrimination, believing that child removal or criminalization might occur due to their choice of provider not seeming legitimate enough. You as legislators need to protect people from the

- Kanaka Maoli traditional practices are NOT protected.

First of all, the central traditional practice is BIRTH, not midwifery. Many traditional Kanaka Maoli births are attended by midwives of OTHER ethnicities. Further, Papa Ola Lokahi does not currently have any mechanism to extend protection to traditional midwives or other birth-related practitioners as such (its mandates are currently strictly for laau lapaau, lomilomi, hooponopono and laau kahea). While this could potentially be developed in the future, at this time such protection would be entirely speculative. Law cannot be based on speculation.

It must be remembered that ALL regulation of traditional midwifery limits, alters, and otherwise adversely impacts traditional Native Hawaiian healing, because the central traditional practice in question is BIRTH, not midwifery.

- The entire term “traditional practice” is externally defined, which goes directly against culture and traditions, which must be internally defined in order to be considered bona fide. See quote from Papa Ola Lokahi-convened Kahuna Statement to the Legislature, 1998: PAPA AUWAE AND ALL OTHER KUPUNA OPPOSED CULTURAL PRACTICES BEING DEFINED BY THE LEGISLATURE:

“...LICENSURE, AND CERTIFICATION ISSUES RAISED IN THE LEGISLATION ARE INAPPROPRIATE AND CULTURALLY UNACCEPTABLE FOR GOVERNMENT TO ASCERTAIN. THESE ARE THE KULEANA OF THE HAWAIIAN COMMUNITY ITSELF THROUGH KUPUNA WHO ARE PERPETUATING THESE PRACTICES.”

<http://www.papaolalokahi.org/images/CHRONOLOGY-of-EVENTS-RELATED-TO-TRADITIONAL-HEALING-2015-Dec.pdf>

- There is no reasonable licensure pathway for Hawai'i clinical midwives who are not CPMs.

It is against the Hawai'i Regulatory Licensing Reform

Act to offer a licensure pathway to a part of a profession, but not all of it, especially as NARM Certification is practically logistically impossible for Hawai'i midwives (thus shifting the recognized practice entirely to those trained outside of Hawai'i). The costs involved in licensing such a tiny cohort also need to be assessed prior to structuring legislation, as this Act also requires licensees to bear the full cost of issuance and administration. For a small cohort with complex needs, this could potentially be astronomical.

- The exemptions do not actually exempt anyone currently practicing traditional midwifery.

For this reason, great damage and endangerment would result in our community. The exemptions also notably miss some major areas crucial to local traditional families, such as grandparent-attended births (illegal under this measure), Aunties assisting nieces to give birth (illegal under this measure), and hanai family (illegal under this measure).

What about Tongan midwives? Filipina midwives? African-American midwives?

Women of all cultures deserve to be attended by WHOEVER THEY WANT, especially experts in ancient birthing practices from their culture. Traditional midwives who are not Hawaiian and do not qualify under SB 1033 are extremely important in the traditions that Hawaiian families are reviving from a nearly decimated cultural past. Many young Kanaka Maoli have the oral history of their grandparents to go on, but not much more. Non-Hawaiian traditional midwives play a crucial support role for ensuring safety, confidence and well-being as these traditions are brought back into being. Without them, the practices would still come back, but slower, with more loss and much less safety and support.

- Consumers are not helped by this measure, which would limit choices, raise prices, and provide no measurable safety benefits .

Women's reproductive choices are harmed.

Home birth is a crucial issue of reproductive choice and body sovereignty, and needs to be respected as such. Limitation of who may practice midwifery is the SAME THING as limitation of who a women may choose to attend her. It is an unreasonable limitation of

What is needed is COMMUNICATION, not regulation of something the State simply cannot understand. GOOD solutions CAN be developed, but THIS IS NOT THE WAY.

My recommendation is to hold this bill, and instead consider the creation of a real body that could effectively bring all concerned parties (DOH, cultural

practitioners, traditional birth attendants, CPMs, student midwives, OBGYN/ER doctors, etc) together to build the needed comprehensive solutions to address real consumer protection and safety. A Working Group or Task Force, as recommended by Sen. Dr. Josh Green in 2014.  
PLEASE HOLD THIS MEASURE. MAHALO!



From: Gaurangi Jones <noreply@jotform.com>  
Sent: Thursday, March 28, 2019 8:23 AM  
To: FINtestimony  
Subject: Testimony in OPPOSITION to SB 1033



**OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Gaurangi Jones
Email	gaurangistray@yahoo.com
Type a question	<p>Aloha House Finance Committee Chair Luke, Vice-Chair Cullen, and committee members, I am testifying in STRONG OPPOSITION to SB 1033 SD2 HD1 which would require licensure of midwives. I oppose ALL versions of this bill. We ask you to PLEASE oppose this measure! It is a FINANCE DISASTER, it is DANGEROUS, and it is DISCRIMINATORY and UNCONSTITUTIONAL. This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices, and places a terrible financial burden on local families. Here is why:</p> <ul style="list-style-type: none"><li>• The costs are insane!</li></ul> <p>According to the DCCA, "The costs associated with licensing approximately 13 midwives would be \$203,000." Because State licensing law requires licensure to pay for itself, those 13 eligible midwives would bear a cost burden of \$15,615 each per year, which would be passed directly on to the families they serve. This is IF all 13 who are eligible can afford this astounding fee; if not, it is further increased. These costs would also be greatly increased if a hearing were to take place, a lawsuit or criminal action occurred, or other incidental expenses were incurred for any reason.</p> <p>THIS MAKES MIDWIFE-ATTENDED BIRTHS ACCESSIBLE ONLY TO THE EXTREMELY PRIVILEGED! This is economic discrimination, and places a terrible, prohibitive burden on local families, which is likely to result in more unattended "DIY" births without midwifery support. As the FINANCE Committee, you MUST OPPOSE this.</p> <ul style="list-style-type: none"><li>• This measure is discriminatory!</li></ul> <p>ONLY Midwives trained outside of Hawaii are eligible.</p>

This alone should stop this measure in its tracks. It creates a sharp dividing line, which ALL local home birth midwives are on the wrong side of. Good training routes of many kinds already exist in Hawai'i, but these are sidelined or criminalized by this measure. This bill encourages midwives from outside of Hawaii to move here, with no cultural competency, while annihilating virtually all local practices. This does not serve the people of Hawai'i, and discriminates against local practitioners and families. You have an obligation to protect the local people of Hawai'i from discrimination and displacement.

- Let's call it what it is: a witch hunt.

The persecution of midwives in Hawai'i goes back to the early days of the Territory, during which healers were being persecuted severely, as part of forced assimilation. The notorious witch hunts in Europe and Early America were similarly, in fact, essentially the persecution of midwives. This bill continues those traditions of forced assimilation, medicalization, and persecution. It is also demeaning, especially to respected cultural elders.

- It is legally unsound.

There are many serious legal problems with this measure. For example, the requirement that a traditional midwife "provides the required disclosures to clients that the individual is practicing midwifery in this State without a license to practice midwifery" (as if a rural cultural elder of any ethnicity should be required to do such a thing) is both offensive and legally unsound. This measure defines a legally exempted category of practitioner, and then, in the same sentence, forces them to state that they are practicing without a license to practice. The legal mess this is likely to create (and that the legislators passing such terrible language would be liable for), along with the potential for serious consequences or even death, is enormous. Generally, This measure is also full of legal gray areas; which are what lawsuits are made of.

- It will not be followed.

It should also be noted that most traditional midwives simply WILL NOT give the disclosure required in the bill, because it might INTERFERE WITH MATERNAL CONFIDENCE. Natural birthing is an ancient and sensitive art with its OWN principles of success and safety, which cannot be broken.

- It is DANGEROUS.

Licensed midwives would be utterly unaffordable and realistically, most other practitioners would be operating underground, as they did before 1999. UNASSISTED births are likely to be prevalent, increasing danger. Amongst attended home births,

TRANSFER DELAYS are the greatest danger, and are often driven by fear (note: it is the mother, not the midwife, who makes the decision to go to a hospital or not, as no one can be forced to do so). Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for consenting to give birth with an unlicensed midwife (per this bill’s requirement!). This increases actual danger substantially, particularly within ethnic groups that fear CWS discrimination, believing that child removal or criminalization might occur due to their choice of provider not seeming legitimate enough. You as legislators need to protect people from the

- Kanaka Maoli traditional practices are NOT protected.

First of all, the central traditional practice is BIRTH, not midwifery. Many traditional Kanaka Maoli births are attended by midwives of OTHER ethnicities. Further, Papa Ola Lokahi does not currently have any mechanism to extend protection to traditional midwives or other birth-related practitioners as such (its mandates are currently strictly for laau lapaau, lomilomi, hooponopono and laau kahea). While this could potentially be developed in the future, at this time such protection would be entirely speculative. Law cannot be based on speculation.

It must be remembered that ALL regulation of traditional midwifery limits, alters, and otherwise adversely impacts traditional Native Hawaiian healing, because the central traditional practice in question is BIRTH, not midwifery.

- The entire term “traditional practice” is externally defined, which goes directly against culture and traditions, which must be internally defined in order to be considered bona fide. See quote from Papa Ola Lokahi-convened Kahuna Statement to the Legislature, 1998: PAPA AUWAE AND ALL OTHER KUPUNA OPPOSED CULTURAL PRACTICES BEING DEFINED BY THE LEGISLATURE:

“...LICENSURE, AND CERTIFICATION ISSUES RAISED IN THE LEGISLATION ARE INAPPROPRIATE AND CULTURALLY UNACCEPTABLE FOR GOVERNMENT TO ASCERTAIN. THESE ARE THE KULEANA OF THE HAWAIIAN COMMUNITY ITSELF THROUGH KUPUNA WHO ARE PERPETUATING THESE PRACTICES.”

<http://www.papaolalokahi.org/images/CHRONOLOGY-of-EVENTS-RELATED-TO-TRADITIONAL-HEALING-2015-Dec.pdf>

- There is no reasonable licensure pathway for Hawai’i clinical midwives who are not CPMs.

It is against the Hawai’i Regulatory Licensing Reform

Act to offer a licensure pathway to a part of a profession, but not all of it, especially as NARM Certification is practically logistically impossible for Hawai'i midwives (thus shifting the recognized practice entirely to those trained outside of Hawai'i). The costs involved in licensing such a tiny cohort also need to be assessed prior to structuring legislation, as this Act also requires licensees to bear the full cost of issuance and administration. For a small cohort with complex needs, this could potentially be astronomical.

- The exemptions do not actually exempt anyone currently practicing traditional midwifery.

For this reason, great damage and endangerment would result in our community. The exemptions also notably miss some major areas crucial to local traditional families, such as grandparent-attended births (illegal under this measure), Aunties assisting nieces to give birth (illegal under this measure), and hanai family (illegal under this measure).

What about Tongan midwives? Filipina midwives? African-American midwives?

Women of all cultures deserve to be attended by WHOEVER THEY WANT, especially experts in ancient birthing practices from their culture. Traditional midwives who are not Hawaiian and do not qualify under SB 1033 are extremely important in the traditions that Hawaiian families are reviving from a nearly decimated cultural past. Many young Kanaka Maoli have the oral history of their grandparents to go on, but not much more. Non-Hawaiian traditional midwives play a crucial support role for ensuring safety, confidence and well-being as these traditions are brought back into being. Without them, the practices would still come back, but slower, with more loss and much less safety and support.

- Consumers are not helped by this measure, which would limit choices, raise prices, and provide no measurable safety benefits .

Women's reproductive choices are harmed.

Home birth is a crucial issue of reproductive choice and body sovereignty, and needs to be respected as such. Limitation of who may practice midwifery is the SAME THING as limitation of who a women may choose to attend her. It is an unreasonable limitation of

What is needed is COMMUNICATION, not regulation of something the State simply cannot understand. GOOD solutions CAN be developed, but THIS IS NOT THE WAY.

My recommendation is to hold this bill, and instead consider the creation of a real body that could effectively bring all concerned parties (DOH, cultural

practitioners, traditional birth attendants, CPMs, student midwives, OBGYN/ER doctors, etc) together to build the needed comprehensive solutions to address real consumer protection and safety. A Working Group or Task Force, as recommended by Sen. Dr. Josh Green in 2014.  
PLEASE HOLD THIS MEASURE. MAHALO!

From: Hannah Ashley <noreply@jotform.com>  
Sent: Thursday, March 28, 2019 8:20 AM  
To: FINtestimony  
Subject: Testimony in OPPOSITION to SB 1033



### OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Hannah Ashley
Email	hannahashley1mt@gmail.com
Type a question	<p>Aloha House Finance Committee Chair Luke, Vice-Chair Cullen, and committee members, I am testifying in STRONG OPPOSITION to SB 1033 SD2 HD1 which would require licensure of midwives. I oppose ALL versions of this bill. We ask you to PLEASE oppose this measure! It is a FINANCE DISASTER, it is DANGEROUS, and it is DISCRIMINATORY and UNCONSTITUTIONAL. This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices, and places a terrible financial burden on local families. Here is why:</p> <ul style="list-style-type: none"><li>• The costs are insane!</li></ul> <p>According to the DCCA, "The costs associated with licensing approximately 13 midwives would be \$203,000." Because State licensing law requires licensure to pay for itself, those 13 eligible midwives would bear a cost burden of \$15,615 each per year, which would be passed directly on to the families they serve. This is IF all 13 who are eligible can afford this astounding fee; if not, it is further increased. These costs would also be greatly increased if a hearing were to take place, a lawsuit or criminal action occurred, or other incidental expenses were incurred for any reason.</p> <p>THIS MAKES MIDWIFE-ATTENDED BIRTHS ACCESSIBLE ONLY TO THE EXTREMELY PRIVILEGED! This is economic discrimination, and places a terrible, prohibitive burden on local families, which is likely to result in more unattended "DIY" births without midwifery support. As the FINANCE Committee, you MUST OPPOSE this.</p> <ul style="list-style-type: none"><li>• This measure is discriminatory!</li></ul> <p>ONLY Midwives trained outside of Hawaii are eligible.</p>

This alone should stop this measure in its tracks. It creates a sharp dividing line, which ALL local home birth midwives are on the wrong side of. Good training routes of many kinds already exist in Hawai'i, but these are sidelined or criminalized by this measure. This bill encourages midwives from outside of Hawaii to move here, with no cultural competency, while annihilating virtually all local practices. This does not serve the people of Hawai'i, and discriminates against local practitioners and families. You have an obligation to protect the local people of Hawai'i from discrimination and displacement.

- Let's call it what it is: a witch hunt.

The persecution of midwives in Hawai'i goes back to the early days of the Territory, during which healers were being persecuted severely, as part of forced assimilation. The notorious witch hunts in Europe and Early America were similarly, in fact, essentially the persecution of midwives. This bill continues those traditions of forced assimilation, medicalization, and persecution. It is also demeaning, especially to respected cultural elders.

- It is legally unsound.

There are many serious legal problems with this measure. For example, the requirement that a traditional midwife "provides the required disclosures to clients that the individual is practicing midwifery in this State without a license to practice midwifery" (as if a rural cultural elder of any ethnicity should be required to do such a thing) is both offensive and legally unsound. This measure defines a legally exempted category of practitioner, and then, in the same sentence, forces them to state that they are practicing without a license to practice. The legal mess this is likely to create (and that the legislators passing such terrible language would be liable for), along with the potential for serious consequences or even death, is enormous. Generally, This measure is also full of legal gray areas; which are what lawsuits are made of.

- It will not be followed.

It should also be noted that most traditional midwives simply WILL NOT give the disclosure required in the bill, because it might INTERFERE WITH MATERNAL CONFIDENCE. Natural birthing is an ancient and sensitive art with its OWN principles of success and safety, which cannot be broken.

- It is DANGEROUS.

Licensed midwives would be utterly unaffordable and realistically, most other practitioners would be operating underground, as they did before 1999. UNASSISTED births are likely to be prevalent, increasing danger. Amongst attended home births,

TRANSFER DELAYS are the greatest danger, and are often driven by fear (note: it is the mother, not the midwife, who makes the decision to go to a hospital or not, as no one can be forced to do so). Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for consenting to give birth with an unlicensed midwife (per this bill’s requirement!). This increases actual danger substantially, particularly within ethnic groups that fear CWS discrimination, believing that child removal or criminalization might occur due to their choice of provider not seeming legitimate enough. You as legislators need to protect people from the

- Kanaka Maoli traditional practices are NOT protected.

First of all, the central traditional practice is BIRTH, not midwifery. Many traditional Kanaka Maoli births are attended by midwives of OTHER ethnicities. Further, Papa Ola Lokahi does not currently have any mechanism to extend protection to traditional midwives or other birth-related practitioners as such (its mandates are currently strictly for laau lapaau, lomilomi, hooponopono and laau kahea). While this could potentially be developed in the future, at this time such protection would be entirely speculative. Law cannot be based on speculation.

It must be remembered that ALL regulation of traditional midwifery limits, alters, and otherwise adversely impacts traditional Native Hawaiian healing, because the central traditional practice in question is BIRTH, not midwifery.

- The entire term “traditional practice” is externally defined, which goes directly against culture and traditions, which must be internally defined in order to be considered bona fide. See quote from Papa Ola Lokahi-convened Kahuna Statement to the Legislature, 1998: PAPA AUWAE AND ALL OTHER KUPUNA OPPOSED CULTURAL PRACTICES BEING DEFINED BY THE LEGISLATURE:

“...LICENSURE, AND CERTIFICATION ISSUES RAISED IN THE LEGISLATION ARE INAPPROPRIATE AND CULTURALLY UNACCEPTABLE FOR GOVERNMENT TO ASCERTAIN. THESE ARE THE KULEANA OF THE HAWAIIAN COMMUNITY ITSELF THROUGH KUPUNA WHO ARE PERPETUATING THESE PRACTICES.”

<http://www.papaolalokahi.org/images/CHRONOLOGY-of-EVENTS-RELATED-TO-TRADITIONAL-HEALING-2015-Dec.pdf>

- There is no reasonable licensure pathway for Hawai’i clinical midwives who are not CPMs.

It is against the Hawai’i Regulatory Licensing Reform



Act to offer a licensure pathway to a part of a profession, but not all of it, especially as NARM Certification is practically logistically impossible for Hawai'i midwives (thus shifting the recognized practice entirely to those trained outside of Hawai'i). The costs involved in licensing such a tiny cohort also need to be assessed prior to structuring legislation, as this Act also requires licensees to bear the full cost of issuance and administration. For a small cohort with complex needs, this could potentially be astronomical.

- The exemptions do not actually exempt anyone currently practicing traditional midwifery.

For this reason, great damage and endangerment would result in our community. The exemptions also notably miss some major areas crucial to local traditional families, such as grandparent-attended births (illegal under this measure), Aunties assisting nieces to give birth (illegal under this measure), and hanai family (illegal under this measure).

What about Tongan midwives? Filipina midwives? African-American midwives?

Women of all cultures deserve to be attended by WHOEVER THEY WANT, especially experts in ancient birthing practices from their culture. Traditional midwives who are not Hawaiian and do not qualify under SB 1033 are extremely important in the traditions that Hawaiian families are reviving from a nearly decimated cultural past. Many young Kanaka Maoli have the oral history of their grandparents to go on, but not much more. Non-Hawaiian traditional midwives play a crucial support role for ensuring safety, confidence and well-being as these traditions are brought back into being. Without them, the practices would still come back, but slower, with more loss and much less safety and support.

- Consumers are not helped by this measure, which would limit choices, raise prices, and provide no measurable safety benefits .

Women's reproductive choices are harmed.

Home birth is a crucial issue of reproductive choice and body sovereignty, and needs to be respected as such. Limitation of who may practice midwifery is the SAME THING as limitation of who a women may choose to attend her. It is an unreasonable limitation of

What is needed is COMMUNICATION, not regulation of something the State simply cannot understand. GOOD solutions CAN be developed, but THIS IS NOT THE WAY.

My recommendation is to hold this bill, and instead consider the creation of a real body that could effectively bring all concerned parties (DOH, cultural

practitioners, traditional birth attendants, CPMs, student midwives, OBGYN/ER doctors, etc) together to build the needed comprehensive solutions to address real consumer protection and safety. A Working Group or Task Force, as recommended by Sen. Dr. Josh Green in 2014.  
PLEASE HOLD THIS MEASURE. MAHALO!

From: Brynne Caleda <noreply@jotform.com>  
Sent: Thursday, March 28, 2019 8:16 AM  
To: FINtestimony  
Subject: Testimony in OPPOSITION to SB 1033



### OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Brynne Caleda
Email	brynnecaleda@gmail.com
Type a question	<p>Aloha House Finance Committee Chair Luke, Vice-Chair Cullen, and committee members, I am testifying in STRONG OPPOSITION to SB 1033 SD2 HD1 which would require licensure of midwives. I oppose ALL versions of this bill. We ask you to PLEASE oppose this measure! It is a FINANCE DISASTER, it is DANGEROUS, and it is DISCRIMINATORY and UNCONSTITUTIONAL. This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices, and places a terrible financial burden on local families. Here is why:</p> <ul style="list-style-type: none"><li>• The costs are insane!</li></ul> <p>According to the DCCA, "The costs associated with licensing approximately 13 midwives would be \$203,000." Because State licensing law requires licensure to pay for itself, those 13 eligible midwives would bear a cost burden of \$15,615 each per year, which would be passed directly on to the families they serve. This is IF all 13 who are eligible can afford this astounding fee; if not, it is further increased. These costs would also be greatly increased if a hearing were to take place, a lawsuit or criminal action occurred, or other incidental expenses were incurred for any reason.</p> <p>THIS MAKES MIDWIFE-ATTENDED BIRTHS ACCESSIBLE ONLY TO THE EXTREMELY PRIVILEGED! This is economic discrimination, and places a terrible, prohibitive burden on local families, which is likely to result in more unattended "DIY" births without midwifery support. As the FINANCE Committee, you MUST OPPOSE this.</p> <ul style="list-style-type: none"><li>• This measure is discriminatory!</li></ul> <p>ONLY Midwives trained outside of Hawaii are eligible.</p>

This alone should stop this measure in its tracks. It creates a sharp dividing line, which ALL local home birth midwives are on the wrong side of. Good training routes of many kinds already exist in Hawai'i, but these are sidelined or criminalized by this measure. This bill encourages midwives from outside of Hawaii to move here, with no cultural competency, while annihilating virtually all local practices. This does not serve the people of Hawai'i, and discriminates against local practitioners and families. You have an obligation to protect the local people of Hawai'i from discrimination and displacement.

- Let's call it what it is: a witch hunt.

The persecution of midwives in Hawai'i goes back to the early days of the Territory, during which healers were being persecuted severely, as part of forced assimilation. The notorious witch hunts in Europe and Early America were similarly, in fact, essentially the persecution of midwives. This bill continues those traditions of forced assimilation, medicalization, and persecution. It is also demeaning, especially to respected cultural elders.

- It is legally unsound.

There are many serious legal problems with this measure. For example, the requirement that a traditional midwife "provides the required disclosures to clients that the individual is practicing midwifery in this State without a license to practice midwifery" (as if a rural cultural elder of any ethnicity should be required to do such a thing) is both offensive and legally unsound. This measure defines a legally exempted category of practitioner, and then, in the same sentence, forces them to state that they are practicing without a license to practice. The legal mess this is likely to create (and that the legislators passing such terrible language would be liable for), along with the potential for serious consequences or even death, is enormous. Generally, This measure is also full of legal gray areas; which are what lawsuits are made of.

- It will not be followed.

It should also be noted that most traditional midwives simply WILL NOT give the disclosure required in the bill, because it might INTERFERE WITH MATERNAL CONFIDENCE. Natural birthing is an ancient and sensitive art with its OWN principles of success and safety, which cannot be broken.

- It is DANGEROUS.

Licensed midwives would be utterly unaffordable and realistically, most other practitioners would be operating underground, as they did before 1999. UNASSISTED births are likely to be prevalent, increasing danger. Amongst attended home births,

TRANSFER DELAYS are the greatest danger, and are often driven by fear (note: it is the mother, not the midwife, who makes the decision to go to a hospital or not, as no one can be forced to do so). Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for consenting to give birth with an unlicensed midwife (per this bill’s requirement!). This increases actual danger substantially, particularly within ethnic groups that fear CWS discrimination, believing that child removal or criminalization might occur due to their choice of provider not seeming legitimate enough. You as legislators need to protect people from the

- Kanaka Maoli traditional practices are NOT protected.

First of all, the central traditional practice is BIRTH, not midwifery. Many traditional Kanaka Maoli births are attended by midwives of OTHER ethnicities. Further, Papa Ola Lokahi does not currently have any mechanism to extend protection to traditional midwives or other birth-related practitioners as such (its mandates are currently strictly for laau lapaau, lomilomi, hooponopono and laau kahea). While this could potentially be developed in the future, at this time such protection would be entirely speculative. Law cannot be based on speculation.

It must be remembered that ALL regulation of traditional midwifery limits, alters, and otherwise adversely impacts traditional Native Hawaiian healing, because the central traditional practice in question is BIRTH, not midwifery.

- The entire term “traditional practice” is externally defined, which goes directly against culture and traditions, which must be internally defined in order to be considered bona fide. See quote from Papa Ola Lokahi-convened Kahuna Statement to the Legislature, 1998: PAPA AUWAE AND ALL OTHER KUPUNA OPPOSED CULTURAL PRACTICES BEING DEFINED BY THE LEGISLATURE:

“...LICENSURE, AND CERTIFICATION ISSUES RAISED IN THE LEGISLATION ARE INAPPROPRIATE AND CULTURALLY UNACCEPTABLE FOR GOVERNMENT TO ASCERTAIN. THESE ARE THE KULEANA OF THE HAWAIIAN COMMUNITY ITSELF THROUGH KUPUNA WHO ARE PERPETUATING THESE PRACTICES.”

<http://www.papaolalokahi.org/images/CHRONOLOGY-of-EVENTS-RELATED-TO-TRADITIONAL-HEALING-2015-Dec.pdf>

- There is no reasonable licensure pathway for Hawai’i clinical midwives who are not CPMs.

It is against the Hawai’i Regulatory Licensing Reform

Act to offer a licensure pathway to a part of a profession, but not all of it, especially as NARM Certification is practically logistically impossible for Hawai'i midwives (thus shifting the recognized practice entirely to those trained outside of Hawai'i). The costs involved in licensing such a tiny cohort also need to be assessed prior to structuring legislation, as this Act also requires licensees to bear the full cost of issuance and administration. For a small cohort with complex needs, this could potentially be astronomical.

- The exemptions do not actually exempt anyone currently practicing traditional midwifery.

For this reason, great damage and endangerment would result in our community. The exemptions also notably miss some major areas crucial to local traditional families, such as grandparent-attended births (illegal under this measure), Aunties assisting nieces to give birth (illegal under this measure), and hanai family (illegal under this measure).

What about Tongan midwives? Filipina midwives? African-American midwives?

Women of all cultures deserve to be attended by WHOEVER THEY WANT, especially experts in ancient birthing practices from their culture. Traditional midwives who are not Hawaiian and do not qualify under SB 1033 are extremely important in the traditions that Hawaiian families are reviving from a nearly decimated cultural past. Many young Kanaka Maoli have the oral history of their grandparents to go on, but not much more. Non-Hawaiian traditional midwives play a crucial support role for ensuring safety, confidence and well-being as these traditions are brought back into being. Without them, the practices would still come back, but slower, with more loss and much less safety and support.

- Consumers are not helped by this measure, which would limit choices, raise prices, and provide no measurable safety benefits .

Women's reproductive choices are harmed.

Home birth is a crucial issue of reproductive choice and body sovereignty, and needs to be respected as such. Limitation of who may practice midwifery is the SAME THING as limitation of who a women may choose to attend her. It is an unreasonable limitation of

What is needed is COMMUNICATION, not regulation of something the State simply cannot understand. GOOD solutions CAN be developed, but THIS IS NOT THE WAY.

My recommendation is to hold this bill, and instead consider the creation of a real body that could effectively bring all concerned parties (DOH, cultural

practitioners, traditional birth attendants, CPMs, student midwives, OBGYN/ER doctors, etc) together to build the needed comprehensive solutions to address real consumer protection and safety. A Working Group or Task Force, as recommended by Sen. Dr. Josh Green in 2014.  
PLEASE HOLD THIS MEASURE. MAHALO!

From: Marta Greenleaf <noreply@jotform.com>  
Sent: Thursday, March 28, 2019 8:12 AM  
To: FINtestimony  
Subject: Testimony in OPPOSITION to SB 1033



**OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Marta Greenleaf
Email	greenleaf.maui@yahoo.com
Type a question	<p>Aloha House Finance Committee Chair Luke, Vice-Chair Cullen, and committee members, I am testifying in STRONG OPPOSITION to SB 1033 SD2 HD1 which would require licensure of midwives. I oppose ALL versions of this bill. We ask you to PLEASE oppose this measure! It is a FINANCE DISASTER, it is DANGEROUS, and it is DISCRIMINATORY and UNCONSTITUTIONAL. This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices, and places a terrible financial burden on local families. Here is why:</p> <ul style="list-style-type: none"><li>• The costs are insane!</li></ul> <p>According to the DCCA, "The costs associated with licensing approximately 13 midwives would be \$203,000." Because State licensing law requires licensure to pay for itself, those 13 eligible midwives would bear a cost burden of \$15,615 each per year, which would be passed directly on to the families they serve. This is IF all 13 who are eligible can afford this astounding fee; if not, it is further increased. These costs would also be greatly increased if a hearing were to take place, a lawsuit or criminal action occurred, or other incidental expenses were incurred for any reason.</p> <p>THIS MAKES MIDWIFE-ATTENDED BIRTHS ACCESSIBLE ONLY TO THE EXTREMELY PRIVILEGED! This is economic discrimination, and places a terrible, prohibitive burden on local families, which is likely to result in more unattended "DIY" births without midwifery support. As the FINANCE Committee, you MUST OPPOSE this.</p> <ul style="list-style-type: none"><li>• This measure is discriminatory!</li></ul> <p>ONLY Midwives trained outside of Hawaii are eligible.</p>



This alone should stop this measure in its tracks. It creates a sharp dividing line, which ALL local home birth midwives are on the wrong side of. Good training routes of many kinds already exist in Hawai'i, but these are sidelined or criminalized by this measure. This bill encourages midwives from outside of Hawaii to move here, with no cultural competency, while annihilating virtually all local practices. This does not serve the people of Hawai'i, and discriminates against local practitioners and families. You have an obligation to protect the local people of Hawai'i from discrimination and displacement.

- Let's call it what it is: a witch hunt.

The persecution of midwives in Hawai'i goes back to the early days of the Territory, during which healers were being persecuted severely, as part of forced assimilation. The notorious witch hunts in Europe and Early America were similarly, in fact, essentially the persecution of midwives. This bill continues those traditions of forced assimilation, medicalization, and persecution. It is also demeaning, especially to respected cultural elders.

- It is legally unsound.

There are many serious legal problems with this measure. For example, the requirement that a traditional midwife "provides the required disclosures to clients that the individual is practicing midwifery in this State without a license to practice midwifery" (as if a rural cultural elder of any ethnicity should be required to do such a thing) is both offensive and legally unsound. This measure defines a legally exempted category of practitioner, and then, in the same sentence, forces them to state that they are practicing without a license to practice. The legal mess this is likely to create (and that the legislators passing such terrible language would be liable for), along with the potential for serious consequences or even death, is enormous. Generally, This measure is also full of legal gray areas; which are what lawsuits are made of.

- It will not be followed.

It should also be noted that most traditional midwives simply WILL NOT give the disclosure required in the bill, because it might INTERFERE WITH MATERNAL CONFIDENCE. Natural birthing is an ancient and sensitive art with its OWN principles of success and safety, which cannot be broken.

- It is DANGEROUS.

Licensed midwives would be utterly unaffordable and realistically, most other practitioners would be operating underground, as they did before 1999. UNASSISTED births are likely to be prevalent, increasing danger. Amongst attended home births,

TRANSFER DELAYS are the greatest danger, and are often driven by fear (note: it is the mother, not the midwife, who makes the decision to go to a hospital or not, as no one can be forced to do so). Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for consenting to give birth with an unlicensed midwife (per this bill’s requirement!). This increases actual danger substantially, particularly within ethnic groups that fear CWS discrimination, believing that child removal or criminalization might occur due to their choice of provider not seeming legitimate enough. You as legislators need to protect people from the

- Kanaka Maoli traditional practices are NOT protected.

First of all, the central traditional practice is BIRTH, not midwifery. Many traditional Kanaka Maoli births are attended by midwives of OTHER ethnicities. Further, Papa Ola Lokahi does not currently have any mechanism to extend protection to traditional midwives or other birth-related practitioners as such (its mandates are currently strictly for laau lapaau, lomilomi, hooponopono and laau kahea). While this could potentially be developed in the future, at this time such protection would be entirely speculative. Law cannot be based on speculation.

It must be remembered that ALL regulation of traditional midwifery limits, alters, and otherwise adversely impacts traditional Native Hawaiian healing, because the central traditional practice in question is BIRTH, not midwifery.

- The entire term “traditional practice” is externally defined, which goes directly against culture and traditions, which must be internally defined in order to be considered bona fide. See quote from Papa Ola Lokahi-convened Kahuna Statement to the Legislature, 1998: PAPA AUWAE AND ALL OTHER KUPUNA OPPOSED CULTURAL PRACTICES BEING DEFINED BY THE LEGISLATURE:

“...LICENSURE, AND CERTIFICATION ISSUES RAISED IN THE LEGISLATION ARE INAPPROPRIATE AND CULTURALLY UNACCEPTABLE FOR GOVERNMENT TO ASCERTAIN. THESE ARE THE KULEANA OF THE HAWAIIAN COMMUNITY ITSELF THROUGH KUPUNA WHO ARE PERPETUATING THESE PRACTICES.”

<http://www.papaolalokahi.org/images/CHRONOLOGY-of-EVENTS-RELATED-TO-TRADITIONAL-HEALING-2015-Dec.pdf>

- There is no reasonable licensure pathway for Hawai’i clinical midwives who are not CPMs.

It is against the Hawai’i Regulatory Licensing Reform

Act to offer a licensure pathway to a part of a profession, but not all of it, especially as NARM Certification is practically logistically impossible for Hawai'i midwives (thus shifting the recognized practice entirely to those trained outside of Hawai'i). The costs involved in licensing such a tiny cohort also need to be assessed prior to structuring legislation, as this Act also requires licensees to bear the full cost of issuance and administration. For a small cohort with complex needs, this could potentially be astronomical.

- The exemptions do not actually exempt anyone currently practicing traditional midwifery.

For this reason, great damage and endangerment would result in our community. The exemptions also notably miss some major areas crucial to local traditional families, such as grandparent-attended births (illegal under this measure), Aunties assisting nieces to give birth (illegal under this measure), and hanai family (illegal under this measure).

What about Tongan midwives? Filipina midwives? African-American midwives?

Women of all cultures deserve to be attended by WHOEVER THEY WANT, especially experts in ancient birthing practices from their culture. Traditional midwives who are not Hawaiian and do not qualify under SB 1033 are extremely important in the traditions that Hawaiian families are reviving from a nearly decimated cultural past. Many young Kanaka Maoli have the oral history of their grandparents to go on, but not much more. Non-Hawaiian traditional midwives play a crucial support role for ensuring safety, confidence and well-being as these traditions are brought back into being. Without them, the practices would still come back, but slower, with more loss and much less safety and support.

- Consumers are not helped by this measure, which would limit choices, raise prices, and provide no measurable safety benefits .

Women's reproductive choices are harmed.

Home birth is a crucial issue of reproductive choice and body sovereignty, and needs to be respected as such. Limitation of who may practice midwifery is the SAME THING as limitation of who a women may choose to attend her. It is an unreasonable limitation of

What is needed is COMMUNICATION, not regulation of something the State simply cannot understand. GOOD solutions CAN be developed, but THIS IS NOT THE WAY.

My recommendation is to hold this bill, and instead consider the creation of a real body that could effectively bring all concerned parties (DOH, cultural

practitioners, traditional birth attendants, CPMs, student midwives, OBGYN/ER doctors, etc) together to build the needed comprehensive solutions to address real consumer protection and safety. A Working Group or Task Force, as recommended by Sen. Dr. Josh Green in 2014.  
PLEASE HOLD THIS MEASURE. MAHALO!

From: Pamela Melish <noreply@jotform.com>  
Sent: Thursday, March 28, 2019 8:12 AM  
To: FINtestimony  
Subject: Testimony in OPPOSITION to SB 1033



**OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Pamela Melish
Email	pammelish72@gmail.com
Type a question	<p>Aloha House Finance Committee Chair Luke, Vice-Chair Cullen, and committee members, I am testifying in STRONG OPPOSITION to SB 1033 SD2 HD1 which would require licensure of midwives. I oppose ALL versions of this bill. We ask you to PLEASE oppose this measure! It is a FINANCE DISASTER, it is DANGEROUS, and it is DISCRIMINATORY and UNCONSTITUTIONAL. This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices, and places a terrible financial burden on local families. Here is why:</p> <ul style="list-style-type: none"><li>• The costs are insane!</li></ul> <p>According to the DCCA, "The costs associated with licensing approximately 13 midwives would be \$203,000." Because State licensing law requires licensure to pay for itself, those 13 eligible midwives would bear a cost burden of \$15,615 each per year, which would be passed directly on to the families they serve. This is IF all 13 who are eligible can afford this astounding fee; if not, it is further increased. These costs would also be greatly increased if a hearing were to take place, a lawsuit or criminal action occurred, or other incidental expenses were incurred for any reason.</p> <p>THIS MAKES MIDWIFE-ATTENDED BIRTHS ACCESSIBLE ONLY TO THE EXTREMELY PRIVILEGED! This is economic discrimination, and places a terrible, prohibitive burden on local families, which is likely to result in more unattended "DIY" births without midwifery support. As the FINANCE Committee, you MUST OPPOSE this.</p> <ul style="list-style-type: none"><li>• This measure is discriminatory!</li></ul> <p>ONLY Midwives trained outside of Hawaii are eligible.</p>

This alone should stop this measure in its tracks. It creates a sharp dividing line, which ALL local home birth midwives are on the wrong side of. Good training routes of many kinds already exist in Hawai'i, but these are sidelined or criminalized by this measure. This bill encourages midwives from outside of Hawaii to move here, with no cultural competency, while annihilating virtually all local practices. This does not serve the people of Hawai'i, and discriminates against local practitioners and families. You have an obligation to protect the local people of Hawai'i from discrimination and displacement.

- Let's call it what it is: a witch hunt.

The persecution of midwives in Hawai'i goes back to the early days of the Territory, during which healers were being persecuted severely, as part of forced assimilation. The notorious witch hunts in Europe and Early America were similarly, in fact, essentially the persecution of midwives. This bill continues those traditions of forced assimilation, medicalization, and persecution. It is also demeaning, especially to respected cultural elders.

- It is legally unsound.

There are many serious legal problems with this measure. For example, the requirement that a traditional midwife "provides the required disclosures to clients that the individual is practicing midwifery in this State without a license to practice midwifery" (as if a rural cultural elder of any ethnicity should be required to do such a thing) is both offensive and legally unsound. This measure defines a legally exempted category of practitioner, and then, in the same sentence, forces them to state that they are practicing without a license to practice. The legal mess this is likely to create (and that the legislators passing such terrible language would be liable for), along with the potential for serious consequences or even death, is enormous. Generally, This measure is also full of legal gray areas; which are what lawsuits are made of.

- It will not be followed.

It should also be noted that most traditional midwives simply WILL NOT give the disclosure required in the bill, because it might INTERFERE WITH MATERNAL CONFIDENCE. Natural birthing is an ancient and sensitive art with its OWN principles of success and safety, which cannot be broken.

- It is DANGEROUS.

Licensed midwives would be utterly unaffordable and realistically, most other practitioners would be operating underground, as they did before 1999. UNASSISTED births are likely to be prevalent, increasing danger. Amongst attended home births,

TRANSFER DELAYS are the greatest danger, and are often driven by fear (note: it is the mother, not the midwife, who makes the decision to go to a hospital or not, as no one can be forced to do so). Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for consenting to give birth with an unlicensed midwife (per this bill’s requirement!). This increases actual danger substantially, particularly within ethnic groups that fear CWS discrimination, believing that child removal or criminalization might occur due to their choice of provider not seeming legitimate enough. You as legislators need to protect people from the

- Kanaka Maoli traditional practices are NOT protected.

First of all, the central traditional practice is BIRTH, not midwifery. Many traditional Kanaka Maoli births are attended by midwives of OTHER ethnicities. Further, Papa Ola Lokahi does not currently have any mechanism to extend protection to traditional midwives or other birth-related practitioners as such (its mandates are currently strictly for laau lapaau, lomilomi, hooponopono and laau kahea). While this could potentially be developed in the future, at this time such protection would be entirely speculative. Law cannot be based on speculation.

It must be remembered that ALL regulation of traditional midwifery limits, alters, and otherwise adversely impacts traditional Native Hawaiian healing, because the central traditional practice in question is BIRTH, not midwifery.

- The entire term “traditional practice” is externally defined, which goes directly against culture and traditions, which must be internally defined in order to be considered bona fide. See quote from Papa Ola Lokahi-convened Kahuna Statement to the Legislature, 1998: PAPA AUWAE AND ALL OTHER KUPUNA OPPOSED CULTURAL PRACTICES BEING DEFINED BY THE LEGISLATURE:

“...LICENSURE, AND CERTIFICATION ISSUES RAISED IN THE LEGISLATION ARE INAPPROPRIATE AND CULTURALLY UNACCEPTABLE FOR GOVERNMENT TO ASCERTAIN. THESE ARE THE KULEANA OF THE HAWAIIAN COMMUNITY ITSELF THROUGH KUPUNA WHO ARE PERPETUATING THESE PRACTICES.”

<http://www.papaolalokahi.org/images/CHRONOLOGY-of-EVENTS-RELATED-TO-TRADITIONAL-HEALING-2015-Dec.pdf>

- There is no reasonable licensure pathway for Hawai’i clinical midwives who are not CPMs.

It is against the Hawai’i Regulatory Licensing Reform

Act to offer a licensure pathway to a part of a profession, but not all of it, especially as NARM Certification is practically logistically impossible for Hawai'i midwives (thus shifting the recognized practice entirely to those trained outside of Hawai'i). The costs involved in licensing such a tiny cohort also need to be assessed prior to structuring legislation, as this Act also requires licensees to bear the full cost of issuance and administration. For a small cohort with complex needs, this could potentially be astronomical.

- The exemptions do not actually exempt anyone currently practicing traditional midwifery.

For this reason, great damage and endangerment would result in our community. The exemptions also notably miss some major areas crucial to local traditional families, such as grandparent-attended births (illegal under this measure), Aunties assisting nieces to give birth (illegal under this measure), and hanai family (illegal under this measure).

What about Tongan midwives? Filipina midwives? African-American midwives?

Women of all cultures deserve to be attended by WHOEVER THEY WANT, especially experts in ancient birthing practices from their culture. Traditional midwives who are not Hawaiian and do not qualify under SB 1033 are extremely important in the traditions that Hawaiian families are reviving from a nearly decimated cultural past. Many young Kanaka Maoli have the oral history of their grandparents to go on, but not much more. Non-Hawaiian traditional midwives play a crucial support role for ensuring safety, confidence and well-being as these traditions are brought back into being. Without them, the practices would still come back, but slower, with more loss and much less safety and support.

- Consumers are not helped by this measure, which would limit choices, raise prices, and provide no measurable safety benefits .

Women's reproductive choices are harmed.

Home birth is a crucial issue of reproductive choice and body sovereignty, and needs to be respected as such. Limitation of who may practice midwifery is the SAME THING as limitation of who a women may choose to attend her. It is an unreasonable limitation of

What is needed is COMMUNICATION, not regulation of something the State simply cannot understand. GOOD solutions CAN be developed, but THIS IS NOT THE WAY.

My recommendation is to hold this bill, and instead consider the creation of a real body that could effectively bring all concerned parties (DOH, cultural



practitioners, traditional birth attendants, CPMs, student midwives, OBGYN/ER doctors, etc) together to build the needed comprehensive solutions to address real consumer protection and safety. A Working Group or Task Force, as recommended by Sen. Dr. Josh Green in 2014.  
PLEASE HOLD THIS MEASURE. MAHALO!

From: Tara Burlew <noreply@jotform.com>  
Sent: Thursday, March 28, 2019 8:03 AM  
To: FINtestimony  
Subject: Testimony in OPPOSITION to SB 1033



### OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Tara Burlew
Email	tkm53@msn.com
Type a question	<p>Aloha House Finance Committee Chair Luke, Vice-Chair Cullen, and committee members, I am testifying in STRONG OPPOSITION to SB 1033 SD2 HD1 which would require licensure of midwives. I oppose ALL versions of this bill. We ask you to PLEASE oppose this measure! It is a FINANCE DISASTER, it is DANGEROUS, and it is DISCRIMINATORY and UNCONSTITUTIONAL. This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices, and places a terrible financial burden on local families. Here is why:</p> <ul style="list-style-type: none"><li>• The costs are insane!</li></ul> <p>According to the DCCA, "The costs associated with licensing approximately 13 midwives would be \$203,000." Because State licensing law requires licensure to pay for itself, those 13 eligible midwives would bear a cost burden of \$15,615 each per year, which would be passed directly on to the families they serve. This is IF all 13 who are eligible can afford this astounding fee; if not, it is further increased. These costs would also be greatly increased if a hearing were to take place, a lawsuit or criminal action occurred, or other incidental expenses were incurred for any reason.</p> <p>THIS MAKES MIDWIFE-ATTENDED BIRTHS ACCESSIBLE ONLY TO THE EXTREMELY PRIVILEGED! This is economic discrimination, and places a terrible, prohibitive burden on local families, which is likely to result in more unattended "DIY" births without midwifery support. As the FINANCE Committee, you MUST OPPOSE this.</p> <ul style="list-style-type: none"><li>• This measure is discriminatory!</li></ul> <p>ONLY Midwives trained outside of Hawaii are eligible.</p>

This alone should stop this measure in its tracks. It creates a sharp dividing line, which ALL local home birth midwives are on the wrong side of. Good training routes of many kinds already exist in Hawai'i, but these are sidelined or criminalized by this measure. This bill encourages midwives from outside of Hawaii to move here, with no cultural competency, while annihilating virtually all local practices. This does not serve the people of Hawai'i, and discriminates against local practitioners and families. You have an obligation to protect the local people of Hawai'i from discrimination and displacement.

- Let's call it what it is: a witch hunt.

The persecution of midwives in Hawai'i goes back to the early days of the Territory, during which healers were being persecuted severely, as part of forced assimilation. The notorious witch hunts in Europe and Early America were similarly, in fact, essentially the persecution of midwives. This bill continues those traditions of forced assimilation, medicalization, and persecution. It is also demeaning, especially to respected cultural elders.

- It is legally unsound.

There are many serious legal problems with this measure. For example, the requirement that a traditional midwife "provides the required disclosures to clients that the individual is practicing midwifery in this State without a license to practice midwifery" (as if a rural cultural elder of any ethnicity should be required to do such a thing) is both offensive and legally unsound. This measure defines a legally exempted category of practitioner, and then, in the same sentence, forces them to state that they are practicing without a license to practice. The legal mess this is likely to create (and that the legislators passing such terrible language would be liable for), along with the potential for serious consequences or even death, is enormous. Generally, This measure is also full of legal gray areas; which are what lawsuits are made of.

- It will not be followed.

It should also be noted that most traditional midwives simply WILL NOT give the disclosure required in the bill, because it might INTERFERE WITH MATERNAL CONFIDENCE. Natural birthing is an ancient and sensitive art with its OWN principles of success and safety, which cannot be broken.

- It is DANGEROUS.

Licensed midwives would be utterly unaffordable and realistically, most other practitioners would be operating underground, as they did before 1999. UNASSISTED births are likely to be prevalent, increasing danger. Amongst attended home births,

TRANSFER DELAYS are the greatest danger, and are often driven by fear (note: it is the mother, not the midwife, who makes the decision to go to a hospital or not, as no one can be forced to do so). Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for consenting to give birth with an unlicensed midwife (per this bill’s requirement!). This increases actual danger substantially, particularly within ethnic groups that fear CWS discrimination, believing that child removal or criminalization might occur due to their choice of provider not seeming legitimate enough. You as legislators need to protect people from the

- Kanaka Maoli traditional practices are NOT protected.

First of all, the central traditional practice is BIRTH, not midwifery. Many traditional Kanaka Maoli births are attended by midwives of OTHER ethnicities. Further, Papa Ola Lokahi does not currently have any mechanism to extend protection to traditional midwives or other birth-related practitioners as such (its mandates are currently strictly for laau lapaau, lomilomi, hooponopono and laau kahea). While this could potentially be developed in the future, at this time such protection would be entirely speculative. Law cannot be based on speculation.

It must be remembered that ALL regulation of traditional midwifery limits, alters, and otherwise adversely impacts traditional Native Hawaiian healing, because the central traditional practice in question is BIRTH, not midwifery.

- The entire term “traditional practice” is externally defined, which goes directly against culture and traditions, which must be internally defined in order to be considered bona fide. See quote from Papa Ola Lokahi-convened Kahuna Statement to the Legislature, 1998: PAPA AUWAE AND ALL OTHER KUPUNA OPPOSED CULTURAL PRACTICES BEING DEFINED BY THE LEGISLATURE:

“...LICENSURE, AND CERTIFICATION ISSUES RAISED IN THE LEGISLATION ARE INAPPROPRIATE AND CULTURALLY UNACCEPTABLE FOR GOVERNMENT TO ASCERTAIN. THESE ARE THE KULEANA OF THE HAWAIIAN COMMUNITY ITSELF THROUGH KUPUNA WHO ARE PERPETUATING THESE PRACTICES.”

<http://www.papaolalokahi.org/images/CHRONOLOGY-of-EVENTS-RELATED-TO-TRADITIONAL-HEALING-2015-Dec.pdf>

- There is no reasonable licensure pathway for Hawai'i clinical midwives who are not CPMs.

It is against the Hawai'i Regulatory Licensing Reform

Act to offer a licensure pathway to a part of a profession, but not all of it, especially as NARM Certification is practically logistically impossible for Hawai'i midwives (thus shifting the recognized practice entirely to those trained outside of Hawai'i). The costs involved in licensing such a tiny cohort also need to be assessed prior to structuring legislation, as this Act also requires licensees to bear the full cost of issuance and administration. For a small cohort with complex needs, this could potentially be astronomical.

- The exemptions do not actually exempt anyone currently practicing traditional midwifery.

For this reason, great damage and endangerment would result in our community. The exemptions also notably miss some major areas crucial to local traditional families, such as grandparent-attended births (illegal under this measure), Aunties assisting nieces to give birth (illegal under this measure), and hanai family (illegal under this measure).

What about Tongan midwives? Filipina midwives? African-American midwives?

Women of all cultures deserve to be attended by WHOEVER THEY WANT, especially experts in ancient birthing practices from their culture. Traditional midwives who are not Hawaiian and do not qualify under SB 1033 are extremely important in the traditions that Hawaiian families are reviving from a nearly decimated cultural past. Many young Kanaka Maoli have the oral history of their grandparents to go on, but not much more. Non-Hawaiian traditional midwives play a crucial support role for ensuring safety, confidence and well-being as these traditions are brought back into being. Without them, the practices would still come back, but slower, with more loss and much less safety and support.

- Consumers are not helped by this measure, which would limit choices, raise prices, and provide no measurable safety benefits .

Women's reproductive choices are harmed.

Home birth is a crucial issue of reproductive choice and body sovereignty, and needs to be respected as such. Limitation of who may practice midwifery is the SAME THING as limitation of who a women may choose to attend her. It is an unreasonable limitation of

What is needed is COMMUNICATION, not regulation of something the State simply cannot understand. GOOD solutions CAN be developed, but THIS IS NOT THE WAY.

My recommendation is to hold this bill, and instead consider the creation of a real body that could effectively bring all concerned parties (DOH, cultural

practitioners, traditional birth attendants, CPMs, student midwives, OBGYN/ER doctors, etc) together to build the needed comprehensive solutions to address real consumer protection and safety. A Working Group or Task Force, as recommended by Sen. Dr. Josh Green in 2014.  
PLEASE HOLD THIS MEASURE. MAHALO!

From: Arlea Trahan <noreply@jotform.com>  
Sent: Thursday, March 28, 2019 8:02 AM  
To: FINtestimony  
Subject: Testimony in OPPOSITION to SB 1033



### OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Arlea Trahan
Email	arleatrahan@outlook.com
Type a question	<p>Aloha House Finance Committee Chair Luke, Vice-Chair Cullen, and committee members, I am testifying in STRONG OPPOSITION to SB 1033 SD2 HD1 which would require licensure of midwives. I oppose ALL versions of this bill. We ask you to PLEASE oppose this measure! It is a FINANCE DISASTER, it is DANGEROUS, and it is DISCRIMINATORY and UNCONSTITUTIONAL. This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices, and places a terrible financial burden on local families. Here is why:</p> <ul style="list-style-type: none"><li>• The costs are insane!</li></ul> <p>According to the DCCA, "The costs associated with licensing approximately 13 midwives would be \$203,000." Because State licensing law requires licensure to pay for itself, those 13 eligible midwives would bear a cost burden of \$15,615 each per year, which would be passed directly on to the families they serve. This is IF all 13 who are eligible can afford this astounding fee; if not, it is further increased. These costs would also be greatly increased if a hearing were to take place, a lawsuit or criminal action occurred, or other incidental expenses were incurred for any reason.</p> <p>THIS MAKES MIDWIFE-ATTENDED BIRTHS ACCESSIBLE ONLY TO THE EXTREMELY PRIVILEGED! This is economic discrimination, and places a terrible, prohibitive burden on local families, which is likely to result in more unattended "DIY" births without midwifery support. As the FINANCE Committee, you MUST OPPOSE this.</p> <ul style="list-style-type: none"><li>• This measure is discriminatory!</li></ul> <p>ONLY Midwives trained outside of Hawaii are eligible.</p>

This alone should stop this measure in its tracks. It creates a sharp dividing line, which ALL local home birth midwives are on the wrong side of. Good training routes of many kinds already exist in Hawai'i, but these are sidelined or criminalized by this measure. This bill encourages midwives from outside of Hawaii to move here, with no cultural competency, while annihilating virtually all local practices. This does not serve the people of Hawai'i, and discriminates against local practitioners and families. You have an obligation to protect the local people of Hawai'i from discrimination and displacement.

- Let's call it what it is: a witch hunt.

The persecution of midwives in Hawai'i goes back to the early days of the Territory, during which healers were being persecuted severely, as part of forced assimilation. The notorious witch hunts in Europe and Early America were similarly, in fact, essentially the persecution of midwives. This bill continues those traditions of forced assimilation, medicalization, and persecution. It is also demeaning, especially to respected cultural elders.

- It is legally unsound.

There are many serious legal problems with this measure. For example, the requirement that a traditional midwife "provides the required disclosures to clients that the individual is practicing midwifery in this State without a license to practice midwifery" (as if a rural cultural elder of any ethnicity should be required to do such a thing) is both offensive and legally unsound. This measure defines a legally exempted category of practitioner, and then, in the same sentence, forces them to state that they are practicing without a license to practice. The legal mess this is likely to create (and that the legislators passing such terrible language would be liable for), along with the potential for serious consequences or even death, is enormous. Generally, This measure is also full of legal gray areas; which are what lawsuits are made of.

- It will not be followed.

It should also be noted that most traditional midwives simply WILL NOT give the disclosure required in the bill, because it might INTERFERE WITH MATERNAL CONFIDENCE. Natural birthing is an ancient and sensitive art with its OWN principles of success and safety, which cannot be broken.

- It is DANGEROUS.

Licensed midwives would be utterly unaffordable and realistically, most other practitioners would be operating underground, as they did before 1999. UNASSISTED births are likely to be prevalent, increasing danger. Amongst attended home births,



TRANSFER DELAYS are the greatest danger, and are often driven by fear (note: it is the mother, not the midwife, who makes the decision to go to a hospital or not, as no one can be forced to do so). Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for consenting to give birth with an unlicensed midwife (per this bill’s requirement!). This increases actual danger substantially, particularly within ethnic groups that fear CWS discrimination, believing that child removal or criminalization might occur due to their choice of provider not seeming legitimate enough. You as legislators need to protect people from the

- Kanaka Maoli traditional practices are NOT protected.

First of all, the central traditional practice is BIRTH, not midwifery. Many traditional Kanaka Maoli births are attended by midwives of OTHER ethnicities. Further, Papa Ola Lokahi does not currently have any mechanism to extend protection to traditional midwives or other birth-related practitioners as such (its mandates are currently strictly for laau lapaau, lomilomi, hooponopono and laau kahea). While this could potentially be developed in the future, at this time such protection would be entirely speculative. Law cannot be based on speculation.

It must be remembered that ALL regulation of traditional midwifery limits, alters, and otherwise adversely impacts traditional Native Hawaiian healing, because the central traditional practice in question is BIRTH, not midwifery.

- The entire term “traditional practice” is externally defined, which goes directly against culture and traditions, which must be internally defined in order to be considered bona fide. See quote from Papa Ola Lokahi-convened Kahuna Statement to the Legislature, 1998: PAPA AUWAE AND ALL OTHER KUPUNA OPPOSED CULTURAL PRACTICES BEING DEFINED BY THE LEGISLATURE:

“...LICENSURE, AND CERTIFICATION ISSUES RAISED IN THE LEGISLATION ARE INAPPROPRIATE AND CULTURALLY UNACCEPTABLE FOR GOVERNMENT TO ASCERTAIN. THESE ARE THE KULEANA OF THE HAWAIIAN COMMUNITY ITSELF THROUGH KUPUNA WHO ARE PERPETUATING THESE PRACTICES.”

<http://www.papaolalokahi.org/images/CHRONOLOGY-of-EVENTS-RELATED-TO-TRADITIONAL-HEALING-2015-Dec.pdf>

- There is no reasonable licensure pathway for Hawai'i clinical midwives who are not CPMs.

It is against the Hawai'i Regulatory Licensing Reform

Act to offer a licensure pathway to a part of a profession, but not all of it, especially as NARM Certification is practically logistically impossible for Hawai'i midwives (thus shifting the recognized practice entirely to those trained outside of Hawai'i). The costs involved in licensing such a tiny cohort also need to be assessed prior to structuring legislation, as this Act also requires licensees to bear the full cost of issuance and administration. For a small cohort with complex needs, this could potentially be astronomical.

- The exemptions do not actually exempt anyone currently practicing traditional midwifery.

For this reason, great damage and endangerment would result in our community. The exemptions also notably miss some major areas crucial to local traditional families, such as grandparent-attended births (illegal under this measure), Aunties assisting nieces to give birth (illegal under this measure), and hanai family (illegal under this measure).

What about Tongan midwives? Filipina midwives? African-American midwives?

Women of all cultures deserve to be attended by WHOEVER THEY WANT, especially experts in ancient birthing practices from their culture. Traditional midwives who are not Hawaiian and do not qualify under SB 1033 are extremely important in the traditions that Hawaiian families are reviving from a nearly decimated cultural past. Many young Kanaka Maoli have the oral history of their grandparents to go on, but not much more. Non-Hawaiian traditional midwives play a crucial support role for ensuring safety, confidence and well-being as these traditions are brought back into being. Without them, the practices would still come back, but slower, with more loss and much less safety and support.

- Consumers are not helped by this measure, which would limit choices, raise prices, and provide no measurable safety benefits .

Women's reproductive choices are harmed.

Home birth is a crucial issue of reproductive choice and body sovereignty, and needs to be respected as such. Limitation of who may practice midwifery is the SAME THING as limitation of who a women may choose to attend her. It is an unreasonable limitation of

What is needed is COMMUNICATION, not regulation of something the State simply cannot understand. GOOD solutions CAN be developed, but THIS IS NOT THE WAY.

My recommendation is to hold this bill, and instead consider the creation of a real body that could effectively bring all concerned parties (DOH, cultural

practitioners, traditional birth attendants, CPMs, student midwives, OBGYN/ER doctors, etc) together to build the needed comprehensive solutions to address real consumer protection and safety. A Working Group or Task Force, as recommended by Sen. Dr. Josh Green in 2014.  
PLEASE HOLD THIS MEASURE. MAHALO!

From: Gina K. <noreply@jotform.com>  
Sent: Thursday, March 28, 2019 7:48 AM  
To: FINtestimony  
Subject: Testimony in OPPOSITION to SB 1033



### OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Gina K.
Email	thefourflowershealing@gmail.com
Type a question	<p>Aloha House Finance Committee Chair Luke, Vice-Chair Cullen, and committee members, I am testifying in STRONG OPPOSITION to SB 1033 SD2 HD1 which would require licensure of midwives. I oppose ALL versions of this bill. We ask you to PLEASE oppose this measure! It is a FINANCE DISASTER, it is DANGEROUS, and it is DISCRIMINATORY and UNCONSTITUTIONAL. This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices, and places a terrible financial burden on local families. Here is why:</p> <ul style="list-style-type: none"><li>• The costs are insane!</li></ul> <p>According to the DCCA, "The costs associated with licensing approximately 13 midwives would be \$203,000." Because State licensing law requires licensure to pay for itself, those 13 eligible midwives would bear a cost burden of \$15,615 each per year, which would be passed directly on to the families they serve. This is IF all 13 who are eligible can afford this astounding fee; if not, it is further increased. These costs would also be greatly increased if a hearing were to take place, a lawsuit or criminal action occurred, or other incidental expenses were incurred for any reason.</p> <p>THIS MAKES MIDWIFE-ATTENDED BIRTHS ACCESSIBLE ONLY TO THE EXTREMELY PRIVILEGED! This is economic discrimination, and places a terrible, prohibitive burden on local families, which is likely to result in more unattended "DIY" births without midwifery support. As the FINANCE Committee, you MUST OPPOSE this.</p> <ul style="list-style-type: none"><li>• This measure is discriminatory!</li></ul> <p>ONLY Midwives trained outside of Hawaii are eligible.</p>

This alone should stop this measure in its tracks. It creates a sharp dividing line, which ALL local home birth midwives are on the wrong side of. Good training routes of many kinds already exist in Hawai'i, but these are sidelined or criminalized by this measure. This bill encourages midwives from outside of Hawaii to move here, with no cultural competency, while annihilating virtually all local practices. This does not serve the people of Hawai'i, and discriminates against local practitioners and families. You have an obligation to protect the local people of Hawai'i from discrimination and displacement.

- Let's call it what it is: a witch hunt.

The persecution of midwives in Hawai'i goes back to the early days of the Territory, during which healers were being persecuted severely, as part of forced assimilation. The notorious witch hunts in Europe and Early America were similarly, in fact, essentially the persecution of midwives. This bill continues those traditions of forced assimilation, medicalization, and persecution. It is also demeaning, especially to respected cultural elders.

- It is legally unsound.

There are many serious legal problems with this measure. For example, the requirement that a traditional midwife "provides the required disclosures to clients that the individual is practicing midwifery in this State without a license to practice midwifery" (as if a rural cultural elder of any ethnicity should be required to do such a thing) is both offensive and legally unsound. This measure defines a legally exempted category of practitioner, and then, in the same sentence, forces them to state that they are practicing without a license to practice. The legal mess this is likely to create (and that the legislators passing such terrible language would be liable for), along with the potential for serious consequences or even death, is enormous. Generally, This measure is also full of legal gray areas; which are what lawsuits are made of.

- It will not be followed.

It should also be noted that most traditional midwives simply WILL NOT give the disclosure required in the bill, because it might INTERFERE WITH MATERNAL CONFIDENCE. Natural birthing is an ancient and sensitive art with its OWN principles of success and safety, which cannot be broken.

- It is DANGEROUS.

Licensed midwives would be utterly unaffordable and realistically, most other practitioners would be operating underground, as they did before 1999. UNASSISTED births are likely to be prevalent, increasing danger. Amongst attended home births,

TRANSFER DELAYS are the greatest danger, and are often driven by fear (note: it is the mother, not the midwife, who makes the decision to go to a hospital or not, as no one can be forced to do so). Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for consenting to give birth with an unlicensed midwife (per this bill’s requirement!). This increases actual danger substantially, particularly within ethnic groups that fear CWS discrimination, believing that child removal or criminalization might occur due to their choice of provider not seeming legitimate enough. You as legislators need to protect people from the

- Kanaka Maoli traditional practices are NOT protected.

First of all, the central traditional practice is BIRTH, not midwifery. Many traditional Kanaka Maoli births are attended by midwives of OTHER ethnicities. Further, Papa Ola Lokahi does not currently have any mechanism to extend protection to traditional midwives or other birth-related practitioners as such (its mandates are currently strictly for laau lapaau, lomilomi, hooponopono and laau kahea). While this could potentially be developed in the future, at this time such protection would be entirely speculative. Law cannot be based on speculation.

It must be remembered that ALL regulation of traditional midwifery limits, alters, and otherwise adversely impacts traditional Native Hawaiian healing, because the central traditional practice in question is BIRTH, not midwifery.

- The entire term “traditional practice” is externally defined, which goes directly against culture and traditions, which must be internally defined in order to be considered bona fide. See quote from Papa Ola Lokahi-convened Kahuna Statement to the Legislature, 1998: PAPA AUWAE AND ALL OTHER KUPUNA OPPOSED CULTURAL PRACTICES BEING DEFINED BY THE LEGISLATURE:

“...LICENSURE, AND CERTIFICATION ISSUES RAISED IN THE LEGISLATION ARE INAPPROPRIATE AND CULTURALLY UNACCEPTABLE FOR GOVERNMENT TO ASCERTAIN. THESE ARE THE KULEANA OF THE HAWAIIAN COMMUNITY ITSELF THROUGH KUPUNA WHO ARE PERPETUATING THESE PRACTICES.”

<http://www.papaolalokahi.org/images/CHRONOLOGY-of-EVENTS-RELATED-TO-TRADITIONAL-HEALING-2015-Dec.pdf>

- There is no reasonable licensure pathway for Hawai'i clinical midwives who are not CPMs.

It is against the Hawai'i Regulatory Licensing Reform

Act to offer a licensure pathway to a part of a profession, but not all of it, especially as NARM Certification is practically logistically impossible for Hawai'i midwives (thus shifting the recognized practice entirely to those trained outside of Hawai'i). The costs involved in licensing such a tiny cohort also need to be assessed prior to structuring legislation, as this Act also requires licensees to bear the full cost of issuance and administration. For a small cohort with complex needs, this could potentially be astronomical.

- The exemptions do not actually exempt anyone currently practicing traditional midwifery.

For this reason, great damage and endangerment would result in our community. The exemptions also notably miss some major areas crucial to local traditional families, such as grandparent-attended births (illegal under this measure), Aunties assisting nieces to give birth (illegal under this measure), and hanai family (illegal under this measure).

What about Tongan midwives? Filipina midwives? African-American midwives?

Women of all cultures deserve to be attended by WHOEVER THEY WANT, especially experts in ancient birthing practices from their culture. Traditional midwives who are not Hawaiian and do not qualify under SB 1033 are extremely important in the traditions that Hawaiian families are reviving from a nearly decimated cultural past. Many young Kanaka Maoli have the oral history of their grandparents to go on, but not much more. Non-Hawaiian traditional midwives play a crucial support role for ensuring safety, confidence and well-being as these traditions are brought back into being. Without them, the practices would still come back, but slower, with more loss and much less safety and support.

- Consumers are not helped by this measure, which would limit choices, raise prices, and provide no measurable safety benefits .

Women's reproductive choices are harmed.

Home birth is a crucial issue of reproductive choice and body sovereignty, and needs to be respected as such. Limitation of who may practice midwifery is the SAME THING as limitation of who a women may choose to attend her. It is an unreasonable limitation of

What is needed is COMMUNICATION, not regulation of something the State simply cannot understand. GOOD solutions CAN be developed, but THIS IS NOT THE WAY.

My recommendation is to hold this bill, and instead consider the creation of a real body that could effectively bring all concerned parties (DOH, cultural

practitioners, traditional birth attendants, CPMs, student midwives, OBGYN/ER doctors, etc) together to build the needed comprehensive solutions to address real consumer protection and safety. A Working Group or Task Force, as recommended by Sen. Dr. Josh Green in 2014.  
PLEASE HOLD THIS MEASURE. MAHALO!



From: Mikey Gamboa <noreply@jotform.com>  
Sent: Thursday, March 28, 2019 7:47 AM  
To: FINtestimony  
Subject: Testimony in OPPOSITION to SB 1033



**OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Mikey Gamboa
Email	rasmiskey@gmail.com
Type a question	<p>Aloha House Finance Committee Chair Luke, Vice-Chair Cullen, and committee members, I am testifying in STRONG OPPOSITION to SB 1033 SD2 HD1 which would require licensure of midwives. I oppose ALL versions of this bill. We ask you to PLEASE oppose this measure! It is a FINANCE DISASTER, it is DANGEROUS, and it is DISCRIMINATORY and UNCONSTITUTIONAL. This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices, and places a terrible financial burden on local families. Here is why:</p> <ul style="list-style-type: none"><li>• The costs are insane!</li></ul> <p>According to the DCCA, "The costs associated with licensing approximately 13 midwives would be \$203,000." Because State licensing law requires licensure to pay for itself, those 13 eligible midwives would bear a cost burden of \$15,615 each per year, which would be passed directly on to the families they serve. This is IF all 13 who are eligible can afford this astounding fee; if not, it is further increased. These costs would also be greatly increased if a hearing were to take place, a lawsuit or criminal action occurred, or other incidental expenses were incurred for any reason.</p> <p>THIS MAKES MIDWIFE-ATTENDED BIRTHS ACCESSIBLE ONLY TO THE EXTREMELY PRIVILEGED! This is economic discrimination, and places a terrible, prohibitive burden on local families, which is likely to result in more unattended "DIY" births without midwifery support. As the FINANCE Committee, you MUST OPPOSE this.</p> <ul style="list-style-type: none"><li>• This measure is discriminatory!</li></ul> <p>ONLY Midwives trained outside of Hawaii are eligible.</p>

This alone should stop this measure in its tracks. It creates a sharp dividing line, which ALL local home birth midwives are on the wrong side of. Good training routes of many kinds already exist in Hawai'i, but these are sidelined or criminalized by this measure. This bill encourages midwives from outside of Hawaii to move here, with no cultural competency, while annihilating virtually all local practices. This does not serve the people of Hawai'i, and discriminates against local practitioners and families. You have an obligation to protect the local people of Hawai'i from discrimination and displacement.

- Let's call it what it is: a witch hunt.

The persecution of midwives in Hawai'i goes back to the early days of the Territory, during which healers were being persecuted severely, as part of forced assimilation. The notorious witch hunts in Europe and Early America were similarly, in fact, essentially the persecution of midwives. This bill continues those traditions of forced assimilation, medicalization, and persecution. It is also demeaning, especially to respected cultural elders.

- It is legally unsound.

There are many serious legal problems with this measure. For example, the requirement that a traditional midwife "provides the required disclosures to clients that the individual is practicing midwifery in this State without a license to practice midwifery" (as if a rural cultural elder of any ethnicity should be required to do such a thing) is both offensive and legally unsound. This measure defines a legally exempted category of practitioner, and then, in the same sentence, forces them to state that they are practicing without a license to practice. The legal mess this is likely to create (and that the legislators passing such terrible language would be liable for), along with the potential for serious consequences or even death, is enormous. Generally, This measure is also full of legal gray areas; which are what lawsuits are made of.

- It will not be followed.

It should also be noted that most traditional midwives simply WILL NOT give the disclosure required in the bill, because it might INTERFERE WITH MATERNAL CONFIDENCE. Natural birthing is an ancient and sensitive art with its OWN principles of success and safety, which cannot be broken.

- It is DANGEROUS.

Licensed midwives would be utterly unaffordable and realistically, most other practitioners would be operating underground, as they did before 1999. UNASSISTED births are likely to be prevalent, increasing danger. Amongst attended home births,

TRANSFER DELAYS are the greatest danger, and are often driven by fear (note: it is the mother, not the midwife, who makes the decision to go to a hospital or not, as no one can be forced to do so). Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for consenting to give birth with an unlicensed midwife (per this bill’s requirement!). This increases actual danger substantially, particularly within ethnic groups that fear CWS discrimination, believing that child removal or criminalization might occur due to their choice of provider not seeming legitimate enough. You as legislators need to protect people from the

- Kanaka Maoli traditional practices are NOT protected.

First of all, the central traditional practice is BIRTH, not midwifery. Many traditional Kanaka Maoli births are attended by midwives of OTHER ethnicities. Further, Papa Ola Lokahi does not currently have any mechanism to extend protection to traditional midwives or other birth-related practitioners as such (its mandates are currently strictly for laau lapaau, lomilomi, hooponopono and laau kahea). While this could potentially be developed in the future, at this time such protection would be entirely speculative. Law cannot be based on speculation.

It must be remembered that ALL regulation of traditional midwifery limits, alters, and otherwise adversely impacts traditional Native Hawaiian healing, because the central traditional practice in question is BIRTH, not midwifery.

- The entire term “traditional practice” is externally defined, which goes directly against culture and traditions, which must be internally defined in order to be considered bona fide. See quote from Papa Ola Lokahi-convened Kahuna Statement to the Legislature, 1998: PAPA AUWAE AND ALL OTHER KUPUNA OPPOSED CULTURAL PRACTICES BEING DEFINED BY THE LEGISLATURE:

“...LICENSURE, AND CERTIFICATION ISSUES RAISED IN THE LEGISLATION ARE INAPPROPRIATE AND CULTURALLY UNACCEPTABLE FOR GOVERNMENT TO ASCERTAIN. THESE ARE THE KULEANA OF THE HAWAIIAN COMMUNITY ITSELF THROUGH KUPUNA WHO ARE PERPETUATING THESE PRACTICES.”

<http://www.papaolalokahi.org/images/CHRONOLOGY-of-EVENTS-RELATED-TO-TRADITIONAL-HEALING-2015-Dec.pdf>

- There is no reasonable licensure pathway for Hawai'i clinical midwives who are not CPMs.

It is against the Hawai'i Regulatory Licensing Reform

Act to offer a licensure pathway to a part of a profession, but not all of it, especially as NARM Certification is practically logistically impossible for Hawai'i midwives (thus shifting the recognized practice entirely to those trained outside of Hawai'i). The costs involved in licensing such a tiny cohort also need to be assessed prior to structuring legislation, as this Act also requires licensees to bear the full cost of issuance and administration. For a small cohort with complex needs, this could potentially be astronomical.

- The exemptions do not actually exempt anyone currently practicing traditional midwifery.

For this reason, great damage and endangerment would result in our community. The exemptions also notably miss some major areas crucial to local traditional families, such as grandparent-attended births (illegal under this measure), Aunties assisting nieces to give birth (illegal under this measure), and hanai family (illegal under this measure).

What about Tongan midwives? Filipina midwives? African-American midwives?

Women of all cultures deserve to be attended by WHOEVER THEY WANT, especially experts in ancient birthing practices from their culture. Traditional midwives who are not Hawaiian and do not qualify under SB 1033 are extremely important in the traditions that Hawaiian families are reviving from a nearly decimated cultural past. Many young Kanaka Maoli have the oral history of their grandparents to go on, but not much more. Non-Hawaiian traditional midwives play a crucial support role for ensuring safety, confidence and well-being as these traditions are brought back into being. Without them, the practices would still come back, but slower, with more loss and much less safety and support.

- Consumers are not helped by this measure, which would limit choices, raise prices, and provide no measurable safety benefits .

Women's reproductive choices are harmed.

Home birth is a crucial issue of reproductive choice and body sovereignty, and needs to be respected as such. Limitation of who may practice midwifery is the SAME THING as limitation of who a women may choose to attend her. It is an unreasonable limitation of

What is needed is COMMUNICATION, not regulation of something the State simply cannot understand. GOOD solutions CAN be developed, but THIS IS NOT THE WAY.

My recommendation is to hold this bill, and instead consider the creation of a real body that could effectively bring all concerned parties (DOH, cultural

practitioners, traditional birth attendants, CPMs, student midwives, OBGYN/ER doctors, etc) together to build the needed comprehensive solutions to address real consumer protection and safety. A Working Group or Task Force, as recommended by Sen. Dr. Josh Green in 2014.  
PLEASE HOLD THIS MEASURE. MAHALO!

From: Tamara Petrovic <noreply@jotform.com>  
Sent: Thursday, March 28, 2019 7:40 AM  
To: FINtestimony  
Subject: Testimony in OPPOSITION to SB 1033



### OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Tamara Petrovic
Email	tpetrovic@hawaii.rr.com
Type a question	<p>Aloha House Finance Committee Chair Luke, Vice-Chair Cullen, and committee members, I am testifying in STRONG OPPOSITION to SB 1033 SD2 HD1 which would require licensure of midwives. I oppose ALL versions of this bill. We ask you to PLEASE oppose this measure! It is a FINANCE DISASTER, it is DANGEROUS, and it is DISCRIMINATORY and UNCONSTITUTIONAL. This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices, and places a terrible financial burden on local families. Here is why:</p> <ul style="list-style-type: none"><li>• The costs are insane!</li></ul> <p>According to the DCCA, "The costs associated with licensing approximately 13 midwives would be \$203,000." Because State licensing law requires licensure to pay for itself, those 13 eligible midwives would bear a cost burden of \$15,615 each per year, which would be passed directly on to the families they serve. This is IF all 13 who are eligible can afford this astounding fee; if not, it is further increased. These costs would also be greatly increased if a hearing were to take place, a lawsuit or criminal action occurred, or other incidental expenses were incurred for any reason.</p> <p>THIS MAKES MIDWIFE-ATTENDED BIRTHS ACCESSIBLE ONLY TO THE EXTREMELY PRIVILEGED! This is economic discrimination, and places a terrible, prohibitive burden on local families, which is likely to result in more unattended "DIY" births without midwifery support. As the FINANCE Committee, you MUST OPPOSE this.</p> <ul style="list-style-type: none"><li>• This measure is discriminatory!</li></ul> <p>ONLY Midwives trained outside of Hawaii are eligible.</p>

This alone should stop this measure in its tracks. It creates a sharp dividing line, which ALL local home birth midwives are on the wrong side of. Good training routes of many kinds already exist in Hawai'i, but these are sidelined or criminalized by this measure. This bill encourages midwives from outside of Hawaii to move here, with no cultural competency, while annihilating virtually all local practices. This does not serve the people of Hawai'i, and discriminates against local practitioners and families. You have an obligation to protect the local people of Hawai'i from discrimination and displacement.

- Let's call it what it is: a witch hunt.

The persecution of midwives in Hawai'i goes back to the early days of the Territory, during which healers were being persecuted severely, as part of forced assimilation. The notorious witch hunts in Europe and Early America were similarly, in fact, essentially the persecution of midwives. This bill continues those traditions of forced assimilation, medicalization, and persecution. It is also demeaning, especially to respected cultural elders.

- It is legally unsound.

There are many serious legal problems with this measure. For example, the requirement that a traditional midwife "provides the required disclosures to clients that the individual is practicing midwifery in this State without a license to practice midwifery" (as if a rural cultural elder of any ethnicity should be required to do such a thing) is both offensive and legally unsound. This measure defines a legally exempted category of practitioner, and then, in the same sentence, forces them to state that they are practicing without a license to practice. The legal mess this is likely to create (and that the legislators passing such terrible language would be liable for), along with the potential for serious consequences or even death, is enormous. Generally, This measure is also full of legal gray areas; which are what lawsuits are made of.

- It will not be followed.

It should also be noted that most traditional midwives simply WILL NOT give the disclosure required in the bill, because it might INTERFERE WITH MATERNAL CONFIDENCE. Natural birthing is an ancient and sensitive art with its OWN principles of success and safety, which cannot be broken.

- It is DANGEROUS.

Licensed midwives would be utterly unaffordable and realistically, most other practitioners would be operating underground, as they did before 1999. UNASSISTED births are likely to be prevalent, increasing danger. Amongst attended home births,

TRANSFER DELAYS are the greatest danger, and are often driven by fear (note: it is the mother, not the midwife, who makes the decision to go to a hospital or not, as no one can be forced to do so). Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for consenting to give birth with an unlicensed midwife (per this bill’s requirement!). This increases actual danger substantially, particularly within ethnic groups that fear CWS discrimination, believing that child removal or criminalization might occur due to their choice of provider not seeming legitimate enough. You as legislators need to protect people from the

- Kanaka Maoli traditional practices are NOT protected.

First of all, the central traditional practice is BIRTH, not midwifery. Many traditional Kanaka Maoli births are attended by midwives of OTHER ethnicities. Further, Papa Ola Lokahi does not currently have any mechanism to extend protection to traditional midwives or other birth-related practitioners as such (its mandates are currently strictly for laau lapaau, lomilomi, hooponopono and laau kahea). While this could potentially be developed in the future, at this time such protection would be entirely speculative. Law cannot be based on speculation.

It must be remembered that ALL regulation of traditional midwifery limits, alters, and otherwise adversely impacts traditional Native Hawaiian healing, because the central traditional practice in question is BIRTH, not midwifery.

- The entire term “traditional practice” is externally defined, which goes directly against culture and traditions, which must be internally defined in order to be considered bona fide. See quote from Papa Ola Lokahi-convened Kahuna Statement to the Legislature, 1998: PAPA AUWAE AND ALL OTHER KUPUNA OPPOSED CULTURAL PRACTICES BEING DEFINED BY THE LEGISLATURE:

“...LICENSURE, AND CERTIFICATION ISSUES RAISED IN THE LEGISLATION ARE INAPPROPRIATE AND CULTURALLY UNACCEPTABLE FOR GOVERNMENT TO ASCERTAIN. THESE ARE THE KULEANA OF THE HAWAIIAN COMMUNITY ITSELF THROUGH KUPUNA WHO ARE PERPETUATING THESE PRACTICES.”

<http://www.papaolalokahi.org/images/CHRONOLOGY-of-EVENTS-RELATED-TO-TRADITIONAL-HEALING-2015-Dec.pdf>

- There is no reasonable licensure pathway for Hawai’i clinical midwives who are not CPMs.

It is against the Hawai’i Regulatory Licensing Reform



Act to offer a licensure pathway to a part of a profession, but not all of it, especially as NARM Certification is practically logistically impossible for Hawai'i midwives (thus shifting the recognized practice entirely to those trained outside of Hawai'i). The costs involved in licensing such a tiny cohort also need to be assessed prior to structuring legislation, as this Act also requires licensees to bear the full cost of issuance and administration. For a small cohort with complex needs, this could potentially be astronomical.

- The exemptions do not actually exempt anyone currently practicing traditional midwifery.

For this reason, great damage and endangerment would result in our community. The exemptions also notably miss some major areas crucial to local traditional families, such as grandparent-attended births (illegal under this measure), Aunties assisting nieces to give birth (illegal under this measure), and hanai family (illegal under this measure).

What about Tongan midwives? Filipina midwives? African-American midwives?

Women of all cultures deserve to be attended by WHOEVER THEY WANT, especially experts in ancient birthing practices from their culture. Traditional midwives who are not Hawaiian and do not qualify under SB 1033 are extremely important in the traditions that Hawaiian families are reviving from a nearly decimated cultural past. Many young Kanaka Maoli have the oral history of their grandparents to go on, but not much more. Non-Hawaiian traditional midwives play a crucial support role for ensuring safety, confidence and well-being as these traditions are brought back into being. Without them, the practices would still come back, but slower, with more loss and much less safety and support.

- Consumers are not helped by this measure, which would limit choices, raise prices, and provide no measurable safety benefits .

Women's reproductive choices are harmed.

Home birth is a crucial issue of reproductive choice and body sovereignty, and needs to be respected as such. Limitation of who may practice midwifery is the SAME THING as limitation of who a women may choose to attend her. It is an unreasonable limitation of

What is needed is COMMUNICATION, not regulation of something the State simply cannot understand. GOOD solutions CAN be developed, but THIS IS NOT THE WAY.

My recommendation is to hold this bill, and instead consider the creation of a real body that could effectively bring all concerned parties (DOH, cultural

practitioners, traditional birth attendants, CPMs, student midwives, OBGYN/ER doctors, etc) together to build the needed comprehensive solutions to address real consumer protection and safety. A Working Group or Task Force, as recommended by Sen. Dr. Josh Green in 2014.  
PLEASE HOLD THIS MEASURE. MAHALO!

From: Melissa Edwards <noreply@jotform.com>  
Sent: Thursday, March 28, 2019 7:23 AM  
To: FINtestimony  
Subject: Testimony in OPPOSITION to SB 1033



### OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Melissa Edwards
Email	lilaedwards177@gmail.com
Type a question	<p>Aloha House Finance Committee Chair Luke, Vice-Chair Cullen, and committee members, I am testifying in STRONG OPPOSITION to SB 1033 SD2 HD1 which would require licensure of midwives. I oppose ALL versions of this bill. We ask you to PLEASE oppose this measure! It is a FINANCE DISASTER, it is DANGEROUS, and it is DISCRIMINATORY and UNCONSTITUTIONAL. This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices, and places a terrible financial burden on local families. Here is why:</p> <ul style="list-style-type: none"><li>• The costs are insane!</li></ul> <p>According to the DCCA, "The costs associated with licensing approximately 13 midwives would be \$203,000." Because State licensing law requires licensure to pay for itself, those 13 eligible midwives would bear a cost burden of \$15,615 each per year, which would be passed directly on to the families they serve. This is IF all 13 who are eligible can afford this astounding fee; if not, it is further increased. These costs would also be greatly increased if a hearing were to take place, a lawsuit or criminal action occurred, or other incidental expenses were incurred for any reason.</p> <p>THIS MAKES MIDWIFE-ATTENDED BIRTHS ACCESSIBLE ONLY TO THE EXTREMELY PRIVILEGED! This is economic discrimination, and places a terrible, prohibitive burden on local families, which is likely to result in more unattended "DIY" births without midwifery support. As the FINANCE Committee, you MUST OPPOSE this.</p> <ul style="list-style-type: none"><li>• This measure is discriminatory!</li></ul> <p>ONLY Midwives trained outside of Hawaii are eligible.</p>

This alone should stop this measure in its tracks. It creates a sharp dividing line, which ALL local home birth midwives are on the wrong side of. Good training routes of many kinds already exist in Hawai'i, but these are sidelined or criminalized by this measure. This bill encourages midwives from outside of Hawaii to move here, with no cultural competency, while annihilating virtually all local practices. This does not serve the people of Hawai'i, and discriminates against local practitioners and families. You have an obligation to protect the local people of Hawai'i from discrimination and displacement.

- Let's call it what it is: a witch hunt.

The persecution of midwives in Hawai'i goes back to the early days of the Territory, during which healers were being persecuted severely, as part of forced assimilation. The notorious witch hunts in Europe and Early America were similarly, in fact, essentially the persecution of midwives. This bill continues those traditions of forced assimilation, medicalization, and persecution. It is also demeaning, especially to respected cultural elders.

- It is legally unsound.

There are many serious legal problems with this measure. For example, the requirement that a traditional midwife "provides the required disclosures to clients that the individual is practicing midwifery in this State without a license to practice midwifery" (as if a rural cultural elder of any ethnicity should be required to do such a thing) is both offensive and legally unsound. This measure defines a legally exempted category of practitioner, and then, in the same sentence, forces them to state that they are practicing without a license to practice. The legal mess this is likely to create (and that the legislators passing such terrible language would be liable for), along with the potential for serious consequences or even death, is enormous. Generally, This measure is also full of legal gray areas; which are what lawsuits are made of.

- It will not be followed.

It should also be noted that most traditional midwives simply WILL NOT give the disclosure required in the bill, because it might INTERFERE WITH MATERNAL CONFIDENCE. Natural birthing is an ancient and sensitive art with its OWN principles of success and safety, which cannot be broken.

- It is DANGEROUS.

Licensed midwives would be utterly unaffordable and realistically, most other practitioners would be operating underground, as they did before 1999. UNASSISTED births are likely to be prevalent, increasing danger. Amongst attended home births,

TRANSFER DELAYS are the greatest danger, and are often driven by fear (note: it is the mother, not the midwife, who makes the decision to go to a hospital or not, as no one can be forced to do so). Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for consenting to give birth with an unlicensed midwife (per this bill’s requirement!). This increases actual danger substantially, particularly within ethnic groups that fear CWS discrimination, believing that child removal or criminalization might occur due to their choice of provider not seeming legitimate enough. You as legislators need to protect people from the

- Kanaka Maoli traditional practices are NOT protected.

First of all, the central traditional practice is BIRTH, not midwifery. Many traditional Kanaka Maoli births are attended by midwives of OTHER ethnicities. Further, Papa Ola Lokahi does not currently have any mechanism to extend protection to traditional midwives or other birth-related practitioners as such (its mandates are currently strictly for laau lapaau, lomilomi, hooponopono and laau kahea). While this could potentially be developed in the future, at this time such protection would be entirely speculative. Law cannot be based on speculation.

It must be remembered that ALL regulation of traditional midwifery limits, alters, and otherwise adversely impacts traditional Native Hawaiian healing, because the central traditional practice in question is BIRTH, not midwifery.

- The entire term “traditional practice” is externally defined, which goes directly against culture and traditions, which must be internally defined in order to be considered bona fide. See quote from Papa Ola Lokahi-convened Kahuna Statement to the Legislature, 1998: PAPA AUWAE AND ALL OTHER KUPUNA OPPOSED CULTURAL PRACTICES BEING DEFINED BY THE LEGISLATURE:

“...LICENSURE, AND CERTIFICATION ISSUES RAISED IN THE LEGISLATION ARE INAPPROPRIATE AND CULTURALLY UNACCEPTABLE FOR GOVERNMENT TO ASCERTAIN. THESE ARE THE KULEANA OF THE HAWAIIAN COMMUNITY ITSELF THROUGH KUPUNA WHO ARE PERPETUATING THESE PRACTICES.”

<http://www.papaolalokahi.org/images/CHRONOLOGY-of-EVENTS-RELATED-TO-TRADITIONAL-HEALING-2015-Dec.pdf>

- There is no reasonable licensure pathway for Hawai'i clinical midwives who are not CPMs.

It is against the Hawai'i Regulatory Licensing Reform

Act to offer a licensure pathway to a part of a profession, but not all of it, especially as NARM Certification is practically logistically impossible for Hawai'i midwives (thus shifting the recognized practice entirely to those trained outside of Hawai'i). The costs involved in licensing such a tiny cohort also need to be assessed prior to structuring legislation, as this Act also requires licensees to bear the full cost of issuance and administration. For a small cohort with complex needs, this could potentially be astronomical.

- The exemptions do not actually exempt anyone currently practicing traditional midwifery.

For this reason, great damage and endangerment would result in our community. The exemptions also notably miss some major areas crucial to local traditional families, such as grandparent-attended births (illegal under this measure), Aunties assisting nieces to give birth (illegal under this measure), and hanai family (illegal under this measure).

What about Tongan midwives? Filipina midwives? African-American midwives?

Women of all cultures deserve to be attended by WHOEVER THEY WANT, especially experts in ancient birthing practices from their culture. Traditional midwives who are not Hawaiian and do not qualify under SB 1033 are extremely important in the traditions that Hawaiian families are reviving from a nearly decimated cultural past. Many young Kanaka Maoli have the oral history of their grandparents to go on, but not much more. Non-Hawaiian traditional midwives play a crucial support role for ensuring safety, confidence and well-being as these traditions are brought back into being. Without them, the practices would still come back, but slower, with more loss and much less safety and support.

- Consumers are not helped by this measure, which would limit choices, raise prices, and provide no measurable safety benefits .

Women's reproductive choices are harmed.

Home birth is a crucial issue of reproductive choice and body sovereignty, and needs to be respected as such. Limitation of who may practice midwifery is the SAME THING as limitation of who a women may choose to attend her. It is an unreasonable limitation of

What is needed is COMMUNICATION, not regulation of something the State simply cannot understand. GOOD solutions CAN be developed, but THIS IS NOT THE WAY.

My recommendation is to hold this bill, and instead consider the creation of a real body that could effectively bring all concerned parties (DOH, cultural

practitioners, traditional birth attendants, CPMs, student midwives, OBGYN/ER doctors, etc) together to build the needed comprehensive solutions to address real consumer protection and safety. A Working Group or Task Force, as recommended by Sen. Dr. Josh Green in 2014.  
PLEASE HOLD THIS MEASURE. MAHALO!

From: Elisa Spring <noreply@jotform.com>  
Sent: Thursday, March 28, 2019 7:19 AM  
To: FINtestimony  
Subject: Testimony in OPPOSITION to SB 1033



### OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Elisa Spring
Email	elisa@sacredrelating.com
Type a question	<p>Aloha House Finance Committee Chair Luke, Vice-Chair Cullen, and committee members, I am testifying in STRONG OPPOSITION to SB 1033 SD2 HD1 which would require licensure of midwives. I oppose ALL versions of this bill. We ask you to PLEASE oppose this measure! It is a FINANCE DISASTER, it is DANGEROUS, and it is DISCRIMINATORY and UNCONSTITUTIONAL. This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices, and places a terrible financial burden on local families. Here is why:</p> <ul style="list-style-type: none"><li>• The costs are insane!</li></ul> <p>According to the DCCA, "The costs associated with licensing approximately 13 midwives would be \$203,000." Because State licensing law requires licensure to pay for itself, those 13 eligible midwives would bear a cost burden of \$15,615 each per year, which would be passed directly on to the families they serve. This is IF all 13 who are eligible can afford this astounding fee; if not, it is further increased. These costs would also be greatly increased if a hearing were to take place, a lawsuit or criminal action occurred, or other incidental expenses were incurred for any reason.</p> <p>THIS MAKES MIDWIFE-ATTENDED BIRTHS ACCESSIBLE ONLY TO THE EXTREMELY PRIVILEGED! This is economic discrimination, and places a terrible, prohibitive burden on local families, which is likely to result in more unattended "DIY" births without midwifery support. As the FINANCE Committee, you MUST OPPOSE this.</p> <ul style="list-style-type: none"><li>• This measure is discriminatory!</li></ul> <p>ONLY Midwives trained outside of Hawaii are eligible.</p>



This alone should stop this measure in its tracks. It creates a sharp dividing line, which ALL local home birth midwives are on the wrong side of. Good training routes of many kinds already exist in Hawai'i, but these are sidelined or criminalized by this measure. This bill encourages midwives from outside of Hawaii to move here, with no cultural competency, while annihilating virtually all local practices. This does not serve the people of Hawai'i, and discriminates against local practitioners and families. You have an obligation to protect the local people of Hawai'i from discrimination and displacement.

- Let's call it what it is: a witch hunt.

The persecution of midwives in Hawai'i goes back to the early days of the Territory, during which healers were being persecuted severely, as part of forced assimilation. The notorious witch hunts in Europe and Early America were similarly, in fact, essentially the persecution of midwives. This bill continues those traditions of forced assimilation, medicalization, and persecution. It is also demeaning, especially to respected cultural elders.

- It is legally unsound.

There are many serious legal problems with this measure. For example, the requirement that a traditional midwife "provides the required disclosures to clients that the individual is practicing midwifery in this State without a license to practice midwifery" (as if a rural cultural elder of any ethnicity should be required to do such a thing) is both offensive and legally unsound. This measure defines a legally exempted category of practitioner, and then, in the same sentence, forces them to state that they are practicing without a license to practice. The legal mess this is likely to create (and that the legislators passing such terrible language would be liable for), along with the potential for serious consequences or even death, is enormous. Generally, This measure is also full of legal gray areas; which are what lawsuits are made of.

- It will not be followed.

It should also be noted that most traditional midwives simply WILL NOT give the disclosure required in the bill, because it might INTERFERE WITH MATERNAL CONFIDENCE. Natural birthing is an ancient and sensitive art with its OWN principles of success and safety, which cannot be broken.

- It is DANGEROUS.

Licensed midwives would be utterly unaffordable and realistically, most other practitioners would be operating underground, as they did before 1999. UNASSISTED births are likely to be prevalent, increasing danger. Amongst attended home births,

TRANSFER DELAYS are the greatest danger, and are often driven by fear (note: it is the mother, not the midwife, who makes the decision to go to a hospital or not, as no one can be forced to do so). Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for consenting to give birth with an unlicensed midwife (per this bill’s requirement!). This increases actual danger substantially, particularly within ethnic groups that fear CWS discrimination, believing that child removal or criminalization might occur due to their choice of provider not seeming legitimate enough. You as legislators need to protect people from the

- Kanaka Maoli traditional practices are NOT protected.

First of all, the central traditional practice is BIRTH, not midwifery. Many traditional Kanaka Maoli births are attended by midwives of OTHER ethnicities. Further, Papa Ola Lokahi does not currently have any mechanism to extend protection to traditional midwives or other birth-related practitioners as such (its mandates are currently strictly for laau lapaau, lomilomi, hooponopono and laau kahea). While this could potentially be developed in the future, at this time such protection would be entirely speculative. Law cannot be based on speculation.

It must be remembered that ALL regulation of traditional midwifery limits, alters, and otherwise adversely impacts traditional Native Hawaiian healing, because the central traditional practice in question is BIRTH, not midwifery.

- The entire term “traditional practice” is externally defined, which goes directly against culture and traditions, which must be internally defined in order to be considered bona fide. See quote from Papa Ola Lokahi-convened Kahuna Statement to the Legislature, 1998: PAPA AUWAE AND ALL OTHER KUPUNA OPPOSED CULTURAL PRACTICES BEING DEFINED BY THE LEGISLATURE:

“...LICENSURE, AND CERTIFICATION ISSUES RAISED IN THE LEGISLATION ARE INAPPROPRIATE AND CULTURALLY UNACCEPTABLE FOR GOVERNMENT TO ASCERTAIN. THESE ARE THE KULEANA OF THE HAWAIIAN COMMUNITY ITSELF THROUGH KUPUNA WHO ARE PERPETUATING THESE PRACTICES.”

<http://www.papaolalokahi.org/images/CHRONOLOGY-of-EVENTS-RELATED-TO-TRADITIONAL-HEALING-2015-Dec.pdf>

- There is no reasonable licensure pathway for Hawai’i clinical midwives who are not CPMs.

It is against the Hawai’i Regulatory Licensing Reform

Act to offer a licensure pathway to a part of a profession, but not all of it, especially as NARM Certification is practically logistically impossible for Hawai'i midwives (thus shifting the recognized practice entirely to those trained outside of Hawai'i). The costs involved in licensing such a tiny cohort also need to be assessed prior to structuring legislation, as this Act also requires licensees to bear the full cost of issuance and administration. For a small cohort with complex needs, this could potentially be astronomical.

- The exemptions do not actually exempt anyone currently practicing traditional midwifery.

For this reason, great damage and endangerment would result in our community. The exemptions also notably miss some major areas crucial to local traditional families, such as grandparent-attended births (illegal under this measure), Aunties assisting nieces to give birth (illegal under this measure), and hanai family (illegal under this measure).

What about Tongan midwives? Filipina midwives? African-American midwives?

Women of all cultures deserve to be attended by WHOEVER THEY WANT, especially experts in ancient birthing practices from their culture. Traditional midwives who are not Hawaiian and do not qualify under SB 1033 are extremely important in the traditions that Hawaiian families are reviving from a nearly decimated cultural past. Many young Kanaka Maoli have the oral history of their grandparents to go on, but not much more. Non-Hawaiian traditional midwives play a crucial support role for ensuring safety, confidence and well-being as these traditions are brought back into being. Without them, the practices would still come back, but slower, with more loss and much less safety and support.

- Consumers are not helped by this measure, which would limit choices, raise prices, and provide no measurable safety benefits .

Women's reproductive choices are harmed.

Home birth is a crucial issue of reproductive choice and body sovereignty, and needs to be respected as such. Limitation of who may practice midwifery is the SAME THING as limitation of who a women may choose to attend her. It is an unreasonable limitation of

What is needed is COMMUNICATION, not regulation of something the State simply cannot understand. GOOD solutions CAN be developed, but THIS IS NOT THE WAY.

My recommendation is to hold this bill, and instead consider the creation of a real body that could effectively bring all concerned parties (DOH, cultural

practitioners, traditional birth attendants, CPMs, student midwives, OBGYN/ER doctors, etc) together to build the needed comprehensive solutions to address real consumer protection and safety. A Working Group or Task Force, as recommended by Sen. Dr. Josh Green in 2014.  
PLEASE HOLD THIS MEASURE. MAHALO!

From: April Mackenzie <noreply@jotform.com>  
Sent: Thursday, March 28, 2019 7:15 AM  
To: FINtestimony  
Subject: Testimony in OPPOSITION to SB 1033



**OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	April Mackenzie
Email	naturals808@gmail.com
Type a question	<p>Aloha House Finance Committee Chair Luke, Vice-Chair Cullen, and committee members, I am testifying in STRONG OPPOSITION to SB 1033 SD2 HD1 which would require licensure of midwives. I oppose ALL versions of this bill. We ask you to PLEASE oppose this measure! It is a FINANCE DISASTER, it is DANGEROUS, and it is DISCRIMINATORY and UNCONSTITUTIONAL. This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices, and places a terrible financial burden on local families. Here is why:</p> <ul style="list-style-type: none"><li>• The costs are insane!</li></ul> <p>According to the DCCA, "The costs associated with licensing approximately 13 midwives would be \$203,000." Because State licensing law requires licensure to pay for itself, those 13 eligible midwives would bear a cost burden of \$15,615 each per year, which would be passed directly on to the families they serve. This is IF all 13 who are eligible can afford this astounding fee; if not, it is further increased. These costs would also be greatly increased if a hearing were to take place, a lawsuit or criminal action occurred, or other incidental expenses were incurred for any reason.</p> <p>THIS MAKES MIDWIFE-ATTENDED BIRTHS ACCESSIBLE ONLY TO THE EXTREMELY PRIVILEGED! This is economic discrimination, and places a terrible, prohibitive burden on local families, which is likely to result in more unattended "DIY" births without midwifery support. As the FINANCE Committee, you MUST OPPOSE this.</p> <ul style="list-style-type: none"><li>• This measure is discriminatory!</li></ul> <p>ONLY Midwives trained outside of Hawaii are eligible.</p>

This alone should stop this measure in its tracks. It creates a sharp dividing line, which ALL local home birth midwives are on the wrong side of. Good training routes of many kinds already exist in Hawai'i, but these are sidelined or criminalized by this measure. This bill encourages midwives from outside of Hawaii to move here, with no cultural competency, while annihilating virtually all local practices. This does not serve the people of Hawai'i, and discriminates against local practitioners and families. You have an obligation to protect the local people of Hawai'i from discrimination and displacement.

- Let's call it what it is: a witch hunt.

The persecution of midwives in Hawai'i goes back to the early days of the Territory, during which healers were being persecuted severely, as part of forced assimilation. The notorious witch hunts in Europe and Early America were similarly, in fact, essentially the persecution of midwives. This bill continues those traditions of forced assimilation, medicalization, and persecution. It is also demeaning, especially to respected cultural elders.

- It is legally unsound.

There are many serious legal problems with this measure. For example, the requirement that a traditional midwife "provides the required disclosures to clients that the individual is practicing midwifery in this State without a license to practice midwifery" (as if a rural cultural elder of any ethnicity should be required to do such a thing) is both offensive and legally unsound. This measure defines a legally exempted category of practitioner, and then, in the same sentence, forces them to state that they are practicing without a license to practice. The legal mess this is likely to create (and that the legislators passing such terrible language would be liable for), along with the potential for serious consequences or even death, is enormous. Generally, This measure is also full of legal gray areas; which are what lawsuits are made of.

- It will not be followed.

It should also be noted that most traditional midwives simply WILL NOT give the disclosure required in the bill, because it might INTERFERE WITH MATERNAL CONFIDENCE. Natural birthing is an ancient and sensitive art with its OWN principles of success and safety, which cannot be broken.

- It is DANGEROUS.

Licensed midwives would be utterly unaffordable and realistically, most other practitioners would be operating underground, as they did before 1999. UNASSISTED births are likely to be prevalent, increasing danger. Amongst attended home births,

TRANSFER DELAYS are the greatest danger, and are often driven by fear (note: it is the mother, not the midwife, who makes the decision to go to a hospital or not, as no one can be forced to do so). Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for consenting to give birth with an unlicensed midwife (per this bill’s requirement!). This increases actual danger substantially, particularly within ethnic groups that fear CWS discrimination, believing that child removal or criminalization might occur due to their choice of provider not seeming legitimate enough. You as legislators need to protect people from the

- Kanaka Maoli traditional practices are NOT protected.

First of all, the central traditional practice is BIRTH, not midwifery. Many traditional Kanaka Maoli births are attended by midwives of OTHER ethnicities. Further, Papa Ola Lokahi does not currently have any mechanism to extend protection to traditional midwives or other birth-related practitioners as such (its mandates are currently strictly for laau lapaau, lomilomi, hooponopono and laau kahea). While this could potentially be developed in the future, at this time such protection would be entirely speculative. Law cannot be based on speculation.

It must be remembered that ALL regulation of traditional midwifery limits, alters, and otherwise adversely impacts traditional Native Hawaiian healing, because the central traditional practice in question is BIRTH, not midwifery.

- The entire term “traditional practice” is externally defined, which goes directly against culture and traditions, which must be internally defined in order to be considered bona fide. See quote from Papa Ola Lokahi-convened Kahuna Statement to the Legislature, 1998: PAPA AUWAE AND ALL OTHER KUPUNA OPPOSED CULTURAL PRACTICES BEING DEFINED BY THE LEGISLATURE:

“...LICENSURE, AND CERTIFICATION ISSUES RAISED IN THE LEGISLATION ARE INAPPROPRIATE AND CULTURALLY UNACCEPTABLE FOR GOVERNMENT TO ASCERTAIN. THESE ARE THE KULEANA OF THE HAWAIIAN COMMUNITY ITSELF THROUGH KUPUNA WHO ARE PERPETUATING THESE PRACTICES.”

<http://www.papaolalokahi.org/images/CHRONOLOGY-of-EVENTS-RELATED-TO-TRADITIONAL-HEALING-2015-Dec.pdf>

- There is no reasonable licensure pathway for Hawai'i clinical midwives who are not CPMs.

It is against the Hawai'i Regulatory Licensing Reform

Act to offer a licensure pathway to a part of a profession, but not all of it, especially as NARM Certification is practically logistically impossible for Hawai'i midwives (thus shifting the recognized practice entirely to those trained outside of Hawai'i). The costs involved in licensing such a tiny cohort also need to be assessed prior to structuring legislation, as this Act also requires licensees to bear the full cost of issuance and administration. For a small cohort with complex needs, this could potentially be astronomical.

- The exemptions do not actually exempt anyone currently practicing traditional midwifery.

For this reason, great damage and endangerment would result in our community. The exemptions also notably miss some major areas crucial to local traditional families, such as grandparent-attended births (illegal under this measure), Aunties assisting nieces to give birth (illegal under this measure), and hanai family (illegal under this measure).

What about Tongan midwives? Filipina midwives? African-American midwives?

Women of all cultures deserve to be attended by WHOEVER THEY WANT, especially experts in ancient birthing practices from their culture. Traditional midwives who are not Hawaiian and do not qualify under SB 1033 are extremely important in the traditions that Hawaiian families are reviving from a nearly decimated cultural past. Many young Kanaka Maoli have the oral history of their grandparents to go on, but not much more. Non-Hawaiian traditional midwives play a crucial support role for ensuring safety, confidence and well-being as these traditions are brought back into being. Without them, the practices would still come back, but slower, with more loss and much less safety and support.

- Consumers are not helped by this measure, which would limit choices, raise prices, and provide no measurable safety benefits .

Women's reproductive choices are harmed.

Home birth is a crucial issue of reproductive choice and body sovereignty, and needs to be respected as such. Limitation of who may practice midwifery is the SAME THING as limitation of who a women may choose to attend her. It is an unreasonable limitation of

What is needed is COMMUNICATION, not regulation of something the State simply cannot understand. GOOD solutions CAN be developed, but THIS IS NOT THE WAY.

My recommendation is to hold this bill, and instead consider the creation of a real body that could effectively bring all concerned parties (DOH, cultural



practitioners, traditional birth attendants, CPMs, student midwives, OBGYN/ER doctors, etc) together to build the needed comprehensive solutions to address real consumer protection and safety. A Working Group or Task Force, as recommended by Sen. Dr. Josh Green in 2014.  
PLEASE HOLD THIS MEASURE. MAHALO!

From: Tara Mattes <noreply@jotform.com>  
Sent: Thursday, March 28, 2019 7:15 AM  
To: FINtestimony  
Subject: Testimony in OPPOSITION to SB 1033



### OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Tara Mattes
Email	taramattes3@gmail.com
Type a question	<p>Aloha House Finance Committee Chair Luke, Vice-Chair Cullen, and committee members, I am testifying in STRONG OPPOSITION to SB 1033 SD2 HD1 which would require licensure of midwives. I oppose ALL versions of this bill. We ask you to PLEASE oppose this measure! It is a FINANCE DISASTER, it is DANGEROUS, and it is DISCRIMINATORY and UNCONSTITUTIONAL. This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices, and places a terrible financial burden on local families. Here is why:</p> <ul style="list-style-type: none"><li>• The costs are insane!</li></ul> <p>According to the DCCA, "The costs associated with licensing approximately 13 midwives would be \$203,000." Because State licensing law requires licensure to pay for itself, those 13 eligible midwives would bear a cost burden of \$15,615 each per year, which would be passed directly on to the families they serve. This is IF all 13 who are eligible can afford this astounding fee; if not, it is further increased. These costs would also be greatly increased if a hearing were to take place, a lawsuit or criminal action occurred, or other incidental expenses were incurred for any reason.</p> <p>THIS MAKES MIDWIFE-ATTENDED BIRTHS ACCESSIBLE ONLY TO THE EXTREMELY PRIVILEGED! This is economic discrimination, and places a terrible, prohibitive burden on local families, which is likely to result in more unattended "DIY" births without midwifery support. As the FINANCE Committee, you MUST OPPOSE this.</p> <ul style="list-style-type: none"><li>• This measure is discriminatory!</li></ul> <p>ONLY Midwives trained outside of Hawaii are eligible.</p>

This alone should stop this measure in its tracks. It creates a sharp dividing line, which ALL local home birth midwives are on the wrong side of. Good training routes of many kinds already exist in Hawai'i, but these are sidelined or criminalized by this measure. This bill encourages midwives from outside of Hawaii to move here, with no cultural competency, while annihilating virtually all local practices. This does not serve the people of Hawai'i, and discriminates against local practitioners and families. You have an obligation to protect the local people of Hawai'i from discrimination and displacement.

- Let's call it what it is: a witch hunt.

The persecution of midwives in Hawai'i goes back to the early days of the Territory, during which healers were being persecuted severely, as part of forced assimilation. The notorious witch hunts in Europe and Early America were similarly, in fact, essentially the persecution of midwives. This bill continues those traditions of forced assimilation, medicalization, and persecution. It is also demeaning, especially to respected cultural elders.

- It is legally unsound.

There are many serious legal problems with this measure. For example, the requirement that a traditional midwife "provides the required disclosures to clients that the individual is practicing midwifery in this State without a license to practice midwifery" (as if a rural cultural elder of any ethnicity should be required to do such a thing) is both offensive and legally unsound. This measure defines a legally exempted category of practitioner, and then, in the same sentence, forces them to state that they are practicing without a license to practice. The legal mess this is likely to create (and that the legislators passing such terrible language would be liable for), along with the potential for serious consequences or even death, is enormous. Generally, This measure is also full of legal gray areas; which are what lawsuits are made of.

- It will not be followed.

It should also be noted that most traditional midwives simply WILL NOT give the disclosure required in the bill, because it might INTERFERE WITH MATERNAL CONFIDENCE. Natural birthing is an ancient and sensitive art with its OWN principles of success and safety, which cannot be broken.

- It is DANGEROUS.

Licensed midwives would be utterly unaffordable and realistically, most other practitioners would be operating underground, as they did before 1999. UNASSISTED births are likely to be prevalent, increasing danger. Amongst attended home births,

TRANSFER DELAYS are the greatest danger, and are often driven by fear (note: it is the mother, not the midwife, who makes the decision to go to a hospital or not, as no one can be forced to do so). Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for consenting to give birth with an unlicensed midwife (per this bill’s requirement!). This increases actual danger substantially, particularly within ethnic groups that fear CWS discrimination, believing that child removal or criminalization might occur due to their choice of provider not seeming legitimate enough. You as legislators need to protect people from the

- Kanaka Maoli traditional practices are NOT protected.

First of all, the central traditional practice is BIRTH, not midwifery. Many traditional Kanaka Maoli births are attended by midwives of OTHER ethnicities. Further, Papa Ola Lokahi does not currently have any mechanism to extend protection to traditional midwives or other birth-related practitioners as such (its mandates are currently strictly for laau lapaau, lomilomi, hooponopono and laau kahea). While this could potentially be developed in the future, at this time such protection would be entirely speculative. Law cannot be based on speculation.

It must be remembered that ALL regulation of traditional midwifery limits, alters, and otherwise adversely impacts traditional Native Hawaiian healing, because the central traditional practice in question is BIRTH, not midwifery.

- The entire term “traditional practice” is externally defined, which goes directly against culture and traditions, which must be internally defined in order to be considered bona fide. See quote from Papa Ola Lokahi-convened Kahuna Statement to the Legislature, 1998: PAPA AUWAE AND ALL OTHER KUPUNA OPPOSED CULTURAL PRACTICES BEING DEFINED BY THE LEGISLATURE:

“...LICENSURE, AND CERTIFICATION ISSUES RAISED IN THE LEGISLATION ARE INAPPROPRIATE AND CULTURALLY UNACCEPTABLE FOR GOVERNMENT TO ASCERTAIN. THESE ARE THE KULEANA OF THE HAWAIIAN COMMUNITY ITSELF THROUGH KUPUNA WHO ARE PERPETUATING THESE PRACTICES.”

<http://www.papaolalokahi.org/images/CHRONOLOGY-of-EVENTS-RELATED-TO-TRADITIONAL-HEALING-2015-Dec.pdf>

- There is no reasonable licensure pathway for Hawai'i clinical midwives who are not CPMs.

It is against the Hawai'i Regulatory Licensing Reform

Act to offer a licensure pathway to a part of a profession, but not all of it, especially as NARM Certification is practically logistically impossible for Hawai'i midwives (thus shifting the recognized practice entirely to those trained outside of Hawai'i). The costs involved in licensing such a tiny cohort also need to be assessed prior to structuring legislation, as this Act also requires licensees to bear the full cost of issuance and administration. For a small cohort with complex needs, this could potentially be astronomical.

- The exemptions do not actually exempt anyone currently practicing traditional midwifery.

For this reason, great damage and endangerment would result in our community. The exemptions also notably miss some major areas crucial to local traditional families, such as grandparent-attended births (illegal under this measure), Aunties assisting nieces to give birth (illegal under this measure), and hanai family (illegal under this measure).

What about Tongan midwives? Filipina midwives? African-American midwives?

Women of all cultures deserve to be attended by WHOEVER THEY WANT, especially experts in ancient birthing practices from their culture. Traditional midwives who are not Hawaiian and do not qualify under SB 1033 are extremely important in the traditions that Hawaiian families are reviving from a nearly decimated cultural past. Many young Kanaka Maoli have the oral history of their grandparents to go on, but not much more. Non-Hawaiian traditional midwives play a crucial support role for ensuring safety, confidence and well-being as these traditions are brought back into being. Without them, the practices would still come back, but slower, with more loss and much less safety and support.

- Consumers are not helped by this measure, which would limit choices, raise prices, and provide no measurable safety benefits .

Women's reproductive choices are harmed.

Home birth is a crucial issue of reproductive choice and body sovereignty, and needs to be respected as such. Limitation of who may practice midwifery is the SAME THING as limitation of who a women may choose to attend her. It is an unreasonable limitation of

What is needed is COMMUNICATION, not regulation of something the State simply cannot understand. GOOD solutions CAN be developed, but THIS IS NOT THE WAY.

My recommendation is to hold this bill, and instead consider the creation of a real body that could effectively bring all concerned parties (DOH, cultural

practitioners, traditional birth attendants, CPMs, student midwives, OBGYN/ER doctors, etc) together to build the needed comprehensive solutions to address real consumer protection and safety. A Working Group or Task Force, as recommended by Sen. Dr. Josh Green in 2014.  
PLEASE HOLD THIS MEASURE. MAHALO!

From: Summer Yadao <noreply@jotform.com>  
Sent: Thursday, March 28, 2019 7:08 AM  
To: FINtestimony  
Subject: Testimony in OPPOSITION to SB 1033



**OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Summer Yadao
Email	sumlove808@gmail.com
Type a question	<p>Aloha House Finance Committee Chair Luke, Vice-Chair Cullen, and committee members, I am testifying in STRONG OPPOSITION to SB 1033 SD2 HD1 which would require licensure of midwives. I oppose ALL versions of this bill. We ask you to PLEASE oppose this measure! It is a FINANCE DISASTER, it is DANGEROUS, and it is DISCRIMINATORY and UNCONSTITUTIONAL. This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices, and places a terrible financial burden on local families. Here is why:</p> <ul style="list-style-type: none"><li>• The costs are insane!</li></ul> <p>According to the DCCA, "The costs associated with licensing approximately 13 midwives would be \$203,000." Because State licensing law requires licensure to pay for itself, those 13 eligible midwives would bear a cost burden of \$15,615 each per year, which would be passed directly on to the families they serve. This is IF all 13 who are eligible can afford this astounding fee; if not, it is further increased. These costs would also be greatly increased if a hearing were to take place, a lawsuit or criminal action occurred, or other incidental expenses were incurred for any reason.</p> <p>THIS MAKES MIDWIFE-ATTENDED BIRTHS ACCESSIBLE ONLY TO THE EXTREMELY PRIVILEGED! This is economic discrimination, and places a terrible, prohibitive burden on local families, which is likely to result in more unattended "DIY" births without midwifery support. As the FINANCE Committee, you MUST OPPOSE this.</p> <ul style="list-style-type: none"><li>• This measure is discriminatory!</li></ul> <p>ONLY Midwives trained outside of Hawaii are eligible.</p>

This alone should stop this measure in its tracks. It creates a sharp dividing line, which ALL local home birth midwives are on the wrong side of. Good training routes of many kinds already exist in Hawai'i, but these are sidelined or criminalized by this measure. This bill encourages midwives from outside of Hawaii to move here, with no cultural competency, while annihilating virtually all local practices. This does not serve the people of Hawai'i, and discriminates against local practitioners and families. You have an obligation to protect the local people of Hawai'i from discrimination and displacement.

- Let's call it what it is: a witch hunt.

The persecution of midwives in Hawai'i goes back to the early days of the Territory, during which healers were being persecuted severely, as part of forced assimilation. The notorious witch hunts in Europe and Early America were similarly, in fact, essentially the persecution of midwives. This bill continues those traditions of forced assimilation, medicalization, and persecution. It is also demeaning, especially to respected cultural elders.

- It is legally unsound.

There are many serious legal problems with this measure. For example, the requirement that a traditional midwife "provides the required disclosures to clients that the individual is practicing midwifery in this State without a license to practice midwifery" (as if a rural cultural elder of any ethnicity should be required to do such a thing) is both offensive and legally unsound. This measure defines a legally exempted category of practitioner, and then, in the same sentence, forces them to state that they are practicing without a license to practice. The legal mess this is likely to create (and that the legislators passing such terrible language would be liable for), along with the potential for serious consequences or even death, is enormous. Generally, This measure is also full of legal gray areas; which are what lawsuits are made of.

- It will not be followed.

It should also be noted that most traditional midwives simply WILL NOT give the disclosure required in the bill, because it might INTERFERE WITH MATERNAL CONFIDENCE. Natural birthing is an ancient and sensitive art with its OWN principles of success and safety, which cannot be broken.

- It is DANGEROUS.

Licensed midwives would be utterly unaffordable and realistically, most other practitioners would be operating underground, as they did before 1999. UNASSISTED births are likely to be prevalent, increasing danger. Amongst attended home births,



TRANSFER DELAYS are the greatest danger, and are often driven by fear (note: it is the mother, not the midwife, who makes the decision to go to a hospital or not, as no one can be forced to do so). Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for consenting to give birth with an unlicensed midwife (per this bill’s requirement!). This increases actual danger substantially, particularly within ethnic groups that fear CWS discrimination, believing that child removal or criminalization might occur due to their choice of provider not seeming legitimate enough. You as legislators need to protect people from the

- Kanaka Maoli traditional practices are NOT protected.

First of all, the central traditional practice is BIRTH, not midwifery. Many traditional Kanaka Maoli births are attended by midwives of OTHER ethnicities. Further, Papa Ola Lokahi does not currently have any mechanism to extend protection to traditional midwives or other birth-related practitioners as such (its mandates are currently strictly for laau lapaau, lomilomi, hooponopono and laau kahea). While this could potentially be developed in the future, at this time such protection would be entirely speculative. Law cannot be based on speculation.

It must be remembered that ALL regulation of traditional midwifery limits, alters, and otherwise adversely impacts traditional Native Hawaiian healing, because the central traditional practice in question is BIRTH, not midwifery.

- The entire term “traditional practice” is externally defined, which goes directly against culture and traditions, which must be internally defined in order to be considered bona fide. See quote from Papa Ola Lokahi-convened Kahuna Statement to the Legislature, 1998: PAPA AUWAE AND ALL OTHER KUPUNA OPPOSED CULTURAL PRACTICES BEING DEFINED BY THE LEGISLATURE:

“...LICENSURE, AND CERTIFICATION ISSUES RAISED IN THE LEGISLATION ARE INAPPROPRIATE AND CULTURALLY UNACCEPTABLE FOR GOVERNMENT TO ASCERTAIN. THESE ARE THE KULEANA OF THE HAWAIIAN COMMUNITY ITSELF THROUGH KUPUNA WHO ARE PERPETUATING THESE PRACTICES.”

<http://www.papaolalokahi.org/images/CHRONOLOGY-of-EVENTS-RELATED-TO-TRADITIONAL-HEALING-2015-Dec.pdf>

- There is no reasonable licensure pathway for Hawai’i clinical midwives who are not CPMs.

It is against the Hawai’i Regulatory Licensing Reform

Act to offer a licensure pathway to a part of a profession, but not all of it, especially as NARM Certification is practically logistically impossible for Hawai'i midwives (thus shifting the recognized practice entirely to those trained outside of Hawai'i). The costs involved in licensing such a tiny cohort also need to be assessed prior to structuring legislation, as this Act also requires licensees to bear the full cost of issuance and administration. For a small cohort with complex needs, this could potentially be astronomical.

- The exemptions do not actually exempt anyone currently practicing traditional midwifery.

For this reason, great damage and endangerment would result in our community. The exemptions also notably miss some major areas crucial to local traditional families, such as grandparent-attended births (illegal under this measure), Aunties assisting nieces to give birth (illegal under this measure), and hanai family (illegal under this measure).

What about Tongan midwives? Filipina midwives? African-American midwives?

Women of all cultures deserve to be attended by WHOEVER THEY WANT, especially experts in ancient birthing practices from their culture. Traditional midwives who are not Hawaiian and do not qualify under SB 1033 are extremely important in the traditions that Hawaiian families are reviving from a nearly decimated cultural past. Many young Kanaka Maoli have the oral history of their grandparents to go on, but not much more. Non-Hawaiian traditional midwives play a crucial support role for ensuring safety, confidence and well-being as these traditions are brought back into being. Without them, the practices would still come back, but slower, with more loss and much less safety and support.

- Consumers are not helped by this measure, which would limit choices, raise prices, and provide no measurable safety benefits .

Women's reproductive choices are harmed.

Home birth is a crucial issue of reproductive choice and body sovereignty, and needs to be respected as such. Limitation of who may practice midwifery is the SAME THING as limitation of who a women may choose to attend her. It is an unreasonable limitation of

What is needed is COMMUNICATION, not regulation of something the State simply cannot understand. GOOD solutions CAN be developed, but THIS IS NOT THE WAY.

My recommendation is to hold this bill, and instead consider the creation of a real body that could effectively bring all concerned parties (DOH, cultural

practitioners, traditional birth attendants, CPMs, student midwives, OBGYN/ER doctors, etc) together to build the needed comprehensive solutions to address real consumer protection and safety. A Working Group or Task Force, as recommended by Sen. Dr. Josh Green in 2014.  
PLEASE HOLD THIS MEASURE. MAHALO!

From: Marcie Ahana <noreply@jotform.com>  
Sent: Thursday, March 28, 2019 6:56 AM  
To: FINtestimony  
Subject: Testimony in OPPOSITION to SB 1033



### OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Marcie Ahana
Email	marciemoo.ahana@gmail.com
Type a question	<p>Aloha House Finance Committee Chair Luke, Vice-Chair Cullen, and committee members, I am testifying in STRONG OPPOSITION to SB 1033 SD2 HD1 which would require licensure of midwives. I oppose ALL versions of this bill. We ask you to PLEASE oppose this measure! It is a FINANCE DISASTER, it is DANGEROUS, and it is DISCRIMINATORY and UNCONSTITUTIONAL. This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices, and places a terrible financial burden on local families. Here is why:</p> <ul style="list-style-type: none"><li>• The costs are insane!</li></ul> <p>According to the DCCA, "The costs associated with licensing approximately 13 midwives would be \$203,000." Because State licensing law requires licensure to pay for itself, those 13 eligible midwives would bear a cost burden of \$15,615 each per year, which would be passed directly on to the families they serve. This is IF all 13 who are eligible can afford this astounding fee; if not, it is further increased. These costs would also be greatly increased if a hearing were to take place, a lawsuit or criminal action occurred, or other incidental expenses were incurred for any reason.</p> <p>THIS MAKES MIDWIFE-ATTENDED BIRTHS ACCESSIBLE ONLY TO THE EXTREMELY PRIVILEGED! This is economic discrimination, and places a terrible, prohibitive burden on local families, which is likely to result in more unattended "DIY" births without midwifery support. As the FINANCE Committee, you MUST OPPOSE this.</p> <ul style="list-style-type: none"><li>• This measure is discriminatory!</li></ul> <p>ONLY Midwives trained outside of Hawaii are eligible.</p>

This alone should stop this measure in its tracks. It creates a sharp dividing line, which ALL local home birth midwives are on the wrong side of. Good training routes of many kinds already exist in Hawai'i, but these are sidelined or criminalized by this measure. This bill encourages midwives from outside of Hawaii to move here, with no cultural competency, while annihilating virtually all local practices. This does not serve the people of Hawai'i, and discriminates against local practitioners and families. You have an obligation to protect the local people of Hawai'i from discrimination and displacement.

- Let's call it what it is: a witch hunt.

The persecution of midwives in Hawai'i goes back to the early days of the Territory, during which healers were being persecuted severely, as part of forced assimilation. The notorious witch hunts in Europe and Early America were similarly, in fact, essentially the persecution of midwives. This bill continues those traditions of forced assimilation, medicalization, and persecution. It is also demeaning, especially to respected cultural elders.

- It is legally unsound.

There are many serious legal problems with this measure. For example, the requirement that a traditional midwife "provides the required disclosures to clients that the individual is practicing midwifery in this State without a license to practice midwifery" (as if a rural cultural elder of any ethnicity should be required to do such a thing) is both offensive and legally unsound. This measure defines a legally exempted category of practitioner, and then, in the same sentence, forces them to state that they are practicing without a license to practice. The legal mess this is likely to create (and that the legislators passing such terrible language would be liable for), along with the potential for serious consequences or even death, is enormous. Generally, This measure is also full of legal gray areas; which are what lawsuits are made of.

- It will not be followed.

It should also be noted that most traditional midwives simply WILL NOT give the disclosure required in the bill, because it might INTERFERE WITH MATERNAL CONFIDENCE. Natural birthing is an ancient and sensitive art with its OWN principles of success and safety, which cannot be broken.

- It is DANGEROUS.

Licensed midwives would be utterly unaffordable and realistically, most other practitioners would be operating underground, as they did before 1999. UNASSISTED births are likely to be prevalent, increasing danger. Amongst attended home births,

TRANSFER DELAYS are the greatest danger, and are often driven by fear (note: it is the mother, not the midwife, who makes the decision to go to a hospital or not, as no one can be forced to do so). Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for consenting to give birth with an unlicensed midwife (per this bill’s requirement!). This increases actual danger substantially, particularly within ethnic groups that fear CWS discrimination, believing that child removal or criminalization might occur due to their choice of provider not seeming legitimate enough. You as legislators need to protect people from the

- Kanaka Maoli traditional practices are NOT protected.

First of all, the central traditional practice is BIRTH, not midwifery. Many traditional Kanaka Maoli births are attended by midwives of OTHER ethnicities. Further, Papa Ola Lokahi does not currently have any mechanism to extend protection to traditional midwives or other birth-related practitioners as such (its mandates are currently strictly for laau lapaau, lomilomi, hooponopono and laau kahea). While this could potentially be developed in the future, at this time such protection would be entirely speculative. Law cannot be based on speculation.

It must be remembered that ALL regulation of traditional midwifery limits, alters, and otherwise adversely impacts traditional Native Hawaiian healing, because the central traditional practice in question is BIRTH, not midwifery.

- The entire term “traditional practice” is externally defined, which goes directly against culture and traditions, which must be internally defined in order to be considered bona fide. See quote from Papa Ola Lokahi-convened Kahuna Statement to the Legislature, 1998: PAPA AUWAE AND ALL OTHER KUPUNA OPPOSED CULTURAL PRACTICES BEING DEFINED BY THE LEGISLATURE:

“...LICENSURE, AND CERTIFICATION ISSUES RAISED IN THE LEGISLATION ARE INAPPROPRIATE AND CULTURALLY UNACCEPTABLE FOR GOVERNMENT TO ASCERTAIN. THESE ARE THE KULEANA OF THE HAWAIIAN COMMUNITY ITSELF THROUGH KUPUNA WHO ARE PERPETUATING THESE PRACTICES.”

<http://www.papaolalokahi.org/images/CHRONOLOGY-of-EVENTS-RELATED-TO-TRADITIONAL-HEALING-2015-Dec.pdf>

- There is no reasonable licensure pathway for Hawai'i clinical midwives who are not CPMs.

It is against the Hawai'i Regulatory Licensing Reform

Act to offer a licensure pathway to a part of a profession, but not all of it, especially as NARM Certification is practically logistically impossible for Hawai'i midwives (thus shifting the recognized practice entirely to those trained outside of Hawai'i). The costs involved in licensing such a tiny cohort also need to be assessed prior to structuring legislation, as this Act also requires licensees to bear the full cost of issuance and administration. For a small cohort with complex needs, this could potentially be astronomical.

- The exemptions do not actually exempt anyone currently practicing traditional midwifery.

For this reason, great damage and endangerment would result in our community. The exemptions also notably miss some major areas crucial to local traditional families, such as grandparent-attended births (illegal under this measure), Aunties assisting nieces to give birth (illegal under this measure), and hanai family (illegal under this measure).

What about Tongan midwives? Filipina midwives? African-American midwives?

Women of all cultures deserve to be attended by WHOEVER THEY WANT, especially experts in ancient birthing practices from their culture. Traditional midwives who are not Hawaiian and do not qualify under SB 1033 are extremely important in the traditions that Hawaiian families are reviving from a nearly decimated cultural past. Many young Kanaka Maoli have the oral history of their grandparents to go on, but not much more. Non-Hawaiian traditional midwives play a crucial support role for ensuring safety, confidence and well-being as these traditions are brought back into being. Without them, the practices would still come back, but slower, with more loss and much less safety and support.

- Consumers are not helped by this measure, which would limit choices, raise prices, and provide no measurable safety benefits .

Women's reproductive choices are harmed.

Home birth is a crucial issue of reproductive choice and body sovereignty, and needs to be respected as such. Limitation of who may practice midwifery is the SAME THING as limitation of who a women may choose to attend her. It is an unreasonable limitation of

What is needed is COMMUNICATION, not regulation of something the State simply cannot understand. GOOD solutions CAN be developed, but THIS IS NOT THE WAY.

My recommendation is to hold this bill, and instead consider the creation of a real body that could effectively bring all concerned parties (DOH, cultural

practitioners, traditional birth attendants, CPMs, student midwives, OBGYN/ER doctors, etc) together to build the needed comprehensive solutions to address real consumer protection and safety. A Working Group or Task Force, as recommended by Sen. Dr. Josh Green in 2014.  
PLEASE HOLD THIS MEASURE. MAHALO!



From: Susan Rosier <noreply@jotform.com>  
Sent: Thursday, March 28, 2019 6:54 AM  
To: FINtestimony  
Subject: Testimony in OPPOSITION to SB 1033



### OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Susan Rosier
Email	808sue808@gmail.com
Type a question	<p>Aloha House Finance Committee Chair Luke, Vice-Chair Cullen, and committee members, I am testifying in STRONG OPPOSITION to SB 1033 SD2 HD1 which would require licensure of midwives. I oppose ALL versions of this bill. We ask you to PLEASE oppose this measure! It is a FINANCE DISASTER, it is DANGEROUS, and it is DISCRIMINATORY and UNCONSTITUTIONAL. This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices, and places a terrible financial burden on local families. Here is why:</p> <ul style="list-style-type: none"><li>• The costs are insane!</li></ul> <p>According to the DCCA, "The costs associated with licensing approximately 13 midwives would be \$203,000." Because State licensing law requires licensure to pay for itself, those 13 eligible midwives would bear a cost burden of \$15,615 each per year, which would be passed directly on to the families they serve. This is IF all 13 who are eligible can afford this astounding fee; if not, it is further increased. These costs would also be greatly increased if a hearing were to take place, a lawsuit or criminal action occurred, or other incidental expenses were incurred for any reason.</p> <p>THIS MAKES MIDWIFE-ATTENDED BIRTHS ACCESSIBLE ONLY TO THE EXTREMELY PRIVILEGED! This is economic discrimination, and places a terrible, prohibitive burden on local families, which is likely to result in more unattended "DIY" births without midwifery support. As the FINANCE Committee, you MUST OPPOSE this.</p> <ul style="list-style-type: none"><li>• This measure is discriminatory!</li></ul> <p>ONLY Midwives trained outside of Hawaii are eligible.</p>

This alone should stop this measure in its tracks. It creates a sharp dividing line, which ALL local home birth midwives are on the wrong side of. Good training routes of many kinds already exist in Hawai'i, but these are sidelined or criminalized by this measure. This bill encourages midwives from outside of Hawaii to move here, with no cultural competency, while annihilating virtually all local practices. This does not serve the people of Hawai'i, and discriminates against local practitioners and families. You have an obligation to protect the local people of Hawai'i from discrimination and displacement.

- Let's call it what it is: a witch hunt.

The persecution of midwives in Hawai'i goes back to the early days of the Territory, during which healers were being persecuted severely, as part of forced assimilation. The notorious witch hunts in Europe and Early America were similarly, in fact, essentially the persecution of midwives. This bill continues those traditions of forced assimilation, medicalization, and persecution. It is also demeaning, especially to respected cultural elders.

- It is legally unsound.

There are many serious legal problems with this measure. For example, the requirement that a traditional midwife "provides the required disclosures to clients that the individual is practicing midwifery in this State without a license to practice midwifery" (as if a rural cultural elder of any ethnicity should be required to do such a thing) is both offensive and legally unsound. This measure defines a legally exempted category of practitioner, and then, in the same sentence, forces them to state that they are practicing without a license to practice. The legal mess this is likely to create (and that the legislators passing such terrible language would be liable for), along with the potential for serious consequences or even death, is enormous. Generally, This measure is also full of legal gray areas; which are what lawsuits are made of.

- It will not be followed.

It should also be noted that most traditional midwives simply WILL NOT give the disclosure required in the bill, because it might INTERFERE WITH MATERNAL CONFIDENCE. Natural birthing is an ancient and sensitive art with its OWN principles of success and safety, which cannot be broken.

- It is DANGEROUS.

Licensed midwives would be utterly unaffordable and realistically, most other practitioners would be operating underground, as they did before 1999. UNASSISTED births are likely to be prevalent, increasing danger. Amongst attended home births,

TRANSFER DELAYS are the greatest danger, and are often driven by fear (note: it is the mother, not the midwife, who makes the decision to go to a hospital or not, as no one can be forced to do so). Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for consenting to give birth with an unlicensed midwife (per this bill’s requirement!). This increases actual danger substantially, particularly within ethnic groups that fear CWS discrimination, believing that child removal or criminalization might occur due to their choice of provider not seeming legitimate enough. You as legislators need to protect people from the

- Kanaka Maoli traditional practices are NOT protected.

First of all, the central traditional practice is BIRTH, not midwifery. Many traditional Kanaka Maoli births are attended by midwives of OTHER ethnicities. Further, Papa Ola Lokahi does not currently have any mechanism to extend protection to traditional midwives or other birth-related practitioners as such (its mandates are currently strictly for laau lapaau, lomilomi, hooponopono and laau kahea). While this could potentially be developed in the future, at this time such protection would be entirely speculative. Law cannot be based on speculation.

It must be remembered that ALL regulation of traditional midwifery limits, alters, and otherwise adversely impacts traditional Native Hawaiian healing, because the central traditional practice in question is BIRTH, not midwifery.

- The entire term “traditional practice” is externally defined, which goes directly against culture and traditions, which must be internally defined in order to be considered bona fide. See quote from Papa Ola Lokahi-convened Kahuna Statement to the Legislature, 1998: PAPA AUWAE AND ALL OTHER KUPUNA OPPOSED CULTURAL PRACTICES BEING DEFINED BY THE LEGISLATURE:

“...LICENSURE, AND CERTIFICATION ISSUES RAISED IN THE LEGISLATION ARE INAPPROPRIATE AND CULTURALLY UNACCEPTABLE FOR GOVERNMENT TO ASCERTAIN. THESE ARE THE KULEANA OF THE HAWAIIAN COMMUNITY ITSELF THROUGH KUPUNA WHO ARE PERPETUATING THESE PRACTICES.”

<http://www.papaolalokahi.org/images/CHRONOLOGY-of-EVENTS-RELATED-TO-TRADITIONAL-HEALING-2015-Dec.pdf>

- There is no reasonable licensure pathway for Hawai'i clinical midwives who are not CPMs.

It is against the Hawai'i Regulatory Licensing Reform

Act to offer a licensure pathway to a part of a profession, but not all of it, especially as NARM Certification is practically logistically impossible for Hawai'i midwives (thus shifting the recognized practice entirely to those trained outside of Hawai'i). The costs involved in licensing such a tiny cohort also need to be assessed prior to structuring legislation, as this Act also requires licensees to bear the full cost of issuance and administration. For a small cohort with complex needs, this could potentially be astronomical.

- The exemptions do not actually exempt anyone currently practicing traditional midwifery.

For this reason, great damage and endangerment would result in our community. The exemptions also notably miss some major areas crucial to local traditional families, such as grandparent-attended births (illegal under this measure), Aunties assisting nieces to give birth (illegal under this measure), and hanai family (illegal under this measure).

What about Tongan midwives? Filipina midwives? African-American midwives?

Women of all cultures deserve to be attended by WHOEVER THEY WANT, especially experts in ancient birthing practices from their culture. Traditional midwives who are not Hawaiian and do not qualify under SB 1033 are extremely important in the traditions that Hawaiian families are reviving from a nearly decimated cultural past. Many young Kanaka Maoli have the oral history of their grandparents to go on, but not much more. Non-Hawaiian traditional midwives play a crucial support role for ensuring safety, confidence and well-being as these traditions are brought back into being. Without them, the practices would still come back, but slower, with more loss and much less safety and support.

- Consumers are not helped by this measure, which would limit choices, raise prices, and provide no measurable safety benefits .

Women's reproductive choices are harmed.

Home birth is a crucial issue of reproductive choice and body sovereignty, and needs to be respected as such. Limitation of who may practice midwifery is the SAME THING as limitation of who a women may choose to attend her. It is an unreasonable limitation of

What is needed is COMMUNICATION, not regulation of something the State simply cannot understand. GOOD solutions CAN be developed, but THIS IS NOT THE WAY.

My recommendation is to hold this bill, and instead consider the creation of a real body that could effectively bring all concerned parties (DOH, cultural

practitioners, traditional birth attendants, CPMs, student midwives, OBGYN/ER doctors, etc) together to build the needed comprehensive solutions to address real consumer protection and safety. A Working Group or Task Force, as recommended by Sen. Dr. Josh Green in 2014.  
PLEASE HOLD THIS MEASURE. MAHALO!

From: Hannah Mizuno <noreply@jotform.com>  
Sent: Thursday, March 28, 2019 11:36 AM  
To: FINtestimony  
Subject: Testimony in OPPOSITION to SB 1033



### OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Hannah Mizuno
Email	hannahmizuno22@gmail.com
Type a question	<p>Aloha House Finance Committee Chair Luke, Vice-Chair Cullen, and committee members, I am testifying in STRONG OPPOSITION to SB 1033 SD2 HD1 which would require licensure of midwives. I oppose ALL versions of this bill. We ask you to PLEASE oppose this measure! It is a FINANCE DISASTER, it is DANGEROUS, and it is DISCRIMINATORY and UNCONSTITUTIONAL. This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices, and places a terrible financial burden on local families. Here is why:</p> <ul style="list-style-type: none"><li>• The costs are insane!</li></ul> <p>According to the DCCA, "The costs associated with licensing approximately 13 midwives would be \$203,000." Because State licensing law requires licensure to pay for itself, those 13 eligible midwives would bear a cost burden of \$15,615 each per year, which would be passed directly on to the families they serve. This is IF all 13 who are eligible can afford this astounding fee; if not, it is further increased. These costs would also be greatly increased if a hearing were to take place, a lawsuit or criminal action occurred, or other incidental expenses were incurred for any reason.</p> <p>THIS MAKES MIDWIFE-ATTENDED BIRTHS ACCESSIBLE ONLY TO THE EXTREMELY PRIVILEGED! This is economic discrimination, and places a terrible, prohibitive burden on local families, which is likely to result in more unattended "DIY" births without midwifery support. As the FINANCE Committee, you MUST OPPOSE this.</p> <ul style="list-style-type: none"><li>• This measure is discriminatory!</li></ul> <p>ONLY Midwives trained outside of Hawaii are eligible.</p>

This alone should stop this measure in its tracks. It creates a sharp dividing line, which ALL local home birth midwives are on the wrong side of. Good training routes of many kinds already exist in Hawai'i, but these are sidelined or criminalized by this measure. This bill encourages midwives from outside of Hawaii to move here, with no cultural competency, while annihilating virtually all local practices. This does not serve the people of Hawai'i, and discriminates against local practitioners and families. You have an obligation to protect the local people of Hawai'i from discrimination and displacement.

- Let's call it what it is: a witch hunt.

The persecution of midwives in Hawai'i goes back to the early days of the Territory, during which healers were being persecuted severely, as part of forced assimilation. The notorious witch hunts in Europe and Early America were similarly, in fact, essentially the persecution of midwives. This bill continues those traditions of forced assimilation, medicalization, and persecution. It is also demeaning, especially to respected cultural elders.

- It is legally unsound.

There are many serious legal problems with this measure. For example, the requirement that a traditional midwife "provides the required disclosures to clients that the individual is practicing midwifery in this State without a license to practice midwifery" (as if a rural cultural elder of any ethnicity should be required to do such a thing) is both offensive and legally unsound. This measure defines a legally exempted category of practitioner, and then, in the same sentence, forces them to state that they are practicing without a license to practice. The legal mess this is likely to create (and that the legislators passing such terrible language would be liable for), along with the potential for serious consequences or even death, is enormous. Generally, This measure is also full of legal gray areas; which are what lawsuits are made of.

- It will not be followed.

It should also be noted that most traditional midwives simply WILL NOT give the disclosure required in the bill, because it might INTERFERE WITH MATERNAL CONFIDENCE. Natural birthing is an ancient and sensitive art with its OWN principles of success and safety, which cannot be broken.

- It is DANGEROUS.

Licensed midwives would be utterly unaffordable and realistically, most other practitioners would be operating underground, as they did before 1999. UNASSISTED births are likely to be prevalent, increasing danger. Amongst attended home births,

TRANSFER DELAYS are the greatest danger, and are often driven by fear (note: it is the mother, not the midwife, who makes the decision to go to a hospital or not, as no one can be forced to do so). Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for consenting to give birth with an unlicensed midwife (per this bill’s requirement!). This increases actual danger substantially, particularly within ethnic groups that fear CWS discrimination, believing that child removal or criminalization might occur due to their choice of provider not seeming legitimate enough. You as legislators need to protect people from the

- Kanaka Maoli traditional practices are NOT protected.

First of all, the central traditional practice is BIRTH, not midwifery. Many traditional Kanaka Maoli births are attended by midwives of OTHER ethnicities. Further, Papa Ola Lokahi does not currently have any mechanism to extend protection to traditional midwives or other birth-related practitioners as such (its mandates are currently strictly for laau lapaau, lomilomi, hooponopono and laau kahea). While this could potentially be developed in the future, at this time such protection would be entirely speculative. Law cannot be based on speculation.

It must be remembered that ALL regulation of traditional midwifery limits, alters, and otherwise adversely impacts traditional Native Hawaiian healing, because the central traditional practice in question is BIRTH, not midwifery.

- The entire term “traditional practice” is externally defined, which goes directly against culture and traditions, which must be internally defined in order to be considered bona fide. See quote from Papa Ola Lokahi-convened Kahuna Statement to the Legislature, 1998: PAPA AUWAE AND ALL OTHER KUPUNA OPPOSED CULTURAL PRACTICES BEING DEFINED BY THE LEGISLATURE:

“...LICENSURE, AND CERTIFICATION ISSUES RAISED IN THE LEGISLATION ARE INAPPROPRIATE AND CULTURALLY UNACCEPTABLE FOR GOVERNMENT TO ASCERTAIN. THESE ARE THE KULEANA OF THE HAWAIIAN COMMUNITY ITSELF THROUGH KUPUNA WHO ARE PERPETUATING THESE PRACTICES.”

<http://www.papaolalokahi.org/images/CHRONOLOGY-of-EVENTS-RELATED-TO-TRADITIONAL-HEALING-2015-Dec.pdf>

- There is no reasonable licensure pathway for Hawai'i clinical midwives who are not CPMs.

It is against the Hawai'i Regulatory Licensing Reform



Act to offer a licensure pathway to a part of a profession, but not all of it, especially as NARM Certification is practically logistically impossible for Hawai'i midwives (thus shifting the recognized practice entirely to those trained outside of Hawai'i). The costs involved in licensing such a tiny cohort also need to be assessed prior to structuring legislation, as this Act also requires licensees to bear the full cost of issuance and administration. For a small cohort with complex needs, this could potentially be astronomical.

- The exemptions do not actually exempt anyone currently practicing traditional midwifery.

For this reason, great damage and endangerment would result in our community. The exemptions also notably miss some major areas crucial to local traditional families, such as grandparent-attended births (illegal under this measure), Aunties assisting nieces to give birth (illegal under this measure), and hanai family (illegal under this measure).

What about Tongan midwives? Filipina midwives? African-American midwives?

Women of all cultures deserve to be attended by WHOEVER THEY WANT, especially experts in ancient birthing practices from their culture. Traditional midwives who are not Hawaiian and do not qualify under SB 1033 are extremely important in the traditions that Hawaiian families are reviving from a nearly decimated cultural past. Many young Kanaka Maoli have the oral history of their grandparents to go on, but not much more. Non-Hawaiian traditional midwives play a crucial support role for ensuring safety, confidence and well-being as these traditions are brought back into being. Without them, the practices would still come back, but slower, with more loss and much less safety and support.

- Consumers are not helped by this measure, which would limit choices, raise prices, and provide no measurable safety benefits .

Women's reproductive choices are harmed.

Home birth is a crucial issue of reproductive choice and body sovereignty, and needs to be respected as such. Limitation of who may practice midwifery is the SAME THING as limitation of who a women may choose to attend her. It is an unreasonable limitation of

What is needed is COMMUNICATION, not regulation of something the State simply cannot understand. GOOD solutions CAN be developed, but THIS IS NOT THE WAY.

My recommendation is to hold this bill, and instead consider the creation of a real body that could effectively bring all concerned parties (DOH, cultural

practitioners, traditional birth attendants, CPMs, student midwives, OBGYN/ER doctors, etc) together to build the needed comprehensive solutions to address real consumer protection and safety. A Working Group or Task Force, as recommended by Sen. Dr. Josh Green in 2014.  
PLEASE HOLD THIS MEASURE. MAHALO!

From: Victoria Ng <noreply@jotform.com>  
Sent: Thursday, March 28, 2019 12:26 PM  
To: FINtestimony  
Subject: Testimony in OPPOSITION to SB 1033



**OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Victoria Ng
Email	victoriamathieu808@gmail.com
Type a question	<p>Aloha House Finance Committee Chair Luke, Vice-Chair Cullen, and committee members, I am testifying in STRONG OPPOSITION to SB 1033 SD2 HD1 which would require licensure of midwives. I oppose ALL versions of this bill. We ask you to PLEASE oppose this measure! It is a FINANCE DISASTER, it is DANGEROUS, and it is DISCRIMINATORY and UNCONSTITUTIONAL. This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices, and places a terrible financial burden on local families. Here is why:</p> <ul style="list-style-type: none"><li>• The costs are insane!</li></ul> <p>According to the DCCA, "The costs associated with licensing approximately 13 midwives would be \$203,000." Because State licensing law requires licensure to pay for itself, those 13 eligible midwives would bear a cost burden of \$15,615 each per year, which would be passed directly on to the families they serve. This is IF all 13 who are eligible can afford this astounding fee; if not, it is further increased. These costs would also be greatly increased if a hearing were to take place, a lawsuit or criminal action occurred, or other incidental expenses were incurred for any reason.</p> <p>THIS MAKES MIDWIFE-ATTENDED BIRTHS ACCESSIBLE ONLY TO THE EXTREMELY PRIVILEGED! This is economic discrimination, and places a terrible, prohibitive burden on local families, which is likely to result in more unattended "DIY" births without midwifery support. As the FINANCE Committee, you MUST OPPOSE this.</p> <ul style="list-style-type: none"><li>• This measure is discriminatory!</li></ul> <p>ONLY Midwives trained outside of Hawaii are eligible.</p>

This alone should stop this measure in its tracks. It creates a sharp dividing line, which ALL local home birth midwives are on the wrong side of. Good training routes of many kinds already exist in Hawai'i, but these are sidelined or criminalized by this measure. This bill encourages midwives from outside of Hawaii to move here, with no cultural competency, while annihilating virtually all local practices. This does not serve the people of Hawai'i, and discriminates against local practitioners and families. You have an obligation to protect the local people of Hawai'i from discrimination and displacement.

- Let's call it what it is: a witch hunt.

The persecution of midwives in Hawai'i goes back to the early days of the Territory, during which healers were being persecuted severely, as part of forced assimilation. The notorious witch hunts in Europe and Early America were similarly, in fact, essentially the persecution of midwives. This bill continues those traditions of forced assimilation, medicalization, and persecution. It is also demeaning, especially to respected cultural elders.

- It is legally unsound.

There are many serious legal problems with this measure. For example, the requirement that a traditional midwife "provides the required disclosures to clients that the individual is practicing midwifery in this State without a license to practice midwifery" (as if a rural cultural elder of any ethnicity should be required to do such a thing) is both offensive and legally unsound. This measure defines a legally exempted category of practitioner, and then, in the same sentence, forces them to state that they are practicing without a license to practice. The legal mess this is likely to create (and that the legislators passing such terrible language would be liable for), along with the potential for serious consequences or even death, is enormous. Generally, This measure is also full of legal gray areas; which are what lawsuits are made of.

- It will not be followed.

It should also be noted that most traditional midwives simply WILL NOT give the disclosure required in the bill, because it might INTERFERE WITH MATERNAL CONFIDENCE. Natural birthing is an ancient and sensitive art with its OWN principles of success and safety, which cannot be broken.

- It is DANGEROUS.

Licensed midwives would be utterly unaffordable and realistically, most other practitioners would be operating underground, as they did before 1999. UNASSISTED births are likely to be prevalent, increasing danger. Amongst attended home births,

TRANSFER DELAYS are the greatest danger, and are often driven by fear (note: it is the mother, not the midwife, who makes the decision to go to a hospital or not, as no one can be forced to do so). Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for consenting to give birth with an unlicensed midwife (per this bill’s requirement!). This increases actual danger substantially, particularly within ethnic groups that fear CWS discrimination, believing that child removal or criminalization might occur due to their choice of provider not seeming legitimate enough. You as legislators need to protect people from the

- Kanaka Maoli traditional practices are NOT protected.

First of all, the central traditional practice is BIRTH, not midwifery. Many traditional Kanaka Maoli births are attended by midwives of OTHER ethnicities. Further, Papa Ola Lokahi does not currently have any mechanism to extend protection to traditional midwives or other birth-related practitioners as such (its mandates are currently strictly for laau lapaau, lomilomi, hooponopono and laau kahea). While this could potentially be developed in the future, at this time such protection would be entirely speculative. Law cannot be based on speculation.

It must be remembered that ALL regulation of traditional midwifery limits, alters, and otherwise adversely impacts traditional Native Hawaiian healing, because the central traditional practice in question is BIRTH, not midwifery.

- The entire term “traditional practice” is externally defined, which goes directly against culture and traditions, which must be internally defined in order to be considered bona fide. See quote from Papa Ola Lokahi-convened Kahuna Statement to the Legislature, 1998: PAPA AUWAE AND ALL OTHER KUPUNA OPPOSED CULTURAL PRACTICES BEING DEFINED BY THE LEGISLATURE:

“...LICENSURE, AND CERTIFICATION ISSUES RAISED IN THE LEGISLATION ARE INAPPROPRIATE AND CULTURALLY UNACCEPTABLE FOR GOVERNMENT TO ASCERTAIN. THESE ARE THE KULEANA OF THE HAWAIIAN COMMUNITY ITSELF THROUGH KUPUNA WHO ARE PERPETUATING THESE PRACTICES.”

<http://www.papaolalokahi.org/images/CHRONOLOGY-of-EVENTS-RELATED-TO-TRADITIONAL-HEALING-2015-Dec.pdf>

- There is no reasonable licensure pathway for Hawai’i clinical midwives who are not CPMs.

It is against the Hawai’i Regulatory Licensing Reform

Act to offer a licensure pathway to a part of a profession, but not all of it, especially as NARM Certification is practically logistically impossible for Hawai'i midwives (thus shifting the recognized practice entirely to those trained outside of Hawai'i). The costs involved in licensing such a tiny cohort also need to be assessed prior to structuring legislation, as this Act also requires licensees to bear the full cost of issuance and administration. For a small cohort with complex needs, this could potentially be astronomical.

- The exemptions do not actually exempt anyone currently practicing traditional midwifery.

For this reason, great damage and endangerment would result in our community. The exemptions also notably miss some major areas crucial to local traditional families, such as grandparent-attended births (illegal under this measure), Aunties assisting nieces to give birth (illegal under this measure), and hanai family (illegal under this measure).

What about Tongan midwives? Filipina midwives? African-American midwives?

Women of all cultures deserve to be attended by WHOEVER THEY WANT, especially experts in ancient birthing practices from their culture. Traditional midwives who are not Hawaiian and do not qualify under SB 1033 are extremely important in the traditions that Hawaiian families are reviving from a nearly decimated cultural past. Many young Kanaka Maoli have the oral history of their grandparents to go on, but not much more. Non-Hawaiian traditional midwives play a crucial support role for ensuring safety, confidence and well-being as these traditions are brought back into being. Without them, the practices would still come back, but slower, with more loss and much less safety and support.

- Consumers are not helped by this measure, which would limit choices, raise prices, and provide no measurable safety benefits .

Women's reproductive choices are harmed.

Home birth is a crucial issue of reproductive choice and body sovereignty, and needs to be respected as such. Limitation of who may practice midwifery is the SAME THING as limitation of who a women may choose to attend her. It is an unreasonable limitation of

What is needed is COMMUNICATION, not regulation of something the State simply cannot understand. GOOD solutions CAN be developed, but THIS IS NOT THE WAY.

My recommendation is to hold this bill, and instead consider the creation of a real body that could effectively bring all concerned parties (DOH, cultural

practitioners, traditional birth attendants, CPMs, student midwives, OBGYN/ER doctors, etc) together to build the needed comprehensive solutions to address real consumer protection and safety. A Working Group or Task Force, as recommended by Sen. Dr. Josh Green in 2014.  
PLEASE HOLD THIS MEASURE. MAHALO!

From: Dii Karnga <noreply@jotform.com>  
Sent: Thursday, March 28, 2019 3:01 PM  
To: FINtestimony  
Subject: Testimony in OPPOSITION to SB 1033



### OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Dii Karnga
Email	dkarnga@gmail.com
Type a question	<p>Aloha House Finance Committee Chair Luke, Vice-Chair Cullen, and committee members, I am testifying in STRONG OPPOSITION to SB 1033 SD2 HD1 which would require licensure of midwives. I oppose ALL versions of this bill. We ask you to PLEASE oppose this measure! It is a FINANCE DISASTER, it is DANGEROUS, and it is DISCRIMINATORY and UNCONSTITUTIONAL. This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices, and places a terrible financial burden on local families. Here is why:</p> <ul style="list-style-type: none"><li>• The costs are insane!</li></ul> <p>According to the DCCA, "The costs associated with licensing approximately 13 midwives would be \$203,000." Because State licensing law requires licensure to pay for itself, those 13 eligible midwives would bear a cost burden of \$15,615 each per year, which would be passed directly on to the families they serve. This is IF all 13 who are eligible can afford this astounding fee; if not, it is further increased. These costs would also be greatly increased if a hearing were to take place, a lawsuit or criminal action occurred, or other incidental expenses were incurred for any reason.</p> <p>THIS MAKES MIDWIFE-ATTENDED BIRTHS ACCESSIBLE ONLY TO THE EXTREMELY PRIVILEGED! This is economic discrimination, and places a terrible, prohibitive burden on local families, which is likely to result in more unattended "DIY" births without midwifery support. As the FINANCE Committee, you MUST OPPOSE this.</p> <ul style="list-style-type: none"><li>• This measure is discriminatory!</li></ul> <p>ONLY Midwives trained outside of Hawaii are eligible.</p>



This alone should stop this measure in its tracks. It creates a sharp dividing line, which ALL local home birth midwives are on the wrong side of. Good training routes of many kinds already exist in Hawai'i, but these are sidelined or criminalized by this measure. This bill encourages midwives from outside of Hawaii to move here, with no cultural competency, while annihilating virtually all local practices. This does not serve the people of Hawai'i, and discriminates against local practitioners and families. You have an obligation to protect the local people of Hawai'i from discrimination and displacement.

- Let's call it what it is: a witch hunt.

The persecution of midwives in Hawai'i goes back to the early days of the Territory, during which healers were being persecuted severely, as part of forced assimilation. The notorious witch hunts in Europe and Early America were similarly, in fact, essentially the persecution of midwives. This bill continues those traditions of forced assimilation, medicalization, and persecution. It is also demeaning, especially to respected cultural elders.

- It is legally unsound.

There are many serious legal problems with this measure. For example, the requirement that a traditional midwife "provides the required disclosures to clients that the individual is practicing midwifery in this State without a license to practice midwifery" (as if a rural cultural elder of any ethnicity should be required to do such a thing) is both offensive and legally unsound. This measure defines a legally exempted category of practitioner, and then, in the same sentence, forces them to state that they are practicing without a license to practice. The legal mess this is likely to create (and that the legislators passing such terrible language would be liable for), along with the potential for serious consequences or even death, is enormous. Generally, This measure is also full of legal gray areas; which are what lawsuits are made of.

- It will not be followed.

It should also be noted that most traditional midwives simply WILL NOT give the disclosure required in the bill, because it might INTERFERE WITH MATERNAL CONFIDENCE. Natural birthing is an ancient and sensitive art with its OWN principles of success and safety, which cannot be broken.

- It is DANGEROUS.

Licensed midwives would be utterly unaffordable and realistically, most other practitioners would be operating underground, as they did before 1999. UNASSISTED births are likely to be prevalent, increasing danger. Amongst attended home births,

TRANSFER DELAYS are the greatest danger, and are often driven by fear (note: it is the mother, not the midwife, who makes the decision to go to a hospital or not, as no one can be forced to do so). Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for consenting to give birth with an unlicensed midwife (per this bill’s requirement!). This increases actual danger substantially, particularly within ethnic groups that fear CWS discrimination, believing that child removal or criminalization might occur due to their choice of provider not seeming legitimate enough. You as legislators need to protect people from the

- Kanaka Maoli traditional practices are NOT protected.

First of all, the central traditional practice is BIRTH, not midwifery. Many traditional Kanaka Maoli births are attended by midwives of OTHER ethnicities. Further, Papa Ola Lokahi does not currently have any mechanism to extend protection to traditional midwives or other birth-related practitioners as such (its mandates are currently strictly for laau lapaau, lomilomi, hooponopono and laau kahea). While this could potentially be developed in the future, at this time such protection would be entirely speculative. Law cannot be based on speculation.

It must be remembered that ALL regulation of traditional midwifery limits, alters, and otherwise adversely impacts traditional Native Hawaiian healing, because the central traditional practice in question is BIRTH, not midwifery.

- The entire term “traditional practice” is externally defined, which goes directly against culture and traditions, which must be internally defined in order to be considered bona fide. See quote from Papa Ola Lokahi-convened Kahuna Statement to the Legislature, 1998: PAPA AUWAE AND ALL OTHER KUPUNA OPPOSED CULTURAL PRACTICES BEING DEFINED BY THE LEGISLATURE:

“...LICENSURE, AND CERTIFICATION ISSUES RAISED IN THE LEGISLATION ARE INAPPROPRIATE AND CULTURALLY UNACCEPTABLE FOR GOVERNMENT TO ASCERTAIN. THESE ARE THE KULEANA OF THE HAWAIIAN COMMUNITY ITSELF THROUGH KUPUNA WHO ARE PERPETUATING THESE PRACTICES.”

<http://www.papaolalokahi.org/images/CHRONOLOGY-of-EVENTS-RELATED-TO-TRADITIONAL-HEALING-2015-Dec.pdf>

- There is no reasonable licensure pathway for Hawai'i clinical midwives who are not CPMs.

It is against the Hawai'i Regulatory Licensing Reform

Act to offer a licensure pathway to a part of a profession, but not all of it, especially as NARM Certification is practically logistically impossible for Hawai'i midwives (thus shifting the recognized practice entirely to those trained outside of Hawai'i). The costs involved in licensing such a tiny cohort also need to be assessed prior to structuring legislation, as this Act also requires licensees to bear the full cost of issuance and administration. For a small cohort with complex needs, this could potentially be astronomical.

- The exemptions do not actually exempt anyone currently practicing traditional midwifery.

For this reason, great damage and endangerment would result in our community. The exemptions also notably miss some major areas crucial to local traditional families, such as grandparent-attended births (illegal under this measure), Aunties assisting nieces to give birth (illegal under this measure), and hanai family (illegal under this measure).

What about Tongan midwives? Filipina midwives? African-American midwives?

Women of all cultures deserve to be attended by WHOEVER THEY WANT, especially experts in ancient birthing practices from their culture. Traditional midwives who are not Hawaiian and do not qualify under SB 1033 are extremely important in the traditions that Hawaiian families are reviving from a nearly decimated cultural past. Many young Kanaka Maoli have the oral history of their grandparents to go on, but not much more. Non-Hawaiian traditional midwives play a crucial support role for ensuring safety, confidence and well-being as these traditions are brought back into being. Without them, the practices would still come back, but slower, with more loss and much less safety and support.

- Consumers are not helped by this measure, which would limit choices, raise prices, and provide no measurable safety benefits .

Women's reproductive choices are harmed.

Home birth is a crucial issue of reproductive choice and body sovereignty, and needs to be respected as such. Limitation of who may practice midwifery is the SAME THING as limitation of who a women may choose to attend her. It is an unreasonable limitation of

What is needed is COMMUNICATION, not regulation of something the State simply cannot understand. GOOD solutions CAN be developed, but THIS IS NOT THE WAY.

My recommendation is to hold this bill, and instead consider the creation of a real body that could effectively bring all concerned parties (DOH, cultural

practitioners, traditional birth attendants, CPMs, student midwives, OBGYN/ER doctors, etc) together to build the needed comprehensive solutions to address real consumer protection and safety. A Working Group or Task Force, as recommended by Sen. Dr. Josh Green in 2014.  
PLEASE HOLD THIS MEASURE. MAHALO!

From: Gretchen Cates <noreply@jotform.com>  
Sent: Thursday, March 28, 2019 2:58 PM  
To: FINtestimony  
Subject: Testimony in OPPOSITION to SB 1033



**OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Gretchen Cates
Email	kona-g@hotmail.com
Type a question	<p>Aloha House Finance Committee Chair Luke, Vice-Chair Cullen, and committee members, I am testifying in STRONG OPPOSITION to SB 1033 SD2 HD1 which would require licensure of midwives. I oppose ALL versions of this bill. We ask you to PLEASE oppose this measure! It is a FINANCE DISASTER, it is DANGEROUS, and it is DISCRIMINATORY and UNCONSTITUTIONAL. This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices, and places a terrible financial burden on local families. Here is why:</p> <ul style="list-style-type: none"><li>• The costs are insane!</li></ul> <p>According to the DCCA, "The costs associated with licensing approximately 13 midwives would be \$203,000." Because State licensing law requires licensure to pay for itself, those 13 eligible midwives would bear a cost burden of \$15,615 each per year, which would be passed directly on to the families they serve. This is IF all 13 who are eligible can afford this astounding fee; if not, it is further increased. These costs would also be greatly increased if a hearing were to take place, a lawsuit or criminal action occurred, or other incidental expenses were incurred for any reason.</p> <p>THIS MAKES MIDWIFE-ATTENDED BIRTHS ACCESSIBLE ONLY TO THE EXTREMELY PRIVILEGED! This is economic discrimination, and places a terrible, prohibitive burden on local families, which is likely to result in more unattended "DIY" births without midwifery support. As the FINANCE Committee, you MUST OPPOSE this.</p> <ul style="list-style-type: none"><li>• This measure is discriminatory!</li></ul> <p>ONLY Midwives trained outside of Hawaii are eligible.</p>

This alone should stop this measure in its tracks. It creates a sharp dividing line, which ALL local home birth midwives are on the wrong side of. Good training routes of many kinds already exist in Hawai'i, but these are sidelined or criminalized by this measure. This bill encourages midwives from outside of Hawaii to move here, with no cultural competency, while annihilating virtually all local practices. This does not serve the people of Hawai'i, and discriminates against local practitioners and families. You have an obligation to protect the local people of Hawai'i from discrimination and displacement.

- Let's call it what it is: a witch hunt.

The persecution of midwives in Hawai'i goes back to the early days of the Territory, during which healers were being persecuted severely, as part of forced assimilation. The notorious witch hunts in Europe and Early America were similarly, in fact, essentially the persecution of midwives. This bill continues those traditions of forced assimilation, medicalization, and persecution. It is also demeaning, especially to respected cultural elders.

- It is legally unsound.

There are many serious legal problems with this measure. For example, the requirement that a traditional midwife "provides the required disclosures to clients that the individual is practicing midwifery in this State without a license to practice midwifery" (as if a rural cultural elder of any ethnicity should be required to do such a thing) is both offensive and legally unsound. This measure defines a legally exempted category of practitioner, and then, in the same sentence, forces them to state that they are practicing without a license to practice. The legal mess this is likely to create (and that the legislators passing such terrible language would be liable for), along with the potential for serious consequences or even death, is enormous. Generally, This measure is also full of legal gray areas; which are what lawsuits are made of.

- It will not be followed.

It should also be noted that most traditional midwives simply WILL NOT give the disclosure required in the bill, because it might INTERFERE WITH MATERNAL CONFIDENCE. Natural birthing is an ancient and sensitive art with its OWN principles of success and safety, which cannot be broken.

- It is DANGEROUS.

Licensed midwives would be utterly unaffordable and realistically, most other practitioners would be operating underground, as they did before 1999. UNASSISTED births are likely to be prevalent, increasing danger. Amongst attended home births,

TRANSFER DELAYS are the greatest danger, and are often driven by fear (note: it is the mother, not the midwife, who makes the decision to go to a hospital or not, as no one can be forced to do so). Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for consenting to give birth with an unlicensed midwife (per this bill’s requirement!). This increases actual danger substantially, particularly within ethnic groups that fear CWS discrimination, believing that child removal or criminalization might occur due to their choice of provider not seeming legitimate enough. You as legislators need to protect people from the

- Kanaka Maoli traditional practices are NOT protected.

First of all, the central traditional practice is BIRTH, not midwifery. Many traditional Kanaka Maoli births are attended by midwives of OTHER ethnicities. Further, Papa Ola Lokahi does not currently have any mechanism to extend protection to traditional midwives or other birth-related practitioners as such (its mandates are currently strictly for laau lapaau, lomilomi, hooponopono and laau kahea). While this could potentially be developed in the future, at this time such protection would be entirely speculative. Law cannot be based on speculation.

It must be remembered that ALL regulation of traditional midwifery limits, alters, and otherwise adversely impacts traditional Native Hawaiian healing, because the central traditional practice in question is BIRTH, not midwifery.

- The entire term “traditional practice” is externally defined, which goes directly against culture and traditions, which must be internally defined in order to be considered bona fide. See quote from Papa Ola Lokahi-convened Kahuna Statement to the Legislature, 1998: PAPA AUWAE AND ALL OTHER KUPUNA OPPOSED CULTURAL PRACTICES BEING DEFINED BY THE LEGISLATURE:

“...LICENSURE, AND CERTIFICATION ISSUES RAISED IN THE LEGISLATION ARE INAPPROPRIATE AND CULTURALLY UNACCEPTABLE FOR GOVERNMENT TO ASCERTAIN. THESE ARE THE KULEANA OF THE HAWAIIAN COMMUNITY ITSELF THROUGH KUPUNA WHO ARE PERPETUATING THESE PRACTICES.”

<http://www.papaolalokahi.org/images/CHRONOLOGY-of-EVENTS-RELATED-TO-TRADITIONAL-HEALING-2015-Dec.pdf>

- There is no reasonable licensure pathway for Hawai’i clinical midwives who are not CPMs.

It is against the Hawai’i Regulatory Licensing Reform

Act to offer a licensure pathway to a part of a profession, but not all of it, especially as NARM Certification is practically logistically impossible for Hawai'i midwives (thus shifting the recognized practice entirely to those trained outside of Hawai'i). The costs involved in licensing such a tiny cohort also need to be assessed prior to structuring legislation, as this Act also requires licensees to bear the full cost of issuance and administration. For a small cohort with complex needs, this could potentially be astronomical.

- The exemptions do not actually exempt anyone currently practicing traditional midwifery.

For this reason, great damage and endangerment would result in our community. The exemptions also notably miss some major areas crucial to local traditional families, such as grandparent-attended births (illegal under this measure), Aunties assisting nieces to give birth (illegal under this measure), and hanai family (illegal under this measure).

What about Tongan midwives? Filipina midwives? African-American midwives?

Women of all cultures deserve to be attended by WHOEVER THEY WANT, especially experts in ancient birthing practices from their culture. Traditional midwives who are not Hawaiian and do not qualify under SB 1033 are extremely important in the traditions that Hawaiian families are reviving from a nearly decimated cultural past. Many young Kanaka Maoli have the oral history of their grandparents to go on, but not much more. Non-Hawaiian traditional midwives play a crucial support role for ensuring safety, confidence and well-being as these traditions are brought back into being. Without them, the practices would still come back, but slower, with more loss and much less safety and support.

- Consumers are not helped by this measure, which would limit choices, raise prices, and provide no measurable safety benefits .

Women's reproductive choices are harmed.

Home birth is a crucial issue of reproductive choice and body sovereignty, and needs to be respected as such. Limitation of who may practice midwifery is the SAME THING as limitation of who a women may choose to attend her. It is an unreasonable limitation of

What is needed is COMMUNICATION, not regulation of something the State simply cannot understand. GOOD solutions CAN be developed, but THIS IS NOT THE WAY.

My recommendation is to hold this bill, and instead consider the creation of a real body that could effectively bring all concerned parties (DOH, cultural



practitioners, traditional birth attendants, CPMs, student midwives, OBGYN/ER doctors, etc) together to build the needed comprehensive solutions to address real consumer protection and safety. A Working Group or Task Force, as recommended by Sen. Dr. Josh Green in 2014.  
PLEASE HOLD THIS MEASURE. MAHALO!

From: April Williams <noreply@jotform.com>  
Sent: Thursday, March 28, 2019 2:53 PM  
To: FINtestimony  
Subject: Testimony in OPPOSITION to SB 1033



**OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	April Williams
Email	golden2life@gmail.com
Type a question	<p>Aloha House Finance Committee Chair Luke, Vice-Chair Cullen, and committee members, I am testifying in STRONG OPPOSITION to SB 1033 SD2 HD1 which would require licensure of midwives. I oppose ALL versions of this bill. We ask you to PLEASE oppose this measure! It is a FINANCE DISASTER, it is DANGEROUS, and it is DISCRIMINATORY and UNCONSTITUTIONAL. This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices, and places a terrible financial burden on local families. Here is why:</p> <ul style="list-style-type: none"><li>• The costs are insane!</li></ul> <p>According to the DCCA, "The costs associated with licensing approximately 13 midwives would be \$203,000." Because State licensing law requires licensure to pay for itself, those 13 eligible midwives would bear a cost burden of \$15,615 each per year, which would be passed directly on to the families they serve. This is IF all 13 who are eligible can afford this astounding fee; if not, it is further increased. These costs would also be greatly increased if a hearing were to take place, a lawsuit or criminal action occurred, or other incidental expenses were incurred for any reason.</p> <p>THIS MAKES MIDWIFE-ATTENDED BIRTHS ACCESSIBLE ONLY TO THE EXTREMELY PRIVILEGED! This is economic discrimination, and places a terrible, prohibitive burden on local families, which is likely to result in more unattended "DIY" births without midwifery support. As the FINANCE Committee, you MUST OPPOSE this.</p> <ul style="list-style-type: none"><li>• This measure is discriminatory!</li></ul> <p>ONLY Midwives trained outside of Hawaii are eligible.</p>

This alone should stop this measure in its tracks. It creates a sharp dividing line, which ALL local home birth midwives are on the wrong side of. Good training routes of many kinds already exist in Hawai'i, but these are sidelined or criminalized by this measure. This bill encourages midwives from outside of Hawaii to move here, with no cultural competency, while annihilating virtually all local practices. This does not serve the people of Hawai'i, and discriminates against local practitioners and families. You have an obligation to protect the local people of Hawai'i from discrimination and displacement.

- Let's call it what it is: a witch hunt.

The persecution of midwives in Hawai'i goes back to the early days of the Territory, during which healers were being persecuted severely, as part of forced assimilation. The notorious witch hunts in Europe and Early America were similarly, in fact, essentially the persecution of midwives. This bill continues those traditions of forced assimilation, medicalization, and persecution. It is also demeaning, especially to respected cultural elders.

- It is legally unsound.

There are many serious legal problems with this measure. For example, the requirement that a traditional midwife "provides the required disclosures to clients that the individual is practicing midwifery in this State without a license to practice midwifery" (as if a rural cultural elder of any ethnicity should be required to do such a thing) is both offensive and legally unsound. This measure defines a legally exempted category of practitioner, and then, in the same sentence, forces them to state that they are practicing without a license to practice. The legal mess this is likely to create (and that the legislators passing such terrible language would be liable for), along with the potential for serious consequences or even death, is enormous. Generally, This measure is also full of legal gray areas; which are what lawsuits are made of.

- It will not be followed.

It should also be noted that most traditional midwives simply WILL NOT give the disclosure required in the bill, because it might INTERFERE WITH MATERNAL CONFIDENCE. Natural birthing is an ancient and sensitive art with its OWN principles of success and safety, which cannot be broken.

- It is DANGEROUS.

Licensed midwives would be utterly unaffordable and realistically, most other practitioners would be operating underground, as they did before 1999. UNASSISTED births are likely to be prevalent, increasing danger. Amongst attended home births,

TRANSFER DELAYS are the greatest danger, and are often driven by fear (note: it is the mother, not the midwife, who makes the decision to go to a hospital or not, as no one can be forced to do so). Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for consenting to give birth with an unlicensed midwife (per this bill’s requirement!). This increases actual danger substantially, particularly within ethnic groups that fear CWS discrimination, believing that child removal or criminalization might occur due to their choice of provider not seeming legitimate enough. You as legislators need to protect people from the

- Kanaka Maoli traditional practices are NOT protected.

First of all, the central traditional practice is BIRTH, not midwifery. Many traditional Kanaka Maoli births are attended by midwives of OTHER ethnicities. Further, Papa Ola Lokahi does not currently have any mechanism to extend protection to traditional midwives or other birth-related practitioners as such (its mandates are currently strictly for laau lapaau, lomilomi, hooponopono and laau kahea). While this could potentially be developed in the future, at this time such protection would be entirely speculative. Law cannot be based on speculation.

It must be remembered that ALL regulation of traditional midwifery limits, alters, and otherwise adversely impacts traditional Native Hawaiian healing, because the central traditional practice in question is BIRTH, not midwifery.

- The entire term “traditional practice” is externally defined, which goes directly against culture and traditions, which must be internally defined in order to be considered bona fide. See quote from Papa Ola Lokahi-convened Kahuna Statement to the Legislature, 1998: PAPA AUWAE AND ALL OTHER KUPUNA OPPOSED CULTURAL PRACTICES BEING DEFINED BY THE LEGISLATURE:

“...LICENSURE, AND CERTIFICATION ISSUES RAISED IN THE LEGISLATION ARE INAPPROPRIATE AND CULTURALLY UNACCEPTABLE FOR GOVERNMENT TO ASCERTAIN. THESE ARE THE KULEANA OF THE HAWAIIAN COMMUNITY ITSELF THROUGH KUPUNA WHO ARE PERPETUATING THESE PRACTICES.”

<http://www.papaolalokahi.org/images/CHRONOLOGY-of-EVENTS-RELATED-TO-TRADITIONAL-HEALING-2015-Dec.pdf>

- There is no reasonable licensure pathway for Hawai’i clinical midwives who are not CPMs.

It is against the Hawai’i Regulatory Licensing Reform

Act to offer a licensure pathway to a part of a profession, but not all of it, especially as NARM Certification is practically logistically impossible for Hawai'i midwives (thus shifting the recognized practice entirely to those trained outside of Hawai'i). The costs involved in licensing such a tiny cohort also need to be assessed prior to structuring legislation, as this Act also requires licensees to bear the full cost of issuance and administration. For a small cohort with complex needs, this could potentially be astronomical.

- The exemptions do not actually exempt anyone currently practicing traditional midwifery.

For this reason, great damage and endangerment would result in our community. The exemptions also notably miss some major areas crucial to local traditional families, such as grandparent-attended births (illegal under this measure), Aunties assisting nieces to give birth (illegal under this measure), and hanai family (illegal under this measure).

What about Tongan midwives? Filipina midwives? African-American midwives?

Women of all cultures deserve to be attended by WHOEVER THEY WANT, especially experts in ancient birthing practices from their culture. Traditional midwives who are not Hawaiian and do not qualify under SB 1033 are extremely important in the traditions that Hawaiian families are reviving from a nearly decimated cultural past. Many young Kanaka Maoli have the oral history of their grandparents to go on, but not much more. Non-Hawaiian traditional midwives play a crucial support role for ensuring safety, confidence and well-being as these traditions are brought back into being. Without them, the practices would still come back, but slower, with more loss and much less safety and support.

- Consumers are not helped by this measure, which would limit choices, raise prices, and provide no measurable safety benefits .

Women's reproductive choices are harmed.


Home birth is a crucial issue of reproductive choice and body sovereignty, and needs to be respected as such. Limitation of who may practice midwifery is the SAME THING as limitation of who a women may choose to attend her. It is an unreasonable limitation of

What is needed is COMMUNICATION, not regulation of something the State simply cannot understand. GOOD solutions CAN be developed, but THIS IS NOT THE WAY.

My recommendation is to hold this bill, and instead consider the creation of a real body that could effectively bring all concerned parties (DOH, cultural

practitioners, traditional birth attendants, CPMs, student midwives, OBGYN/ER doctors, etc) together to build the needed comprehensive solutions to address real consumer protection and safety. A Working Group or Task Force, as recommended by Sen. Dr. Josh Green in 2014.  
PLEASE HOLD THIS MEASURE. MAHALO!

From: Angela Michael <noreply@jotform.com>  
Sent: Thursday, March 28, 2019 3:27 PM  
To: FINtestimony  
Subject: Testimony in OPPOSITION to SB 1033

 <b>OPPOSE SB 1033 ! Requiring licensure of midwives</b>	
Name	Angela Michael
Email	angelamichael112@gmail.com
Type a question	<p>Aloha House Finance Committee Chair Luke, Vice-Chair Cullen, and committee members, I am testifying in STRONG OPPOSITION to SB 1033 SD2 HD1 which would require licensure of midwives. I oppose ALL versions of this bill. We ask you to PLEASE oppose this measure! It is a FINANCE DISASTER, it is DANGEROUS, and it is DISCRIMINATORY and UNCONSTITUTIONAL. This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices, and places a terrible financial burden on local families. Here is why:</p> <ul style="list-style-type: none"><li>• The costs are insane! According to the DCCA, "The costs associated with licensing approximately 13 midwives would be \$203,000." Because State licensing law requires licensure to pay for itself, those 13 eligible midwives would bear a cost burden of \$15,615 each per year, which would be passed directly on to the families they serve. This is IF all 13 who are eligible can afford this astounding fee; if not, it is further increased. These costs would also be greatly increased if a hearing were to take place, a lawsuit or criminal action occurred, or other incidental expenses were incurred for any reason.</li></ul> <p>THIS MAKES MIDWIFE-ATTENDED BIRTHS ACCESSIBLE ONLY TO THE EXTREMELY PRIVILEGED! This is economic discrimination, and places a terrible, prohibitive burden on local families, which is likely to result in more unattended "DIY" births without midwifery support. As the FINANCE Committee, you MUST OPPOSE this.</p> <ul style="list-style-type: none"><li>• This measure is discriminatory! ONLY Midwives trained outside of Hawaii are eligible. This alone should stop this measure in its tracks. It creates a sharp dividing line, which ALL local home birth midwives are on the wrong side of. Good training routes of many kinds already exist in Hawai'i, but</li></ul>

these are sidelined or criminalized by this measure. This bill encourages midwives from outside of Hawaii to move here, with no cultural competency, while annihilating virtually all local practices. This does not serve the people of Hawai'i, and discriminates against local practitioners and families. You have an obligation to protect the local people of Hawai'i from discrimination and displacement.

- Let's call it what it is: a witch hunt.

The persecution of midwives in Hawai'i goes back to the early days of the Territory, during which healers were being persecuted severely, as part of forced assimilation. The notorious witch hunts in Europe and Early America were similarly, in fact, essentially the persecution of midwives. This bill continues those traditions of forced assimilation, medicalization, and persecution. It is also demeaning, especially to respected cultural elders.

- It is legally unsound.

There are many serious legal problems with this measure. For example, the requirement that a traditional midwife "provides the required disclosures to clients that the individual is practicing midwifery in this State without a license to practice midwifery" (as if a rural cultural elder of any ethnicity should be required to do such a thing) is both offensive and legally unsound. This measure defines a legally exempted category of practitioner, and then, in the same sentence, forces them to state that they are practicing without a license to practice. The legal mess this is likely to create (and that the legislators passing such terrible language would be liable for), along with the potential for serious consequences or even death, is enormous. Generally, This measure is also full of legal gray areas; which are what lawsuits are made of.

- It will not be followed.

It should also be noted that most traditional midwives simply WILL NOT give the disclosure required in the bill, because it might INTERFERE WITH MATERNAL CONFIDENCE. Natural birthing is an ancient and sensitive art with its OWN principles of success and safety, which cannot be broken.

- It is DANGEROUS.

Licensed midwives would be utterly unaffordable and realistically, most other practitioners would be operating underground, as they did before 1999. UNASSISTED births are likely to be prevalent, increasing danger. Amongst attended home births, TRANSFER DELAYS are the greatest danger, and are often driven by fear (note: it is the mother, not the midwife, who makes the decision to go to a hospital or not, as no one can be forced to do so). Transfer delays are increased when mothers fear persecution of their "unlicensed" midwife, or persecution of themselves for consenting to give birth with an unlicensed



midwife (per this bill's requirement!). This increases actual danger substantially, particularly within ethnic groups that fear CWS discrimination, believing that child removal or criminalization might occur due to their choice of provider not seeming legitimate enough. You as legislators need to protect people from the

- Kanaka Maoli traditional practices are NOT protected.

First of all, the central traditional practice is BIRTH, not midwifery. Many traditional Kanaka Maoli births are attended by midwives of OTHER ethnicities. Further, Papa Ola Lokahi does not currently have any mechanism to extend protection to traditional midwives or other birth-related practitioners as such (its mandates are currently strictly for laau lapaau, lomilomi, hooponopono and laau kahea). While this could potentially be developed in the future, at this time such protection would be entirely speculative. Law cannot be based on speculation.

It must be remembered that ALL regulation of traditional midwifery limits, alters, and otherwise adversely impacts traditional Native Hawaiian healing, because the central traditional practice in question is BIRTH, not midwifery.

- The entire term "traditional practice" is externally defined, which goes directly against culture and traditions, which must be internally defined in order to be considered bona fide. See quote from Papa Ola Lokahi-convened Kahuna Statement to the Legislature, 1998: PAPA AUWAE AND ALL OTHER KUPUNA OPPOSED CULTURAL PRACTICES BEING DEFINED BY THE LEGISLATURE:

"...LICENSURE, AND CERTIFICATION ISSUES RAISED IN THE LEGISLATION ARE INAPPROPRIATE AND CULTURALLY UNACCEPTABLE FOR GOVERNMENT TO ASCERTAIN. THESE ARE THE KULEANA OF THE HAWAIIAN COMMUNITY ITSELF THROUGH KUPUNA WHO ARE PERPETUATING THESE PRACTICES."

<http://www.papaolalokahi.org/images/CHRONOLOGY-of-EVENTS-RELATED-TO-TRADITIONAL-HEALING-2015-Dec.pdf>

- There is no reasonable licensure pathway for Hawai'i clinical midwives who are not CPMs.

It is against the Hawai'i Regulatory Licensing Reform Act to offer a licensure pathway to a part of a profession, but not all of it, especially as NARM Certification is practically logistically impossible for Hawai'i midwives (thus shifting the recognized practice entirely to those trained outside of Hawai'i). The costs involved in licensing such a tiny cohort also need to be assessed prior to structuring legislation, as this Act also requires licensees to bear the full cost of issuance and administration. For a small cohort with complex needs, this could potentially be astronomical.

- The exemptions do not actually exempt anyone currently practicing traditional midwifery. For this reason, great damage and endangerment would result in our community. The exemptions also notably miss some major areas crucial to local traditional families, such as grandparent-attended births (illegal under this measure), Aunties assisting nieces to give birth (illegal under this measure), and hanai family (illegal under this measure).

What about Tongan midwives? Filipina midwives? African-American midwives?

Women of all cultures deserve to be attended by WHOEVER THEY WANT, especially experts in ancient birthing practices from their culture. Traditional midwives who are not Hawaiian and do not qualify under SB 1033 are extremely important in the traditions that Hawaiian families are reviving from a nearly decimated cultural past. Many young Kanaka Maoli have the oral history of their grandparents to go on, but not much more. Non-Hawaiian traditional midwives play a crucial support role for ensuring safety, confidence and well-being as these traditions are brought back into being. Without them, the practices would still come back, but slower, with more loss and much less safety and support.

- Consumers are not helped by this measure, which would limit choices, raise prices, and provide no measurable safety benefits .

Women's reproductive choices are harmed.


Home birth is a crucial issue of reproductive choice and body sovereignty, and needs to be respected as such. Limitation of who may practice midwifery is the SAME THING as limitation of who a women may choose to attend her. It is an unreasonable limitation of

What is needed is COMMUNICATION, not regulation of something the State simply cannot understand. GOOD solutions CAN be developed, but THIS IS NOT THE WAY.

My recommendation is to hold this bill, and instead consider the creation of a real body that could effectively bring all concerned parties (DOH, cultural practitioners, traditional birth attendants, CPMs, student midwives, OBGYN/ER doctors, etc) together to build the needed comprehensive solutions to address real consumer protection and safety. A Working Group or Task Force, as recommended by Sen. Dr. Josh Green in 2014.

PLEASE HOLD THIS MEASURE. MAHALO!

From: Taylor-Maigne Tanuvasa <noreply@jotform.com>  
Sent: Thursday, March 28, 2019 3:29 PM  
To: FINtestimony  
Subject: Testimony in OPPOSITION to SB 1033

 <b>OPPOSE SB 1033 ! Requiring licensure of midwives</b>	
Name	Taylor-Maigne Tanuvasa
Email	willtaynoe@gmail.com
Type a question	<p>Aloha House Finance Committee Chair Luke, Vice-Chair Cullen, and committee members, I am testifying in STRONG OPPOSITION to SB 1033 SD2 HD1 which would require licensure of midwives. I strongly oppose this bill because, this bill is once again stripping us of our culture as kanaka! This bill as it stands is hēwa! The teachings passed down from our kupuna is not something that you can find in a text book! I was fortunate to have two home births with one of the best midwives here in Hawai'i Selena Green she is called to do this type of work and I one day would like to become a midwife as well with cultural practices incorporated in my own practice. I come from a long ancestral line of kahu la'au lapaa'u and lomi lomi my 'ohana is called to do this as well. It is my responsibility to do this practice and not kill my kupuna in its entirety. And this bill would strip me from doing that! Cutting off ties to my kupuna once again! I hope and pray that you will all STOP! and hear the actual cries from the people. There are more people opposing this bill more people that show up to every hearing to be heard that are in opposition of a bill. We are falling on deaf ears and this needs to STOP!</p>



Testimony on behalf of the  
**Hawai‘i State Commission on the Status of Women**  
Khara Jabola-Carolus, Executive Director

Prepared for the House Committee on Finance  
Friday, March 29, 2019, at 3:30 p.m. in Room 308

Dear Chair Luke, Vice Chair Cullen and Honorable Members,

The Hawai‘i State Commission on the Status of Women offers comments on SB1033 SD2, HD1, which seeks to remove barriers to safe midwifery care. The measure incorporates language proposed by the Office of Hawaiian Affairs in 2017 to ensure the perpetuation and revival of traditional and Native Hawaiian healing practices.

At present, women’s only choice is to accept hospital care or to pay out of pocket for midwifery. Hospitals are not immune to the impact of institutional racism, and maternal health outcomes suggest that they may not be the safest place to give birth for women on the racial and social margins. No regulations means that only those with socioeconomic class privilege have meaningful access to midwifery care. In that vein, the Commission is concerned that the time-limited exemption for certain birth attendants could have the unintended consequence of limiting rather than expanding access to midwifery care. We support the creation of a measure that provides a way for women to obtain insurance coverage for midwife treatment while exempting traditional practitioners and traditional Native Hawaiian healers involved in prenatal, maternal, and child care that may fall within this measure’s broad definition of midwifery.

Sincerely,

Khara Jabola-Carolus

**From:** Maple Breitbach <noreply@jotform.com>  
**Sent:** Thursday, March 28, 2019 11:28 AM  
**To:** FINtestimony  
**Subject:** Testimony in OPPOSITION to SB 1033



**OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Maple Breitbach
Email	maple_flo@yahoo.com
Type a question	<p>Aloha House Finance Committee Chair Luke, Vice-Chair Cullen, and committee members, I am testifying in STRONG OPPOSITION to SB 1033 SD2 HD1 which would require licensure of midwives. I oppose ALL versions of this bill. We ask you to PLEASE oppose this measure! It is a FINANCE DISASTER, it is DANGEROUS, and it is DISCRIMINATORY and UNCONSTITUTIONAL. This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices, and places a terrible financial burden on local families. Here is why:</p> <ul style="list-style-type: none"><li>• The costs are insane! According to the DCCA, "The costs associated with licensing approximately 13 midwives would be \$203,000." Because State licensing law requires licensure to pay for itself, those 13 eligible midwives would bear a cost burden of \$15,615 each per year, which would be passed directly on to the families they serve. This is IF all 13 who are eligible can afford this astounding fee; if not, it is further increased. These costs would also be greatly increased if a hearing were to take place, a lawsuit or criminal action occurred, or other incidental expenses were incurred for any reason. THIS MAKES MIDWIFE-ATTENDED BIRTHS ACCESSIBLE ONLY TO THE EXTREMELY PRIVILEGED! This is economic discrimination, and places a terrible, prohibitive burden on local families, which is likely to result in more unattended "DIY" births without midwifery support. As the FINANCE Committee, you MUST OPPOSE this.</li><li>• This measure is discriminatory! ONLY Midwives trained outside of Hawaii are eligible. This alone should stop this measure in its tracks. It</li></ul>

creates a sharp dividing line, which ALL local home birth midwives are on the wrong side of. Good training routes of many kinds already exist in Hawai'i, but these are sidelined or criminalized by this measure. This bill encourages midwives from outside of Hawaii to move here, with no cultural competency, while annihilating virtually all local practices. This does not serve the people of Hawai'i, and discriminates against local practitioners and families. You have an obligation to protect the local people of Hawai'i from discrimination and displacement.

- Let's call it what it is: a witch hunt.

The persecution of midwives in Hawai'i goes back to the early days of the Territory, during which healers were being persecuted severely, as part of forced assimilation. The notorious witch hunts in Europe and Early America were similarly, in fact, essentially the persecution of midwives. This bill continues those traditions of forced assimilation, medicalization, and persecution. It is also demeaning, especially to respected cultural elders.

- It is legally unsound.

There are many serious legal problems with this measure. For example, the requirement that a traditional midwife "provides the required disclosures to clients that the individual is practicing midwifery in this State without a license to practice midwifery" (as if a rural cultural elder of any ethnicity should be required to do such a thing) is both offensive and legally unsound. This measure defines a legally exempted category of practitioner, and then, in the same sentence, forces them to state that they are practicing without a license to practice. The legal mess this is likely to create (and that the legislators passing such terrible language would be liable for), along with the potential for serious consequences or even death, is enormous. Generally, This measure is also full of legal gray areas; which are what lawsuits are made of.

- It will not be followed.

It should also be noted that most traditional midwives simply WILL NOT give the disclosure required in the bill, because it might INTERFERE WITH MATERNAL CONFIDENCE. Natural birthing is an ancient and sensitive art with its OWN principles of success and safety, which cannot be broken.

- It is DANGEROUS.

Licensed midwives would be utterly unaffordable and realistically, most other practitioners would be operating underground, as they did before 1999. UNASSISTED births are likely to be prevalent, increasing danger. Amongst attended home births, TRANSFER DELAYS are the greatest danger, and are

often driven by fear (note: it is the mother, not the midwife, who makes the decision to go to a hospital or not, as no one can be forced to do so). Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for consenting to give birth with an unlicensed midwife (per this bill’s requirement!). This increases actual danger substantially, particularly within ethnic groups that fear CWS discrimination, believing that child removal or criminalization might occur due to their choice of provider not seeming legitimate enough. You as legislators need to protect people from the

- Kanaka Maoli traditional practices are NOT protected.

First of all, the central traditional practice is BIRTH, not midwifery. Many traditional Kanaka Maoli births are attended by midwives of OTHER ethnicities. Further, Papa Ola Lokahi does not currently have any mechanism to extend protection to traditional midwives or other birth-related practitioners as such (its mandates are currently strictly for laau lapaau, lomilomi, hooponopono and laau kahea). While this could potentially be developed in the future, at this time such protection would be entirely speculative. Law cannot be based on speculation.

It must be remembered that ALL regulation of traditional midwifery limits, alters, and otherwise adversely impacts traditional Native Hawaiian healing, because the central traditional practice in question is BIRTH, not midwifery.

- The entire term “traditional practice” is externally defined, which goes directly against culture and traditions, which must be internally defined in order to be considered bona fide. See quote from Papa Ola Lokahi-convened Kahuna Statement to the Legislature, 1998: PAPA AUWAE AND ALL OTHER KUPUNA OPPOSED CULTURAL PRACTICES BEING DEFINED BY THE LEGISLATURE:

“...LICENSURE, AND CERTIFICATION ISSUES RAISED IN THE LEGISLATION ARE INAPPROPRIATE AND CULTURALLY UNACCEPTABLE FOR GOVERNMENT TO ASCERTAIN. THESE ARE THE KULEANA OF THE HAWAIIAN COMMUNITY ITSELF THROUGH KUPUNA WHO ARE PERPETUATING THESE PRACTICES.”  
<http://www.papaolalokahi.org/images/CHRONOLOGY-of-EVENTS-RELATED-TO-TRADITIONAL-HEALING-2015-Dec.pdf>

- There is no reasonable licensure pathway for Hawai‘i clinical midwives who are not CPMs.

It is against the Hawai‘i Regulatory Licensing Reform Act to offer a licensure pathway to a part of a

profession, but not all of it, especially as NARM Certification is practically logistically impossible for Hawai'i midwives (thus shifting the recognized practice entirely to those trained outside of Hawai'i). The costs involved in licensing such a tiny cohort also need to be assessed prior to structuring legislation, as this Act also requires licensees to bear the full cost of issuance and administration. For a small cohort with complex needs, this could potentially be astronomical.

- The exemptions do not actually exempt anyone currently practicing traditional midwifery.

For this reason, great damage and endangerment would result in our community. The exemptions also notably miss some major areas crucial to local traditional families, such as grandparent-attended births (illegal under this measure), Aunties assisting nieces to give birth (illegal under this measure), and hanai family (illegal under this measure).

What about Tongan midwives? Filipina midwives? African-American midwives?

Women of all cultures deserve to be attended by WHOEVER THEY WANT, especially experts in ancient birthing practices from their culture. Traditional midwives who are not Hawaiian and do not qualify under SB 1033 are extremely important in the traditions that Hawaiian families are reviving from a nearly decimated cultural past. Many young Kanaka Maoli have the oral history of their grandparents to go on, but not much more. Non-Hawaiian traditional midwives play a crucial support role for ensuring safety, confidence and well-being as these traditions are brought back into being. Without them, the practices would still come back, but slower, with more loss and much less safety and support.

- Consumers are not helped by this measure, which would limit choices, raise prices, and provide no measurable safety benefits .

Women's reproductive choices are harmed.

Home birth is a crucial issue of reproductive choice and body sovereignty, and needs to be respected as such. Limitation of who may practice midwifery is the SAME THING as limitation of who a women may choose to attend her. It is an unreasonable limitation of

What is needed is COMMUNICATION, not regulation of something the State simply cannot understand. GOOD solutions CAN be developed, but THIS IS NOT THE WAY.

My recommendation is to hold this bill, and instead consider the creation of a real body that could effectively bring all concerned parties (DOH, cultural practitioners, traditional birth attendants, CPMs,



student midwives, OBGYN/ER doctors, etc) together to build the needed comprehensive solutions to address real consumer protection and safety. A Working Group or Task Force, as recommended by Sen. Dr. Josh Green in 2014.  
PLEASE HOLD THIS MEASURE. MAHALO!

From: Synnora Bettencourt <noreply@jotform.com>  
Sent: Thursday, March 28, 2019 11:33 AM  
To: FINtestimony  
Subject: Testimony in OPPOSITION to SB 1033



### OPPOSE SB 1033 ! Requiring licensure of midwives

Name Synnora Bettencourt

Email synnorab@gmail.com

Type a question

Aloha

House Finance Committee Chair Luke, Vice-Chair Cullen, and committee members,

I am testifying in STRONG OPPOSITION to SB 1033 SD2 HD1 which would require licensure of midwives. I oppose ALL versions of this bill.

We ask you to PLEASE oppose this measure! It is a FINANCE DISASTER, it is DANGEROUS, and it is DISCRIMINATORY and UNCONSTITUTIONAL.

This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices, and places a terrible financial burden on local families. Here is why:

- The costs are insane!

According to the DCCA, "The costs associated with licensing approximately 13 midwives would be \$203,000." Because State licensing law requires licensure to pay for itself, those 13 eligible midwives would bear a cost burden of \$15,615 each per year, which would be passed directly on to the families they serve. This is IF all 13 who are eligible can afford this astounding fee; if not, it is further increased. These costs would also be greatly increased if a hearing were to take place, a lawsuit or criminal action occurred, or other incidental expenses were incurred for any reason.

THIS MAKES MIDWIFE-ATTENDED BIRTHS ACCESSIBLE ONLY TO THE EXTREMELY PRIVILEGED! This is economic discrimination, and places a terrible, prohibitive burden on local families, which is likely to result in more unattended "DIY" births without midwifery support. As the FINANCE Committee, you MUST OPPOSE this.

- This measure is discriminatory!

ONLY Midwives trained outside of Hawaii are eligible.

This alone should stop this measure in its tracks. It creates a sharp dividing line, which ALL local home birth midwives are on the wrong side of. Good training routes of many kinds already exist in Hawai'i, but these are sidelined or criminalized by this measure. This bill encourages midwives from outside of Hawaii to move here, with no cultural competency, while annihilating virtually all local practices. This does not serve the people of Hawai'i, and discriminates against local practitioners and families. You have an obligation to protect the local people of Hawai'i from discrimination and displacement.

- Let's call it what it is: a witch hunt.

The persecution of midwives in Hawai'i goes back to the early days of the Territory, during which healers were being persecuted severely, as part of forced assimilation. The notorious witch hunts in Europe and Early America were similarly, in fact, essentially the persecution of midwives. This bill continues those traditions of forced assimilation, medicalization, and persecution. It is also demeaning, especially to respected cultural elders.

- It is legally unsound.

There are many serious legal problems with this measure. For example, the requirement that a traditional midwife "provides the required disclosures to clients that the individual is practicing midwifery in this State without a license to practice midwifery" (as if a rural cultural elder of any ethnicity should be required to do such a thing) is both offensive and legally unsound. This measure defines a legally exempted category of practitioner, and then, in the same sentence, forces them to state that they are practicing without a license to practice. The legal mess this is likely to create (and that the legislators passing such terrible language would be liable for), along with the potential for serious consequences or even death, is enormous. Generally, This measure is also full of legal gray areas; which are what lawsuits are made of.

- It will not be followed.

It should also be noted that most traditional midwives simply WILL NOT give the disclosure required in the bill, because it might INTERFERE WITH MATERNAL CONFIDENCE. Natural birthing is an ancient and sensitive art with its OWN principles of success and safety, which cannot be broken.

- It is DANGEROUS.

Licensed midwives would be utterly unaffordable and realistically, most other practitioners would be operating underground, as they did before 1999. UNASSISTED births are likely to be prevalent, increasing danger. Amongst attended home births,

TRANSFER DELAYS are the greatest danger, and are often driven by fear (note: it is the mother, not the midwife, who makes the decision to go to a hospital or not, as no one can be forced to do so). Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for consenting to give birth with an unlicensed midwife (per this bill’s requirement!). This increases actual danger substantially, particularly within ethnic groups that fear CWS discrimination, believing that child removal or criminalization might occur due to their choice of provider not seeming legitimate enough. You as legislators need to protect people from the

- Kanaka Maoli traditional practices are NOT protected.

First of all, the central traditional practice is BIRTH, not midwifery. Many traditional Kanaka Maoli births are attended by midwives of OTHER ethnicities. Further, Papa Ola Lokahi does not currently have any mechanism to extend protection to traditional midwives or other birth-related practitioners as such (its mandates are currently strictly for laau lapaau, lomilomi, hooponopono and laau kahea). While this could potentially be developed in the future, at this time such protection would be entirely speculative. Law cannot be based on speculation.

It must be remembered that ALL regulation of traditional midwifery limits, alters, and otherwise adversely impacts traditional Native Hawaiian healing, because the central traditional practice in question is BIRTH, not midwifery.

- The entire term “traditional practice” is externally defined, which goes directly against culture and traditions, which must be internally defined in order to be considered bona fide. See quote from Papa Ola Lokahi-convened Kahuna Statement to the Legislature, 1998: PAPA AUWAE AND ALL OTHER KUPUNA OPPOSED CULTURAL PRACTICES BEING DEFINED BY THE LEGISLATURE:

“...LICENSURE, AND CERTIFICATION ISSUES RAISED IN THE LEGISLATION ARE INAPPROPRIATE AND CULTURALLY UNACCEPTABLE FOR GOVERNMENT TO ASCERTAIN. THESE ARE THE KULEANA OF THE HAWAIIAN COMMUNITY ITSELF THROUGH KUPUNA WHO ARE PERPETUATING THESE PRACTICES.”

<http://www.papaolalokahi.org/images/CHRONOLOGY-of-EVENTS-RELATED-TO-TRADITIONAL-HEALING-2015-Dec.pdf>

- There is no reasonable licensure pathway for Hawai'i clinical midwives who are not CPMs.

It is against the Hawai'i Regulatory Licensing Reform

Act to offer a licensure pathway to a part of a profession, but not all of it, especially as NARM Certification is practically logistically impossible for Hawai'i midwives (thus shifting the recognized practice entirely to those trained outside of Hawai'i). The costs involved in licensing such a tiny cohort also need to be assessed prior to structuring legislation, as this Act also requires licensees to bear the full cost of issuance and administration. For a small cohort with complex needs, this could potentially be astronomical.

- The exemptions do not actually exempt anyone currently practicing traditional midwifery.

For this reason, great damage and endangerment would result in our community. The exemptions also notably miss some major areas crucial to local traditional families, such as grandparent-attended births (illegal under this measure), Aunties assisting nieces to give birth (illegal under this measure), and hanai family (illegal under this measure).

What about Tongan midwives? Filipina midwives? African-American midwives?

Women of all cultures deserve to be attended by WHOEVER THEY WANT, especially experts in ancient birthing practices from their culture. Traditional midwives who are not Hawaiian and do not qualify under SB 1033 are extremely important in the traditions that Hawaiian families are reviving from a nearly decimated cultural past. Many young Kanaka Maoli have the oral history of their grandparents to go on, but not much more. Non-Hawaiian traditional midwives play a crucial support role for ensuring safety, confidence and well-being as these traditions are brought back into being. Without them, the practices would still come back, but slower, with more loss and much less safety and support.

- Consumers are not helped by this measure, which would limit choices, raise prices, and provide no measurable safety benefits .

Women's reproductive choices are harmed.

Home birth is a crucial issue of reproductive choice and body sovereignty, and needs to be respected as such. Limitation of who may practice midwifery is the SAME THING as limitation of who a women may choose to attend her. It is an unreasonable limitation of

What is needed is COMMUNICATION, not regulation of something the State simply cannot understand. GOOD solutions CAN be developed, but THIS IS NOT THE WAY.

My recommendation is to hold this bill, and instead consider the creation of a real body that could effectively bring all concerned parties (DOH, cultural

practitioners, traditional birth attendants, CPMs, student midwives, OBGYN/ER doctors, etc) together to build the needed comprehensive solutions to address real consumer protection and safety. A Working Group or Task Force, as recommended by Sen. Dr. Josh Green in 2014.  
PLEASE HOLD THIS MEASURE. MAHALO!

From: Jerome James <noreply@jotform.com>  
Sent: Thursday, March 28, 2019 11:31 AM  
To: FINtestimony  
Subject: Testimony in OPPOSITION to SB 1033



### OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Jerome James
Email	jeromeja@gmail.com
Type a question	<p>Aloha House Finance Committee Chair Luke, Vice-Chair Cullen, and committee members, I am testifying in STRONG OPPOSITION to SB 1033 SD2 HD1 which would require licensure of midwives. I oppose ALL versions of this bill. We ask you to PLEASE oppose this measure! It is a FINANCE DISASTER, it is DANGEROUS, and it is DISCRIMINATORY and UNCONSTITUTIONAL. This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices, and places a terrible financial burden on local families. Here is why:</p> <ul style="list-style-type: none"><li>• The costs are insane!</li></ul> <p>According to the DCCA, "The costs associated with licensing approximately 13 midwives would be \$203,000." Because State licensing law requires licensure to pay for itself, those 13 eligible midwives would bear a cost burden of \$15,615 each per year, which would be passed directly on to the families they serve. This is IF all 13 who are eligible can afford this astounding fee; if not, it is further increased. These costs would also be greatly increased if a hearing were to take place, a lawsuit or criminal action occurred, or other incidental expenses were incurred for any reason.</p> <p>THIS MAKES MIDWIFE-ATTENDED BIRTHS ACCESSIBLE ONLY TO THE EXTREMELY PRIVILEGED! This is economic discrimination, and places a terrible, prohibitive burden on local families, which is likely to result in more unattended "DIY" births without midwifery support. As the FINANCE Committee, you MUST OPPOSE this.</p> <ul style="list-style-type: none"><li>• This measure is discriminatory!</li></ul> <p>ONLY Midwives trained outside of Hawaii are eligible.</p>

This alone should stop this measure in its tracks. It creates a sharp dividing line, which ALL local home birth midwives are on the wrong side of. Good training routes of many kinds already exist in Hawai'i, but these are sidelined or criminalized by this measure. This bill encourages midwives from outside of Hawaii to move here, with no cultural competency, while annihilating virtually all local practices. This does not serve the people of Hawai'i, and discriminates against local practitioners and families. You have an obligation to protect the local people of Hawai'i from discrimination and displacement.

- Let's call it what it is: a witch hunt.

The persecution of midwives in Hawai'i goes back to the early days of the Territory, during which healers were being persecuted severely, as part of forced assimilation. The notorious witch hunts in Europe and Early America were similarly, in fact, essentially the persecution of midwives. This bill continues those traditions of forced assimilation, medicalization, and persecution. It is also demeaning, especially to respected cultural elders.

- It is legally unsound.

There are many serious legal problems with this measure. For example, the requirement that a traditional midwife "provides the required disclosures to clients that the individual is practicing midwifery in this State without a license to practice midwifery" (as if a rural cultural elder of any ethnicity should be required to do such a thing) is both offensive and legally unsound. This measure defines a legally exempted category of practitioner, and then, in the same sentence, forces them to state that they are practicing without a license to practice. The legal mess this is likely to create (and that the legislators passing such terrible language would be liable for), along with the potential for serious consequences or even death, is enormous. Generally, This measure is also full of legal gray areas; which are what lawsuits are made of.

- It will not be followed.

It should also be noted that most traditional midwives simply WILL NOT give the disclosure required in the bill, because it might INTERFERE WITH MATERNAL CONFIDENCE. Natural birthing is an ancient and sensitive art with its OWN principles of success and safety, which cannot be broken.

- It is DANGEROUS.

Licensed midwives would be utterly unaffordable and realistically, most other practitioners would be operating underground, as they did before 1999. UNASSISTED births are likely to be prevalent, increasing danger. Amongst attended home births,



TRANSFER DELAYS are the greatest danger, and are often driven by fear (note: it is the mother, not the midwife, who makes the decision to go to a hospital or not, as no one can be forced to do so). Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for consenting to give birth with an unlicensed midwife (per this bill’s requirement!). This increases actual danger substantially, particularly within ethnic groups that fear CWS discrimination, believing that child removal or criminalization might occur due to their choice of provider not seeming legitimate enough. You as legislators need to protect people from the

- Kanaka Maoli traditional practices are NOT protected.

First of all, the central traditional practice is BIRTH, not midwifery. Many traditional Kanaka Maoli births are attended by midwives of OTHER ethnicities. Further, Papa Ola Lokahi does not currently have any mechanism to extend protection to traditional midwives or other birth-related practitioners as such (its mandates are currently strictly for laau lapaau, lomilomi, hooponopono and laau kahea). While this could potentially be developed in the future, at this time such protection would be entirely speculative. Law cannot be based on speculation.

It must be remembered that ALL regulation of traditional midwifery limits, alters, and otherwise adversely impacts traditional Native Hawaiian healing, because the central traditional practice in question is BIRTH, not midwifery.

- The entire term “traditional practice” is externally defined, which goes directly against culture and traditions, which must be internally defined in order to be considered bona fide. See quote from Papa Ola Lokahi-convened Kahuna Statement to the Legislature, 1998: PAPA AUWAE AND ALL OTHER KUPUNA OPPOSED CULTURAL PRACTICES BEING DEFINED BY THE LEGISLATURE:

“...LICENSURE, AND CERTIFICATION ISSUES RAISED IN THE LEGISLATION ARE INAPPROPRIATE AND CULTURALLY UNACCEPTABLE FOR GOVERNMENT TO ASCERTAIN. THESE ARE THE KULEANA OF THE HAWAIIAN COMMUNITY ITSELF THROUGH KUPUNA WHO ARE PERPETUATING THESE PRACTICES.”

<http://www.papaolalokahi.org/images/CHRONOLOGY-of-EVENTS-RELATED-TO-TRADITIONAL-HEALING-2015-Dec.pdf>

- There is no reasonable licensure pathway for Hawai'i clinical midwives who are not CPMs.

It is against the Hawai'i Regulatory Licensing Reform

Act to offer a licensure pathway to a part of a profession, but not all of it, especially as NARM Certification is practically logistically impossible for Hawai'i midwives (thus shifting the recognized practice entirely to those trained outside of Hawai'i). The costs involved in licensing such a tiny cohort also need to be assessed prior to structuring legislation, as this Act also requires licensees to bear the full cost of issuance and administration. For a small cohort with complex needs, this could potentially be astronomical.

- The exemptions do not actually exempt anyone currently practicing traditional midwifery.

For this reason, great damage and endangerment would result in our community. The exemptions also notably miss some major areas crucial to local traditional families, such as grandparent-attended births (illegal under this measure), Aunties assisting nieces to give birth (illegal under this measure), and hanai family (illegal under this measure).

What about Tongan midwives? Filipina midwives? African-American midwives?

Women of all cultures deserve to be attended by WHOEVER THEY WANT, especially experts in ancient birthing practices from their culture. Traditional midwives who are not Hawaiian and do not qualify under SB 1033 are extremely important in the traditions that Hawaiian families are reviving from a nearly decimated cultural past. Many young Kanaka Maoli have the oral history of their grandparents to go on, but not much more. Non-Hawaiian traditional midwives play a crucial support role for ensuring safety, confidence and well-being as these traditions are brought back into being. Without them, the practices would still come back, but slower, with more loss and much less safety and support.

- Consumers are not helped by this measure, which would limit choices, raise prices, and provide no measurable safety benefits .

Women's reproductive choices are harmed.

Home birth is a crucial issue of reproductive choice and body sovereignty, and needs to be respected as such. Limitation of who may practice midwifery is the SAME THING as limitation of who a women may choose to attend her. It is an unreasonable limitation of

What is needed is COMMUNICATION, not regulation of something the State simply cannot understand. GOOD solutions CAN be developed, but THIS IS NOT THE WAY.

My recommendation is to hold this bill, and instead consider the creation of a real body that could effectively bring all concerned parties (DOH, cultural

practitioners, traditional birth attendants, CPMs, student midwives, OBGYN/ER doctors, etc) together to build the needed comprehensive solutions to address real consumer protection and safety. A Working Group or Task Force, as recommended by Sen. Dr. Josh Green in 2014.  
PLEASE HOLD THIS MEASURE. MAHALO!

From: Alexis Rollins <noreply@jotform.com>  
Sent: Thursday, March 28, 2019 11:38 AM  
To: FINtestimony  
Subject: Testimony in OPPOSITION to SB 1033



### OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Alexis Rollins
Email	alexiskr13@gmail.com
Type a question	<p>Aloha House Finance Committee Chair Luke, Vice-Chair Cullen, and committee members, I am testifying in STRONG OPPOSITION to SB 1033 SD2 HD1 which would require licensure of midwives. I oppose ALL versions of this bill. We ask you to PLEASE oppose this measure! It is a FINANCE DISASTER, it is DANGEROUS, and it is DISCRIMINATORY and UNCONSTITUTIONAL. This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices, and places a terrible financial burden on local families. Here is why:</p> <ul style="list-style-type: none"><li>• The costs are insane!</li></ul> <p>According to the DCCA, "The costs associated with licensing approximately 13 midwives would be \$203,000." Because State licensing law requires licensure to pay for itself, those 13 eligible midwives would bear a cost burden of \$15,615 each per year, which would be passed directly on to the families they serve. This is IF all 13 who are eligible can afford this astounding fee; if not, it is further increased. These costs would also be greatly increased if a hearing were to take place, a lawsuit or criminal action occurred, or other incidental expenses were incurred for any reason.</p> <p>THIS MAKES MIDWIFE-ATTENDED BIRTHS ACCESSIBLE ONLY TO THE EXTREMELY PRIVILEGED! This is economic discrimination, and places a terrible, prohibitive burden on local families, which is likely to result in more unattended "DIY" births without midwifery support. As the FINANCE Committee, you MUST OPPOSE this.</p> <ul style="list-style-type: none"><li>• This measure is discriminatory!</li></ul> <p>ONLY Midwives trained outside of Hawaii are eligible.</p>

This alone should stop this measure in its tracks. It creates a sharp dividing line, which ALL local home birth midwives are on the wrong side of. Good training routes of many kinds already exist in Hawai'i, but these are sidelined or criminalized by this measure. This bill encourages midwives from outside of Hawaii to move here, with no cultural competency, while annihilating virtually all local practices. This does not serve the people of Hawai'i, and discriminates against local practitioners and families. You have an obligation to protect the local people of Hawai'i from discrimination and displacement.

- Let's call it what it is: a witch hunt.

The persecution of midwives in Hawai'i goes back to the early days of the Territory, during which healers were being persecuted severely, as part of forced assimilation. The notorious witch hunts in Europe and Early America were similarly, in fact, essentially the persecution of midwives. This bill continues those traditions of forced assimilation, medicalization, and persecution. It is also demeaning, especially to respected cultural elders.

- It is legally unsound.

There are many serious legal problems with this measure. For example, the requirement that a traditional midwife "provides the required disclosures to clients that the individual is practicing midwifery in this State without a license to practice midwifery" (as if a rural cultural elder of any ethnicity should be required to do such a thing) is both offensive and legally unsound. This measure defines a legally exempted category of practitioner, and then, in the same sentence, forces them to state that they are practicing without a license to practice. The legal mess this is likely to create (and that the legislators passing such terrible language would be liable for), along with the potential for serious consequences or even death, is enormous. Generally, This measure is also full of legal gray areas; which are what lawsuits are made of.

- It will not be followed.

It should also be noted that most traditional midwives simply WILL NOT give the disclosure required in the bill, because it might INTERFERE WITH MATERNAL CONFIDENCE. Natural birthing is an ancient and sensitive art with its OWN principles of success and safety, which cannot be broken.

- It is DANGEROUS.

Licensed midwives would be utterly unaffordable and realistically, most other practitioners would be operating underground, as they did before 1999. UNASSISTED births are likely to be prevalent, increasing danger. Amongst attended home births,

TRANSFER DELAYS are the greatest danger, and are often driven by fear (note: it is the mother, not the midwife, who makes the decision to go to a hospital or not, as no one can be forced to do so). Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for consenting to give birth with an unlicensed midwife (per this bill’s requirement!). This increases actual danger substantially, particularly within ethnic groups that fear CWS discrimination, believing that child removal or criminalization might occur due to their choice of provider not seeming legitimate enough. You as legislators need to protect people from the

- Kanaka Maoli traditional practices are NOT protected.

First of all, the central traditional practice is BIRTH, not midwifery. Many traditional Kanaka Maoli births are attended by midwives of OTHER ethnicities. Further, Papa Ola Lokahi does not currently have any mechanism to extend protection to traditional midwives or other birth-related practitioners as such (its mandates are currently strictly for laau lapaau, lomilomi, hooponopono and laau kahea). While this could potentially be developed in the future, at this time such protection would be entirely speculative. Law cannot be based on speculation.

It must be remembered that ALL regulation of traditional midwifery limits, alters, and otherwise adversely impacts traditional Native Hawaiian healing, because the central traditional practice in question is BIRTH, not midwifery.

- The entire term “traditional practice” is externally defined, which goes directly against culture and traditions, which must be internally defined in order to be considered bona fide. See quote from Papa Ola Lokahi-convened Kahuna Statement to the Legislature, 1998: PAPA AUWAE AND ALL OTHER KUPUNA OPPOSED CULTURAL PRACTICES BEING DEFINED BY THE LEGISLATURE:

“...LICENSURE, AND CERTIFICATION ISSUES RAISED IN THE LEGISLATION ARE INAPPROPRIATE AND CULTURALLY UNACCEPTABLE FOR GOVERNMENT TO ASCERTAIN. THESE ARE THE KULEANA OF THE HAWAIIAN COMMUNITY ITSELF THROUGH KUPUNA WHO ARE PERPETUATING THESE PRACTICES.”

<http://www.papaolalokahi.org/images/CHRONOLOGY-of-EVENTS-RELATED-TO-TRADITIONAL-HEALING-2015-Dec.pdf>

- There is no reasonable licensure pathway for Hawai'i clinical midwives who are not CPMs.

It is against the Hawai'i Regulatory Licensing Reform

Act to offer a licensure pathway to a part of a profession, but not all of it, especially as NARM Certification is practically logistically impossible for Hawai'i midwives (thus shifting the recognized practice entirely to those trained outside of Hawai'i). The costs involved in licensing such a tiny cohort also need to be assessed prior to structuring legislation, as this Act also requires licensees to bear the full cost of issuance and administration. For a small cohort with complex needs, this could potentially be astronomical.

- The exemptions do not actually exempt anyone currently practicing traditional midwifery.

For this reason, great damage and endangerment would result in our community. The exemptions also notably miss some major areas crucial to local traditional families, such as grandparent-attended births (illegal under this measure), Aunties assisting nieces to give birth (illegal under this measure), and hanai family (illegal under this measure).

What about Tongan midwives? Filipina midwives? African-American midwives?

Women of all cultures deserve to be attended by WHOEVER THEY WANT, especially experts in ancient birthing practices from their culture. Traditional midwives who are not Hawaiian and do not qualify under SB 1033 are extremely important in the traditions that Hawaiian families are reviving from a nearly decimated cultural past. Many young Kanaka Maoli have the oral history of their grandparents to go on, but not much more. Non-Hawaiian traditional midwives play a crucial support role for ensuring safety, confidence and well-being as these traditions are brought back into being. Without them, the practices would still come back, but slower, with more loss and much less safety and support.

- Consumers are not helped by this measure, which would limit choices, raise prices, and provide no measurable safety benefits .

Women's reproductive choices are harmed.

Home birth is a crucial issue of reproductive choice and body sovereignty, and needs to be respected as such. Limitation of who may practice midwifery is the SAME THING as limitation of who a women may choose to attend her. It is an unreasonable limitation of

What is needed is COMMUNICATION, not regulation of something the State simply cannot understand. GOOD solutions CAN be developed, but THIS IS NOT THE WAY.

My recommendation is to hold this bill, and instead consider the creation of a real body that could effectively bring all concerned parties (DOH, cultural

practitioners, traditional birth attendants, CPMs, student midwives, OBGYN/ER doctors, etc) together to build the needed comprehensive solutions to address real consumer protection and safety. A Working Group or Task Force, as recommended by Sen. Dr. Josh Green in 2014.  
PLEASE HOLD THIS MEASURE. MAHALO!



From: Marie Ramos <noreply@jotform.com>  
Sent: Thursday, March 28, 2019 12:15 PM  
To: FINtestimony  
Subject: Testimony in OPPOSITION to SB 1033



### OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Marie Ramos
Email	PamanasMama@gmail.com
Type a question	<p>Aloha House Finance Committee Chair Luke, Vice-Chair Cullen, and committee members, I am testifying in STRONG OPPOSITION to SB 1033 SD2 HD1 which would require licensure of midwives. I oppose ALL versions of this bill. We ask you to PLEASE oppose this measure! It is a FINANCE DISASTER, it is DANGEROUS, and it is DISCRIMINATORY and UNCONSTITUTIONAL. This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices, and places a terrible financial burden on local families. Here is why:</p> <ul style="list-style-type: none"><li>• The costs are insane!</li></ul> <p>According to the DCCA, "The costs associated with licensing approximately 13 midwives would be \$203,000." Because State licensing law requires licensure to pay for itself, those 13 eligible midwives would bear a cost burden of \$15,615 each per year, which would be passed directly on to the families they serve. This is IF all 13 who are eligible can afford this astounding fee; if not, it is further increased. These costs would also be greatly increased if a hearing were to take place, a lawsuit or criminal action occurred, or other incidental expenses were incurred for any reason.</p> <p>THIS MAKES MIDWIFE-ATTENDED BIRTHS ACCESSIBLE ONLY TO THE EXTREMELY PRIVILEGED! This is economic discrimination, and places a terrible, prohibitive burden on local families, which is likely to result in more unattended "DIY" births without midwifery support. As the FINANCE Committee, you MUST OPPOSE this.</p> <ul style="list-style-type: none"><li>• This measure is discriminatory!</li></ul> <p>ONLY Midwives trained outside of Hawaii are eligible.</p>

This alone should stop this measure in its tracks. It creates a sharp dividing line, which ALL local home birth midwives are on the wrong side of. Good training routes of many kinds already exist in Hawai'i, but these are sidelined or criminalized by this measure. This bill encourages midwives from outside of Hawaii to move here, with no cultural competency, while annihilating virtually all local practices. This does not serve the people of Hawai'i, and discriminates against local practitioners and families. You have an obligation to protect the local people of Hawai'i from discrimination and displacement.

- Let's call it what it is: a witch hunt.

The persecution of midwives in Hawai'i goes back to the early days of the Territory, during which healers were being persecuted severely, as part of forced assimilation. The notorious witch hunts in Europe and Early America were similarly, in fact, essentially the persecution of midwives. This bill continues those traditions of forced assimilation, medicalization, and persecution. It is also demeaning, especially to respected cultural elders.

- It is legally unsound.

There are many serious legal problems with this measure. For example, the requirement that a traditional midwife "provides the required disclosures to clients that the individual is practicing midwifery in this State without a license to practice midwifery" (as if a rural cultural elder of any ethnicity should be required to do such a thing) is both offensive and legally unsound. This measure defines a legally exempted category of practitioner, and then, in the same sentence, forces them to state that they are practicing without a license to practice. The legal mess this is likely to create (and that the legislators passing such terrible language would be liable for), along with the potential for serious consequences or even death, is enormous. Generally, This measure is also full of legal gray areas; which are what lawsuits are made of.

- It will not be followed.

It should also be noted that most traditional midwives simply WILL NOT give the disclosure required in the bill, because it might INTERFERE WITH MATERNAL CONFIDENCE. Natural birthing is an ancient and sensitive art with its OWN principles of success and safety, which cannot be broken.

- It is DANGEROUS.

Licensed midwives would be utterly unaffordable and realistically, most other practitioners would be operating underground, as they did before 1999. UNASSISTED births are likely to be prevalent, increasing danger. Amongst attended home births,

TRANSFER DELAYS are the greatest danger, and are often driven by fear (note: it is the mother, not the midwife, who makes the decision to go to a hospital or not, as no one can be forced to do so). Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for consenting to give birth with an unlicensed midwife (per this bill’s requirement!). This increases actual danger substantially, particularly within ethnic groups that fear CWS discrimination, believing that child removal or criminalization might occur due to their choice of provider not seeming legitimate enough. You as legislators need to protect people from the

- Kanaka Maoli traditional practices are NOT protected.

First of all, the central traditional practice is BIRTH, not midwifery. Many traditional Kanaka Maoli births are attended by midwives of OTHER ethnicities. Further, Papa Ola Lokahi does not currently have any mechanism to extend protection to traditional midwives or other birth-related practitioners as such (its mandates are currently strictly for laau lapaau, lomilomi, hooponopono and laau kahea). While this could potentially be developed in the future, at this time such protection would be entirely speculative. Law cannot be based on speculation.

It must be remembered that ALL regulation of traditional midwifery limits, alters, and otherwise adversely impacts traditional Native Hawaiian healing, because the central traditional practice in question is BIRTH, not midwifery.

- The entire term “traditional practice” is externally defined, which goes directly against culture and traditions, which must be internally defined in order to be considered bona fide. See quote from Papa Ola Lokahi-convened Kahuna Statement to the Legislature, 1998: PAPA AUWAE AND ALL OTHER KUPUNA OPPOSED CULTURAL PRACTICES BEING DEFINED BY THE LEGISLATURE:

“...LICENSURE, AND CERTIFICATION ISSUES RAISED IN THE LEGISLATION ARE INAPPROPRIATE AND CULTURALLY UNACCEPTABLE FOR GOVERNMENT TO ASCERTAIN. THESE ARE THE KULEANA OF THE HAWAIIAN COMMUNITY ITSELF THROUGH KUPUNA WHO ARE PERPETUATING THESE PRACTICES.”

<http://www.papaolalokahi.org/images/CHRONOLOGY-of-EVENTS-RELATED-TO-TRADITIONAL-HEALING-2015-Dec.pdf>

- There is no reasonable licensure pathway for Hawai'i clinical midwives who are not CPMs.

It is against the Hawai'i Regulatory Licensing Reform

Act to offer a licensure pathway to a part of a profession, but not all of it, especially as NARM Certification is practically logistically impossible for Hawai'i midwives (thus shifting the recognized practice entirely to those trained outside of Hawai'i). The costs involved in licensing such a tiny cohort also need to be assessed prior to structuring legislation, as this Act also requires licensees to bear the full cost of issuance and administration. For a small cohort with complex needs, this could potentially be astronomical.

- The exemptions do not actually exempt anyone currently practicing traditional midwifery.

For this reason, great damage and endangerment would result in our community. The exemptions also notably miss some major areas crucial to local traditional families, such as grandparent-attended births (illegal under this measure), Aunties assisting nieces to give birth (illegal under this measure), and hanai family (illegal under this measure).

What about Tongan midwives? Filipina midwives? African-American midwives?

Women of all cultures deserve to be attended by WHOEVER THEY WANT, especially experts in ancient birthing practices from their culture. Traditional midwives who are not Hawaiian and do not qualify under SB 1033 are extremely important in the traditions that Hawaiian families are reviving from a nearly decimated cultural past. Many young Kanaka Maoli have the oral history of their grandparents to go on, but not much more. Non-Hawaiian traditional midwives play a crucial support role for ensuring safety, confidence and well-being as these traditions are brought back into being. Without them, the practices would still come back, but slower, with more loss and much less safety and support.

- Consumers are not helped by this measure, which would limit choices, raise prices, and provide no measurable safety benefits .

Women's reproductive choices are harmed.

Home birth is a crucial issue of reproductive choice and body sovereignty, and needs to be respected as such. Limitation of who may practice midwifery is the SAME THING as limitation of who a women may choose to attend her. It is an unreasonable limitation of

What is needed is COMMUNICATION, not regulation of something the State simply cannot understand. GOOD solutions CAN be developed, but THIS IS NOT THE WAY.

My recommendation is to hold this bill, and instead consider the creation of a real body that could effectively bring all concerned parties (DOH, cultural

practitioners, traditional birth attendants, CPMs, student midwives, OBGYN/ER doctors, etc) together to build the needed comprehensive solutions to address real consumer protection and safety. A Working Group or Task Force, as recommended by Sen. Dr. Josh Green in 2014.  
PLEASE HOLD THIS MEASURE. MAHALO!

From: Sierra Dew <noreply@jotform.com>  
Sent: Thursday, March 28, 2019 12:33 PM  
To: FINtestimony  
Subject: Testimony in OPPOSITION to SB 1033



### OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Sierra Dew
Email	sierradew.info@gmail.com
Type a question	<p>Aloha House Finance Committee Chair Luke, Vice-Chair Cullen, and committee members, I am testifying in STRONG OPPOSITION to SB 1033 SD2 HD1 which would require licensure of midwives. I oppose ALL versions of this bill. We ask you to PLEASE oppose this measure! It is a FINANCE DISASTER, it is DANGEROUS, and it is DISCRIMINATORY and UNCONSTITUTIONAL. This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices, and places a terrible financial burden on local families. Here is why:</p> <ul style="list-style-type: none"><li>• The costs are insane!</li></ul> <p>According to the DCCA, "The costs associated with licensing approximately 13 midwives would be \$203,000." Because State licensing law requires licensure to pay for itself, those 13 eligible midwives would bear a cost burden of \$15,615 each per year, which would be passed directly on to the families they serve. This is IF all 13 who are eligible can afford this astounding fee; if not, it is further increased. These costs would also be greatly increased if a hearing were to take place, a lawsuit or criminal action occurred, or other incidental expenses were incurred for any reason.</p> <p>THIS MAKES MIDWIFE-ATTENDED BIRTHS ACCESSIBLE ONLY TO THE EXTREMELY PRIVILEGED! This is economic discrimination, and places a terrible, prohibitive burden on local families, which is likely to result in more unattended "DIY" births without midwifery support. As the FINANCE Committee, you MUST OPPOSE this.</p> <ul style="list-style-type: none"><li>• This measure is discriminatory!</li></ul> <p>ONLY Midwives trained outside of Hawaii are eligible.</p>

This alone should stop this measure in its tracks. It creates a sharp dividing line, which ALL local home birth midwives are on the wrong side of. Good training routes of many kinds already exist in Hawai'i, but these are sidelined or criminalized by this measure. This bill encourages midwives from outside of Hawaii to move here, with no cultural competency, while annihilating virtually all local practices. This does not serve the people of Hawai'i, and discriminates against local practitioners and families. You have an obligation to protect the local people of Hawai'i from discrimination and displacement.

- Let's call it what it is: a witch hunt.

The persecution of midwives in Hawai'i goes back to the early days of the Territory, during which healers were being persecuted severely, as part of forced assimilation. The notorious witch hunts in Europe and Early America were similarly, in fact, essentially the persecution of midwives. This bill continues those traditions of forced assimilation, medicalization, and persecution. It is also demeaning, especially to respected cultural elders.

- It is legally unsound.

There are many serious legal problems with this measure. For example, the requirement that a traditional midwife "provides the required disclosures to clients that the individual is practicing midwifery in this State without a license to practice midwifery" (as if a rural cultural elder of any ethnicity should be required to do such a thing) is both offensive and legally unsound. This measure defines a legally exempted category of practitioner, and then, in the same sentence, forces them to state that they are practicing without a license to practice. The legal mess this is likely to create (and that the legislators passing such terrible language would be liable for), along with the potential for serious consequences or even death, is enormous. Generally, This measure is also full of legal gray areas; which are what lawsuits are made of.

- It will not be followed.

It should also be noted that most traditional midwives simply WILL NOT give the disclosure required in the bill, because it might INTERFERE WITH MATERNAL CONFIDENCE. Natural birthing is an ancient and sensitive art with its OWN principles of success and safety, which cannot be broken.

- It is DANGEROUS.

Licensed midwives would be utterly unaffordable and realistically, most other practitioners would be operating underground, as they did before 1999. UNASSISTED births are likely to be prevalent, increasing danger. Amongst attended home births,

TRANSFER DELAYS are the greatest danger, and are often driven by fear (note: it is the mother, not the midwife, who makes the decision to go to a hospital or not, as no one can be forced to do so). Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for consenting to give birth with an unlicensed midwife (per this bill’s requirement!). This increases actual danger substantially, particularly within ethnic groups that fear CWS discrimination, believing that child removal or criminalization might occur due to their choice of provider not seeming legitimate enough. You as legislators need to protect people from the

- Kanaka Maoli traditional practices are NOT protected.

First of all, the central traditional practice is BIRTH, not midwifery. Many traditional Kanaka Maoli births are attended by midwives of OTHER ethnicities. Further, Papa Ola Lokahi does not currently have any mechanism to extend protection to traditional midwives or other birth-related practitioners as such (its mandates are currently strictly for laau lapaau, lomilomi, hooponopono and laau kahea). While this could potentially be developed in the future, at this time such protection would be entirely speculative. Law cannot be based on speculation.

It must be remembered that ALL regulation of traditional midwifery limits, alters, and otherwise adversely impacts traditional Native Hawaiian healing, because the central traditional practice in question is BIRTH, not midwifery.

- The entire term “traditional practice” is externally defined, which goes directly against culture and traditions, which must be internally defined in order to be considered bona fide. See quote from Papa Ola Lokahi-convened Kahuna Statement to the Legislature, 1998: PAPA AUWAE AND ALL OTHER KUPUNA OPPOSED CULTURAL PRACTICES BEING DEFINED BY THE LEGISLATURE:

“...LICENSURE, AND CERTIFICATION ISSUES RAISED IN THE LEGISLATION ARE INAPPROPRIATE AND CULTURALLY UNACCEPTABLE FOR GOVERNMENT TO ASCERTAIN. THESE ARE THE KULEANA OF THE HAWAIIAN COMMUNITY ITSELF THROUGH KUPUNA WHO ARE PERPETUATING THESE PRACTICES.”

<http://www.papaolalokahi.org/images/CHRONOLOGY-of-EVENTS-RELATED-TO-TRADITIONAL-HEALING-2015-Dec.pdf>

- There is no reasonable licensure pathway for Hawai’i clinical midwives who are not CPMs.

It is against the Hawai’i Regulatory Licensing Reform



Act to offer a licensure pathway to a part of a profession, but not all of it, especially as NARM Certification is practically logistically impossible for Hawai'i midwives (thus shifting the recognized practice entirely to those trained outside of Hawai'i). The costs involved in licensing such a tiny cohort also need to be assessed prior to structuring legislation, as this Act also requires licensees to bear the full cost of issuance and administration. For a small cohort with complex needs, this could potentially be astronomical.

- The exemptions do not actually exempt anyone currently practicing traditional midwifery.

For this reason, great damage and endangerment would result in our community. The exemptions also notably miss some major areas crucial to local traditional families, such as grandparent-attended births (illegal under this measure), Aunties assisting nieces to give birth (illegal under this measure), and hanai family (illegal under this measure).

What about Tongan midwives? Filipina midwives? African-American midwives?

Women of all cultures deserve to be attended by WHOEVER THEY WANT, especially experts in ancient birthing practices from their culture. Traditional midwives who are not Hawaiian and do not qualify under SB 1033 are extremely important in the traditions that Hawaiian families are reviving from a nearly decimated cultural past. Many young Kanaka Maoli have the oral history of their grandparents to go on, but not much more. Non-Hawaiian traditional midwives play a crucial support role for ensuring safety, confidence and well-being as these traditions are brought back into being. Without them, the practices would still come back, but slower, with more loss and much less safety and support.

- Consumers are not helped by this measure, which would limit choices, raise prices, and provide no measurable safety benefits .

Women's reproductive choices are harmed.

Home birth is a crucial issue of reproductive choice and body sovereignty, and needs to be respected as such. Limitation of who may practice midwifery is the SAME THING as limitation of who a women may choose to attend her. It is an unreasonable limitation of

What is needed is COMMUNICATION, not regulation of something the State simply cannot understand. GOOD solutions CAN be developed, but THIS IS NOT THE WAY.

My recommendation is to hold this bill, and instead consider the creation of a real body that could effectively bring all concerned parties (DOH, cultural

practitioners, traditional birth attendants, CPMs, student midwives, OBGYN/ER doctors, etc) together to build the needed comprehensive solutions to address real consumer protection and safety. A Working Group or Task Force, as recommended by Sen. Dr. Josh Green in 2014.  
PLEASE HOLD THIS MEASURE. MAHALO!

From: Jennifer Rod <noreply@jotform.com>  
Sent: Thursday, March 28, 2019 12:32 PM  
To: FINtestimony  
Subject: Testimony in OPPOSITION to SB 1033



### OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Jennifer Rod
Email	jrodwell@gmail.com
Type a question	<p>Aloha House Finance Committee Chair Luke, Vice-Chair Cullen, and committee members, I am testifying in STRONG OPPOSITION to SB 1033 SD2 HD1 which would require licensure of midwives. I oppose ALL versions of this bill. We ask you to PLEASE oppose this measure! It is a FINANCE DISASTER, it is DANGEROUS, and it is DISCRIMINATORY and UNCONSTITUTIONAL. This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices, and places a terrible financial burden on local families. Here is why:</p> <ul style="list-style-type: none"><li>• The costs are insane!</li></ul> <p>According to the DCCA, "The costs associated with licensing approximately 13 midwives would be \$203,000." Because State licensing law requires licensure to pay for itself, those 13 eligible midwives would bear a cost burden of \$15,615 each per year, which would be passed directly on to the families they serve. This is IF all 13 who are eligible can afford this astounding fee; if not, it is further increased. These costs would also be greatly increased if a hearing were to take place, a lawsuit or criminal action occurred, or other incidental expenses were incurred for any reason.</p> <p>THIS MAKES MIDWIFE-ATTENDED BIRTHS ACCESSIBLE ONLY TO THE EXTREMELY PRIVILEGED! This is economic discrimination, and places a terrible, prohibitive burden on local families, which is likely to result in more unattended "DIY" births without midwifery support. As the FINANCE Committee, you MUST OPPOSE this.</p> <ul style="list-style-type: none"><li>• This measure is discriminatory!</li></ul> <p>ONLY Midwives trained outside of Hawaii are eligible.</p>

This alone should stop this measure in its tracks. It creates a sharp dividing line, which ALL local home birth midwives are on the wrong side of. Good training routes of many kinds already exist in Hawai'i, but these are sidelined or criminalized by this measure. This bill encourages midwives from outside of Hawaii to move here, with no cultural competency, while annihilating virtually all local practices. This does not serve the people of Hawai'i, and discriminates against local practitioners and families. You have an obligation to protect the local people of Hawai'i from discrimination and displacement.

- Let's call it what it is: a witch hunt.

The persecution of midwives in Hawai'i goes back to the early days of the Territory, during which healers were being persecuted severely, as part of forced assimilation. The notorious witch hunts in Europe and Early America were similarly, in fact, essentially the persecution of midwives. This bill continues those traditions of forced assimilation, medicalization, and persecution. It is also demeaning, especially to respected cultural elders.

- It is legally unsound.

There are many serious legal problems with this measure. For example, the requirement that a traditional midwife "provides the required disclosures to clients that the individual is practicing midwifery in this State without a license to practice midwifery" (as if a rural cultural elder of any ethnicity should be required to do such a thing) is both offensive and legally unsound. This measure defines a legally exempted category of practitioner, and then, in the same sentence, forces them to state that they are practicing without a license to practice. The legal mess this is likely to create (and that the legislators passing such terrible language would be liable for), along with the potential for serious consequences or even death, is enormous. Generally, This measure is also full of legal gray areas; which are what lawsuits are made of.

- It will not be followed.

It should also be noted that most traditional midwives simply WILL NOT give the disclosure required in the bill, because it might INTERFERE WITH MATERNAL CONFIDENCE. Natural birthing is an ancient and sensitive art with its OWN principles of success and safety, which cannot be broken.

- It is DANGEROUS.

Licensed midwives would be utterly unaffordable and realistically, most other practitioners would be operating underground, as they did before 1999. UNASSISTED births are likely to be prevalent, increasing danger. Amongst attended home births,

TRANSFER DELAYS are the greatest danger, and are often driven by fear (note: it is the mother, not the midwife, who makes the decision to go to a hospital or not, as no one can be forced to do so). Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for consenting to give birth with an unlicensed midwife (per this bill’s requirement!). This increases actual danger substantially, particularly within ethnic groups that fear CWS discrimination, believing that child removal or criminalization might occur due to their choice of provider not seeming legitimate enough. You as legislators need to protect people from the

- Kanaka Maoli traditional practices are NOT protected.

First of all, the central traditional practice is BIRTH, not midwifery. Many traditional Kanaka Maoli births are attended by midwives of OTHER ethnicities. Further, Papa Ola Lokahi does not currently have any mechanism to extend protection to traditional midwives or other birth-related practitioners as such (its mandates are currently strictly for laau lapaau, lomilomi, hooponopono and laau kahea). While this could potentially be developed in the future, at this time such protection would be entirely speculative. Law cannot be based on speculation.

It must be remembered that ALL regulation of traditional midwifery limits, alters, and otherwise adversely impacts traditional Native Hawaiian healing, because the central traditional practice in question is BIRTH, not midwifery.

- The entire term “traditional practice” is externally defined, which goes directly against culture and traditions, which must be internally defined in order to be considered bona fide. See quote from Papa Ola Lokahi-convened Kahuna Statement to the Legislature, 1998: PAPA AUWAE AND ALL OTHER KUPUNA OPPOSED CULTURAL PRACTICES BEING DEFINED BY THE LEGISLATURE:

“...LICENSURE, AND CERTIFICATION ISSUES RAISED IN THE LEGISLATION ARE INAPPROPRIATE AND CULTURALLY UNACCEPTABLE FOR GOVERNMENT TO ASCERTAIN. THESE ARE THE KULEANA OF THE HAWAIIAN COMMUNITY ITSELF THROUGH KUPUNA WHO ARE PERPETUATING THESE PRACTICES.”

<http://www.papaolalokahi.org/images/CHRONOLOGY-of-EVENTS-RELATED-TO-TRADITIONAL-HEALING-2015-Dec.pdf>

- There is no reasonable licensure pathway for Hawai'i clinical midwives who are not CPMs.

It is against the Hawai'i Regulatory Licensing Reform

Act to offer a licensure pathway to a part of a profession, but not all of it, especially as NARM Certification is practically logistically impossible for Hawai'i midwives (thus shifting the recognized practice entirely to those trained outside of Hawai'i). The costs involved in licensing such a tiny cohort also need to be assessed prior to structuring legislation, as this Act also requires licensees to bear the full cost of issuance and administration. For a small cohort with complex needs, this could potentially be astronomical.

- The exemptions do not actually exempt anyone currently practicing traditional midwifery.

For this reason, great damage and endangerment would result in our community. The exemptions also notably miss some major areas crucial to local traditional families, such as grandparent-attended births (illegal under this measure), Aunties assisting nieces to give birth (illegal under this measure), and hanai family (illegal under this measure).

What about Tongan midwives? Filipina midwives? African-American midwives?

Women of all cultures deserve to be attended by WHOEVER THEY WANT, especially experts in ancient birthing practices from their culture. Traditional midwives who are not Hawaiian and do not qualify under SB 1033 are extremely important in the traditions that Hawaiian families are reviving from a nearly decimated cultural past. Many young Kanaka Maoli have the oral history of their grandparents to go on, but not much more. Non-Hawaiian traditional midwives play a crucial support role for ensuring safety, confidence and well-being as these traditions are brought back into being. Without them, the practices would still come back, but slower, with more loss and much less safety and support.

- Consumers are not helped by this measure, which would limit choices, raise prices, and provide no measurable safety benefits .

Women's reproductive choices are harmed.

Home birth is a crucial issue of reproductive choice and body sovereignty, and needs to be respected as such. Limitation of who may practice midwifery is the SAME THING as limitation of who a women may choose to attend her. It is an unreasonable limitation of

What is needed is COMMUNICATION, not regulation of something the State simply cannot understand. GOOD solutions CAN be developed, but THIS IS NOT THE WAY.

My recommendation is to hold this bill, and instead consider the creation of a real body that could effectively bring all concerned parties (DOH, cultural

practitioners, traditional birth attendants, CPMs, student midwives, OBGYN/ER doctors, etc) together to build the needed comprehensive solutions to address real consumer protection and safety. A Working Group or Task Force, as recommended by Sen. Dr. Josh Green in 2014.  
PLEASE HOLD THIS MEASURE. MAHALO!

From: Earl DeLeon <noreply@jotform.com>  
Sent: Thursday, March 28, 2019 12:44 PM  
To: FINtestimony  
Subject: Testimony in OPPOSITION to SB 1033



### OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Earl DeLeon
Email	edeleon@townemaui.com
Type a question	<p>Aloha House Finance Committee Chair Luke, Vice-Chair Cullen, and committee members, I am testifying in STRONG OPPOSITION to SB 1033 SD2 HD1 which would require licensure of midwives. I oppose ALL versions of this bill. We ask you to PLEASE oppose this measure! It is a FINANCE DISASTER, it is DANGEROUS, and it is DISCRIMINATORY and UNCONSTITUTIONAL. This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices, and places a terrible financial burden on local families. Here is why:</p> <ul style="list-style-type: none"><li>• The costs are insane!</li></ul> <p>According to the DCCA, "The costs associated with licensing approximately 13 midwives would be \$203,000." Because State licensing law requires licensure to pay for itself, those 13 eligible midwives would bear a cost burden of \$15,615 each per year, which would be passed directly on to the families they serve. This is IF all 13 who are eligible can afford this astounding fee; if not, it is further increased. These costs would also be greatly increased if a hearing were to take place, a lawsuit or criminal action occurred, or other incidental expenses were incurred for any reason.</p> <p>THIS MAKES MIDWIFE-ATTENDED BIRTHS ACCESSIBLE ONLY TO THE EXTREMELY PRIVILEGED! This is economic discrimination, and places a terrible, prohibitive burden on local families, which is likely to result in more unattended "DIY" births without midwifery support. As the FINANCE Committee, you MUST OPPOSE this.</p> <ul style="list-style-type: none"><li>• This measure is discriminatory!</li></ul> <p>ONLY Midwives trained outside of Hawaii are eligible.</p>



This alone should stop this measure in its tracks. It creates a sharp dividing line, which ALL local home birth midwives are on the wrong side of. Good training routes of many kinds already exist in Hawai'i, but these are sidelined or criminalized by this measure. This bill encourages midwives from outside of Hawaii to move here, with no cultural competency, while annihilating virtually all local practices. This does not serve the people of Hawai'i, and discriminates against local practitioners and families. You have an obligation to protect the local people of Hawai'i from discrimination and displacement.

- Let's call it what it is: a witch hunt.

The persecution of midwives in Hawai'i goes back to the early days of the Territory, during which healers were being persecuted severely, as part of forced assimilation. The notorious witch hunts in Europe and Early America were similarly, in fact, essentially the persecution of midwives. This bill continues those traditions of forced assimilation, medicalization, and persecution. It is also demeaning, especially to respected cultural elders.

- It is legally unsound.

There are many serious legal problems with this measure. For example, the requirement that a traditional midwife "provides the required disclosures to clients that the individual is practicing midwifery in this State without a license to practice midwifery" (as if a rural cultural elder of any ethnicity should be required to do such a thing) is both offensive and legally unsound. This measure defines a legally exempted category of practitioner, and then, in the same sentence, forces them to state that they are practicing without a license to practice. The legal mess this is likely to create (and that the legislators passing such terrible language would be liable for), along with the potential for serious consequences or even death, is enormous. Generally, This measure is also full of legal gray areas; which are what lawsuits are made of.

- It will not be followed.

It should also be noted that most traditional midwives simply WILL NOT give the disclosure required in the bill, because it might INTERFERE WITH MATERNAL CONFIDENCE. Natural birthing is an ancient and sensitive art with its OWN principles of success and safety, which cannot be broken.

- It is DANGEROUS.

Licensed midwives would be utterly unaffordable and realistically, most other practitioners would be operating underground, as they did before 1999. UNASSISTED births are likely to be prevalent, increasing danger. Amongst attended home births,

TRANSFER DELAYS are the greatest danger, and are often driven by fear (note: it is the mother, not the midwife, who makes the decision to go to a hospital or not, as no one can be forced to do so). Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for consenting to give birth with an unlicensed midwife (per this bill’s requirement!). This increases actual danger substantially, particularly within ethnic groups that fear CWS discrimination, believing that child removal or criminalization might occur due to their choice of provider not seeming legitimate enough. You as legislators need to protect people from the

- Kanaka Maoli traditional practices are NOT protected.

First of all, the central traditional practice is BIRTH, not midwifery. Many traditional Kanaka Maoli births are attended by midwives of OTHER ethnicities. Further, Papa Ola Lokahi does not currently have any mechanism to extend protection to traditional midwives or other birth-related practitioners as such (its mandates are currently strictly for laau lapaau, lomilomi, hooponopono and laau kahea). While this could potentially be developed in the future, at this time such protection would be entirely speculative. Law cannot be based on speculation.

It must be remembered that ALL regulation of traditional midwifery limits, alters, and otherwise adversely impacts traditional Native Hawaiian healing, because the central traditional practice in question is BIRTH, not midwifery.

- The entire term “traditional practice” is externally defined, which goes directly against culture and traditions, which must be internally defined in order to be considered bona fide. See quote from Papa Ola Lokahi-convened Kahuna Statement to the Legislature, 1998: PAPA AUWAE AND ALL OTHER KUPUNA OPPOSED CULTURAL PRACTICES BEING DEFINED BY THE LEGISLATURE:

“...LICENSURE, AND CERTIFICATION ISSUES RAISED IN THE LEGISLATION ARE INAPPROPRIATE AND CULTURALLY UNACCEPTABLE FOR GOVERNMENT TO ASCERTAIN. THESE ARE THE KULEANA OF THE HAWAIIAN COMMUNITY ITSELF THROUGH KUPUNA WHO ARE PERPETUATING THESE PRACTICES.”

<http://www.papaolalokahi.org/images/CHRONOLOGY-of-EVENTS-RELATED-TO-TRADITIONAL-HEALING-2015-Dec.pdf>

- There is no reasonable licensure pathway for Hawai'i clinical midwives who are not CPMs.

It is against the Hawai'i Regulatory Licensing Reform

Act to offer a licensure pathway to a part of a profession, but not all of it, especially as NARM Certification is practically logistically impossible for Hawai'i midwives (thus shifting the recognized practice entirely to those trained outside of Hawai'i). The costs involved in licensing such a tiny cohort also need to be assessed prior to structuring legislation, as this Act also requires licensees to bear the full cost of issuance and administration. For a small cohort with complex needs, this could potentially be astronomical.

- The exemptions do not actually exempt anyone currently practicing traditional midwifery.

For this reason, great damage and endangerment would result in our community. The exemptions also notably miss some major areas crucial to local traditional families, such as grandparent-attended births (illegal under this measure), Aunties assisting nieces to give birth (illegal under this measure), and hanai family (illegal under this measure).

What about Tongan midwives? Filipina midwives? African-American midwives?

Women of all cultures deserve to be attended by WHOEVER THEY WANT, especially experts in ancient birthing practices from their culture. Traditional midwives who are not Hawaiian and do not qualify under SB 1033 are extremely important in the traditions that Hawaiian families are reviving from a nearly decimated cultural past. Many young Kanaka Maoli have the oral history of their grandparents to go on, but not much more. Non-Hawaiian traditional midwives play a crucial support role for ensuring safety, confidence and well-being as these traditions are brought back into being. Without them, the practices would still come back, but slower, with more loss and much less safety and support.

- Consumers are not helped by this measure, which would limit choices, raise prices, and provide no measurable safety benefits .

Women's reproductive choices are harmed.

Home birth is a crucial issue of reproductive choice and body sovereignty, and needs to be respected as such. Limitation of who may practice midwifery is the SAME THING as limitation of who a women may choose to attend her. It is an unreasonable limitation of

What is needed is COMMUNICATION, not regulation of something the State simply cannot understand. GOOD solutions CAN be developed, but THIS IS NOT THE WAY.

My recommendation is to hold this bill, and instead consider the creation of a real body that could effectively bring all concerned parties (DOH, cultural

practitioners, traditional birth attendants, CPMs, student midwives, OBGYN/ER doctors, etc) together to build the needed comprehensive solutions to address real consumer protection and safety. A Working Group or Task Force, as recommended by Sen. Dr. Josh Green in 2014.  
PLEASE HOLD THIS MEASURE. MAHALO!

From: Abby Laden <noreply@jotform.com>  
Sent: Thursday, March 28, 2019 1:00 PM  
To: FINtestimony  
Subject: Testimony in OPPOSITION to SB 1033



### OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Abby Laden
Email	abby.laden1@gmail.com
Type a question	<p>Aloha House Finance Committee Chair Luke, Vice-Chair Cullen, and committee members, I am testifying in STRONG OPPOSITION to SB 1033 SD2 HD1 which would require licensure of midwives. I oppose ALL versions of this bill. We ask you to PLEASE oppose this measure! It is a FINANCE DISASTER, it is DANGEROUS, and it is DISCRIMINATORY and UNCONSTITUTIONAL. This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices, and places a terrible financial burden on local families. Here is why:</p> <ul style="list-style-type: none"><li>• The costs are insane!</li></ul> <p>According to the DCCA, "The costs associated with licensing approximately 13 midwives would be \$203,000." Because State licensing law requires licensure to pay for itself, those 13 eligible midwives would bear a cost burden of \$15,615 each per year, which would be passed directly on to the families they serve. This is IF all 13 who are eligible can afford this astounding fee; if not, it is further increased. These costs would also be greatly increased if a hearing were to take place, a lawsuit or criminal action occurred, or other incidental expenses were incurred for any reason.</p> <p>THIS MAKES MIDWIFE-ATTENDED BIRTHS ACCESSIBLE ONLY TO THE EXTREMELY PRIVILEGED! This is economic discrimination, and places a terrible, prohibitive burden on local families, which is likely to result in more unattended "DIY" births without midwifery support. As the FINANCE Committee, you MUST OPPOSE this.</p> <ul style="list-style-type: none"><li>• This measure is discriminatory!</li></ul> <p>ONLY Midwives trained outside of Hawaii are eligible.</p>

This alone should stop this measure in its tracks. It creates a sharp dividing line, which ALL local home birth midwives are on the wrong side of. Good training routes of many kinds already exist in Hawai'i, but these are sidelined or criminalized by this measure. This bill encourages midwives from outside of Hawaii to move here, with no cultural competency, while annihilating virtually all local practices. This does not serve the people of Hawai'i, and discriminates against local practitioners and families. You have an obligation to protect the local people of Hawai'i from discrimination and displacement.

- Let's call it what it is: a witch hunt.

The persecution of midwives in Hawai'i goes back to the early days of the Territory, during which healers were being persecuted severely, as part of forced assimilation. The notorious witch hunts in Europe and Early America were similarly, in fact, essentially the persecution of midwives. This bill continues those traditions of forced assimilation, medicalization, and persecution. It is also demeaning, especially to respected cultural elders.

- It is legally unsound.

There are many serious legal problems with this measure. For example, the requirement that a traditional midwife "provides the required disclosures to clients that the individual is practicing midwifery in this State without a license to practice midwifery" (as if a rural cultural elder of any ethnicity should be required to do such a thing) is both offensive and legally unsound. This measure defines a legally exempted category of practitioner, and then, in the same sentence, forces them to state that they are practicing without a license to practice. The legal mess this is likely to create (and that the legislators passing such terrible language would be liable for), along with the potential for serious consequences or even death, is enormous. Generally, This measure is also full of legal gray areas; which are what lawsuits are made of.

- It will not be followed.

It should also be noted that most traditional midwives simply WILL NOT give the disclosure required in the bill, because it might INTERFERE WITH MATERNAL CONFIDENCE. Natural birthing is an ancient and sensitive art with its OWN principles of success and safety, which cannot be broken.

- It is DANGEROUS.

Licensed midwives would be utterly unaffordable and realistically, most other practitioners would be operating underground, as they did before 1999. UNASSISTED births are likely to be prevalent, increasing danger. Amongst attended home births,

TRANSFER DELAYS are the greatest danger, and are often driven by fear (note: it is the mother, not the midwife, who makes the decision to go to a hospital or not, as no one can be forced to do so). Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for consenting to give birth with an unlicensed midwife (per this bill’s requirement!). This increases actual danger substantially, particularly within ethnic groups that fear CWS discrimination, believing that child removal or criminalization might occur due to their choice of provider not seeming legitimate enough. You as legislators need to protect people from the

- Kanaka Maoli traditional practices are NOT protected.

First of all, the central traditional practice is BIRTH, not midwifery. Many traditional Kanaka Maoli births are attended by midwives of OTHER ethnicities. Further, Papa Ola Lokahi does not currently have any mechanism to extend protection to traditional midwives or other birth-related practitioners as such (its mandates are currently strictly for laau lapaau, lomilomi, hooponopono and laau kahea). While this could potentially be developed in the future, at this time such protection would be entirely speculative. Law cannot be based on speculation.

It must be remembered that ALL regulation of traditional midwifery limits, alters, and otherwise adversely impacts traditional Native Hawaiian healing, because the central traditional practice in question is BIRTH, not midwifery.

- The entire term “traditional practice” is externally defined, which goes directly against culture and traditions, which must be internally defined in order to be considered bona fide. See quote from Papa Ola Lokahi-convened Kahuna Statement to the Legislature, 1998: PAPA AUWAE AND ALL OTHER KUPUNA OPPOSED CULTURAL PRACTICES BEING DEFINED BY THE LEGISLATURE:

“...LICENSURE, AND CERTIFICATION ISSUES RAISED IN THE LEGISLATION ARE INAPPROPRIATE AND CULTURALLY UNACCEPTABLE FOR GOVERNMENT TO ASCERTAIN. THESE ARE THE KULEANA OF THE HAWAIIAN COMMUNITY ITSELF THROUGH KUPUNA WHO ARE PERPETUATING THESE PRACTICES.”

<http://www.papaolalokahi.org/images/CHRONOLOGY-of-EVENTS-RELATED-TO-TRADITIONAL-HEALING-2015-Dec.pdf>

- There is no reasonable licensure pathway for Hawai’i clinical midwives who are not CPMs.

It is against the Hawai’i Regulatory Licensing Reform

Act to offer a licensure pathway to a part of a profession, but not all of it, especially as NARM Certification is practically logistically impossible for Hawai'i midwives (thus shifting the recognized practice entirely to those trained outside of Hawai'i). The costs involved in licensing such a tiny cohort also need to be assessed prior to structuring legislation, as this Act also requires licensees to bear the full cost of issuance and administration. For a small cohort with complex needs, this could potentially be astronomical.

- The exemptions do not actually exempt anyone currently practicing traditional midwifery.

For this reason, great damage and endangerment would result in our community. The exemptions also notably miss some major areas crucial to local traditional families, such as grandparent-attended births (illegal under this measure), Aunties assisting nieces to give birth (illegal under this measure), and hanai family (illegal under this measure).

What about Tongan midwives? Filipina midwives? African-American midwives?

Women of all cultures deserve to be attended by WHOEVER THEY WANT, especially experts in ancient birthing practices from their culture. Traditional midwives who are not Hawaiian and do not qualify under SB 1033 are extremely important in the traditions that Hawaiian families are reviving from a nearly decimated cultural past. Many young Kanaka Maoli have the oral history of their grandparents to go on, but not much more. Non-Hawaiian traditional midwives play a crucial support role for ensuring safety, confidence and well-being as these traditions are brought back into being. Without them, the practices would still come back, but slower, with more loss and much less safety and support.

- Consumers are not helped by this measure, which would limit choices, raise prices, and provide no measurable safety benefits .

Women's reproductive choices are harmed.

Home birth is a crucial issue of reproductive choice and body sovereignty, and needs to be respected as such. Limitation of who may practice midwifery is the SAME THING as limitation of who a women may choose to attend her. It is an unreasonable limitation of

What is needed is COMMUNICATION, not regulation of something the State simply cannot understand. GOOD solutions CAN be developed, but THIS IS NOT THE WAY.

My recommendation is to hold this bill, and instead consider the creation of a real body that could effectively bring all concerned parties (DOH, cultural



practitioners, traditional birth attendants, CPMs, student midwives, OBGYN/ER doctors, etc) together to build the needed comprehensive solutions to address real consumer protection and safety. A Working Group or Task Force, as recommended by Sen. Dr. Josh Green in 2014.  
PLEASE HOLD THIS MEASURE. MAHALO!

From: Lynda James <noreply@jotform.com>  
Sent: Thursday, March 28, 2019 12:56 PM  
To: FINtestimony  
Subject: Testimony in OPPOSITION to SB 1033



### OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Lynda James
Email	james.lynda@gmail.com
Type a question	<p>Aloha House Finance Committee Chair Luke, Vice-Chair Cullen, and committee members, I am testifying in STRONG OPPOSITION to SB 1033 SD2 HD1 which would require licensure of midwives. I oppose ALL versions of this bill. We ask you to PLEASE oppose this measure! It is a FINANCE DISASTER, it is DANGEROUS, and it is DISCRIMINATORY and UNCONSTITUTIONAL. This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices, and places a terrible financial burden on local families. Here is why:</p> <ul style="list-style-type: none"><li>• The costs are insane!</li></ul> <p>According to the DCCA, "The costs associated with licensing approximately 13 midwives would be \$203,000." Because State licensing law requires licensure to pay for itself, those 13 eligible midwives would bear a cost burden of \$15,615 each per year, which would be passed directly on to the families they serve. This is IF all 13 who are eligible can afford this astounding fee; if not, it is further increased. These costs would also be greatly increased if a hearing were to take place, a lawsuit or criminal action occurred, or other incidental expenses were incurred for any reason.</p> <p>THIS MAKES MIDWIFE-ATTENDED BIRTHS ACCESSIBLE ONLY TO THE EXTREMELY PRIVILEGED! This is economic discrimination, and places a terrible, prohibitive burden on local families, which is likely to result in more unattended "DIY" births without midwifery support. As the FINANCE Committee, you MUST OPPOSE this.</p> <ul style="list-style-type: none"><li>• This measure is discriminatory!</li></ul> <p>ONLY Midwives trained outside of Hawaii are eligible.</p>

This alone should stop this measure in its tracks. It creates a sharp dividing line, which ALL local home birth midwives are on the wrong side of. Good training routes of many kinds already exist in Hawai'i, but these are sidelined or criminalized by this measure. This bill encourages midwives from outside of Hawaii to move here, with no cultural competency, while annihilating virtually all local practices. This does not serve the people of Hawai'i, and discriminates against local practitioners and families. You have an obligation to protect the local people of Hawai'i from discrimination and displacement.

- Let's call it what it is: a witch hunt.

The persecution of midwives in Hawai'i goes back to the early days of the Territory, during which healers were being persecuted severely, as part of forced assimilation. The notorious witch hunts in Europe and Early America were similarly, in fact, essentially the persecution of midwives. This bill continues those traditions of forced assimilation, medicalization, and persecution. It is also demeaning, especially to respected cultural elders.

- It is legally unsound.

There are many serious legal problems with this measure. For example, the requirement that a traditional midwife "provides the required disclosures to clients that the individual is practicing midwifery in this State without a license to practice midwifery" (as if a rural cultural elder of any ethnicity should be required to do such a thing) is both offensive and legally unsound. This measure defines a legally exempted category of practitioner, and then, in the same sentence, forces them to state that they are practicing without a license to practice. The legal mess this is likely to create (and that the legislators passing such terrible language would be liable for), along with the potential for serious consequences or even death, is enormous. Generally, This measure is also full of legal gray areas; which are what lawsuits are made of.

- It will not be followed.

It should also be noted that most traditional midwives simply WILL NOT give the disclosure required in the bill, because it might INTERFERE WITH MATERNAL CONFIDENCE. Natural birthing is an ancient and sensitive art with its OWN principles of success and safety, which cannot be broken.

- It is DANGEROUS.

Licensed midwives would be utterly unaffordable and realistically, most other practitioners would be operating underground, as they did before 1999. UNASSISTED births are likely to be prevalent, increasing danger. Amongst attended home births,

TRANSFER DELAYS are the greatest danger, and are often driven by fear (note: it is the mother, not the midwife, who makes the decision to go to a hospital or not, as no one can be forced to do so). Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for consenting to give birth with an unlicensed midwife (per this bill’s requirement!). This increases actual danger substantially, particularly within ethnic groups that fear CWS discrimination, believing that child removal or criminalization might occur due to their choice of provider not seeming legitimate enough. You as legislators need to protect people from the

- Kanaka Maoli traditional practices are NOT protected.

First of all, the central traditional practice is BIRTH, not midwifery. Many traditional Kanaka Maoli births are attended by midwives of OTHER ethnicities. Further, Papa Ola Lokahi does not currently have any mechanism to extend protection to traditional midwives or other birth-related practitioners as such (its mandates are currently strictly for laau lapaau, lomilomi, hooponopono and laau kahea). While this could potentially be developed in the future, at this time such protection would be entirely speculative. Law cannot be based on speculation.

It must be remembered that ALL regulation of traditional midwifery limits, alters, and otherwise adversely impacts traditional Native Hawaiian healing, because the central traditional practice in question is BIRTH, not midwifery.

- The entire term “traditional practice” is externally defined, which goes directly against culture and traditions, which must be internally defined in order to be considered bona fide. See quote from Papa Ola Lokahi-convened Kahuna Statement to the Legislature, 1998: PAPA AUWAE AND ALL OTHER KUPUNA OPPOSED CULTURAL PRACTICES BEING DEFINED BY THE LEGISLATURE:

“...LICENSURE, AND CERTIFICATION ISSUES RAISED IN THE LEGISLATION ARE INAPPROPRIATE AND CULTURALLY UNACCEPTABLE FOR GOVERNMENT TO ASCERTAIN. THESE ARE THE KULEANA OF THE HAWAIIAN COMMUNITY ITSELF THROUGH KUPUNA WHO ARE PERPETUATING THESE PRACTICES.”

<http://www.papaolalokahi.org/images/CHRONOLOGY-of-EVENTS-RELATED-TO-TRADITIONAL-HEALING-2015-Dec.pdf>

- There is no reasonable licensure pathway for Hawai'i clinical midwives who are not CPMs.

It is against the Hawai'i Regulatory Licensing Reform

Act to offer a licensure pathway to a part of a profession, but not all of it, especially as NARM Certification is practically logistically impossible for Hawai'i midwives (thus shifting the recognized practice entirely to those trained outside of Hawai'i). The costs involved in licensing such a tiny cohort also need to be assessed prior to structuring legislation, as this Act also requires licensees to bear the full cost of issuance and administration. For a small cohort with complex needs, this could potentially be astronomical.

- The exemptions do not actually exempt anyone currently practicing traditional midwifery.

For this reason, great damage and endangerment would result in our community. The exemptions also notably miss some major areas crucial to local traditional families, such as grandparent-attended births (illegal under this measure), Aunties assisting nieces to give birth (illegal under this measure), and hanai family (illegal under this measure).

What about Tongan midwives? Filipina midwives? African-American midwives?

Women of all cultures deserve to be attended by WHOEVER THEY WANT, especially experts in ancient birthing practices from their culture. Traditional midwives who are not Hawaiian and do not qualify under SB 1033 are extremely important in the traditions that Hawaiian families are reviving from a nearly decimated cultural past. Many young Kanaka Maoli have the oral history of their grandparents to go on, but not much more. Non-Hawaiian traditional midwives play a crucial support role for ensuring safety, confidence and well-being as these traditions are brought back into being. Without them, the practices would still come back, but slower, with more loss and much less safety and support.

- Consumers are not helped by this measure, which would limit choices, raise prices, and provide no measurable safety benefits .

Women's reproductive choices are harmed.

Home birth is a crucial issue of reproductive choice and body sovereignty, and needs to be respected as such. Limitation of who may practice midwifery is the SAME THING as limitation of who a women may choose to attend her. It is an unreasonable limitation of

What is needed is COMMUNICATION, not regulation of something the State simply cannot understand. GOOD solutions CAN be developed, but THIS IS NOT THE WAY.

My recommendation is to hold this bill, and instead consider the creation of a real body that could effectively bring all concerned parties (DOH, cultural

practitioners, traditional birth attendants, CPMs, student midwives, OBGYN/ER doctors, etc) together to build the needed comprehensive solutions to address real consumer protection and safety. A Working Group or Task Force, as recommended by Sen. Dr. Josh Green in 2014.  
PLEASE HOLD THIS MEASURE. MAHALO!



This alone should stop this measure in its tracks. It creates a sharp dividing line, which ALL local home birth midwives are on the wrong side of. Good training routes of many kinds already exist in Hawai'i, but these are sidelined or criminalized by this measure. This bill encourages midwives from outside of Hawaii to move here, with no cultural competency, while annihilating virtually all local practices. This does not serve the people of Hawai'i, and discriminates against local practitioners and families. You have an obligation to protect the local people of Hawai'i from discrimination and displacement.

- Let's call it what it is: a witch hunt.

The persecution of midwives in Hawai'i goes back to the early days of the Territory, during which healers were being persecuted severely, as part of forced assimilation. The notorious witch hunts in Europe and Early America were similarly, in fact, essentially the persecution of midwives. This bill continues those traditions of forced assimilation, medicalization, and persecution. It is also demeaning, especially to respected cultural elders.

- It is legally unsound.

There are many serious legal problems with this measure. For example, the requirement that a traditional midwife "provides the required disclosures to clients that the individual is practicing midwifery in this State without a license to practice midwifery" (as if a rural cultural elder of any ethnicity should be required to do such a thing) is both offensive and legally unsound. This measure defines a legally exempted category of practitioner, and then, in the same sentence, forces them to state that they are practicing without a license to practice. The legal mess this is likely to create (and that the legislators passing such terrible language would be liable for), along with the potential for serious consequences or even death, is enormous. Generally, This measure is also full of legal gray areas; which are what lawsuits are made of.

- It will not be followed.

It should also be noted that most traditional midwives simply WILL NOT give the disclosure required in the bill, because it might INTERFERE WITH MATERNAL CONFIDENCE. Natural birthing is an ancient and sensitive art with its OWN principles of success and safety, which cannot be broken.

- It is DANGEROUS.

Licensed midwives would be utterly unaffordable and realistically, most other practitioners would be operating underground, as they did before 1999. UNASSISTED births are likely to be prevalent, increasing danger. Amongst attended home births,



TRANSFER DELAYS are the greatest danger, and are often driven by fear (note: it is the mother, not the midwife, who makes the decision to go to a hospital or not, as no one can be forced to do so). Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for consenting to give birth with an unlicensed midwife (per this bill’s requirement!). This increases actual danger substantially, particularly within ethnic groups that fear CWS discrimination, believing that child removal or criminalization might occur due to their choice of provider not seeming legitimate enough. You as legislators need to protect people from the

- Kanaka Maoli traditional practices are NOT protected.

First of all, the central traditional practice is BIRTH, not midwifery. Many traditional Kanaka Maoli births are attended by midwives of OTHER ethnicities. Further, Papa Ola Lokahi does not currently have any mechanism to extend protection to traditional midwives or other birth-related practitioners as such (its mandates are currently strictly for laau lapaau, lomilomi, hooponopono and laau kahea). While this could potentially be developed in the future, at this time such protection would be entirely speculative. Law cannot be based on speculation.

It must be remembered that ALL regulation of traditional midwifery limits, alters, and otherwise adversely impacts traditional Native Hawaiian healing, because the central traditional practice in question is BIRTH, not midwifery.

- The entire term “traditional practice” is externally defined, which goes directly against culture and traditions, which must be internally defined in order to be considered bona fide. See quote from Papa Ola Lokahi-convened Kahuna Statement to the Legislature, 1998: PAPA AUWAE AND ALL OTHER KUPUNA OPPOSED CULTURAL PRACTICES BEING DEFINED BY THE LEGISLATURE:

“...LICENSURE, AND CERTIFICATION ISSUES RAISED IN THE LEGISLATION ARE INAPPROPRIATE AND CULTURALLY UNACCEPTABLE FOR GOVERNMENT TO ASCERTAIN. THESE ARE THE KULEANA OF THE HAWAIIAN COMMUNITY ITSELF THROUGH KUPUNA WHO ARE PERPETUATING THESE PRACTICES.”

<http://www.papaolalokahi.org/images/CHRONOLOGY-of-EVENTS-RELATED-TO-TRADITIONAL-HEALING-2015-Dec.pdf>

- There is no reasonable licensure pathway for Hawai'i clinical midwives who are not CPMs.

It is against the Hawai'i Regulatory Licensing Reform

Act to offer a licensure pathway to a part of a profession, but not all of it, especially as NARM Certification is practically logistically impossible for Hawai'i midwives (thus shifting the recognized practice entirely to those trained outside of Hawai'i). The costs involved in licensing such a tiny cohort also need to be assessed prior to structuring legislation, as this Act also requires licensees to bear the full cost of issuance and administration. For a small cohort with complex needs, this could potentially be astronomical.

- The exemptions do not actually exempt anyone currently practicing traditional midwifery.

For this reason, great damage and endangerment would result in our community. The exemptions also notably miss some major areas crucial to local traditional families, such as grandparent-attended births (illegal under this measure), Aunties assisting nieces to give birth (illegal under this measure), and hanai family (illegal under this measure).

What about Tongan midwives? Filipina midwives? African-American midwives?

Women of all cultures deserve to be attended by WHOEVER THEY WANT, especially experts in ancient birthing practices from their culture. Traditional midwives who are not Hawaiian and do not qualify under SB 1033 are extremely important in the traditions that Hawaiian families are reviving from a nearly decimated cultural past. Many young Kanaka Maoli have the oral history of their grandparents to go on, but not much more. Non-Hawaiian traditional midwives play a crucial support role for ensuring safety, confidence and well-being as these traditions are brought back into being. Without them, the practices would still come back, but slower, with more loss and much less safety and support.

- Consumers are not helped by this measure, which would limit choices, raise prices, and provide no measurable safety benefits .

Women's reproductive choices are harmed.

Home birth is a crucial issue of reproductive choice and body sovereignty, and needs to be respected as such. Limitation of who may practice midwifery is the SAME THING as limitation of who a women may choose to attend her. It is an unreasonable limitation of

What is needed is COMMUNICATION, not regulation of something the State simply cannot understand. GOOD solutions CAN be developed, but THIS IS NOT THE WAY.

My recommendation is to hold this bill, and instead consider the creation of a real body that could effectively bring all concerned parties (DOH, cultural

practitioners, traditional birth attendants, CPMs, student midwives, OBGYN/ER doctors, etc) together to build the needed comprehensive solutions to address real consumer protection and safety. A Working Group or Task Force, as recommended by Sen. Dr. Josh Green in 2014.  
PLEASE HOLD THIS MEASURE. MAHALO!

From: Rowan Kapanui <noreply@jotform.com>  
Sent: Thursday, March 28, 2019 12:52 PM  
To: FINtestimony  
Subject: Testimony in OPPOSITION to SB 1033



### OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Rowan Kapanui
Email	lehuaokalaniokaaina@gmail.com
Type a question	<p>Aloha House Finance Committee Chair Luke, Vice-Chair Cullen, and committee members, I am testifying in STRONG OPPOSITION to SB 1033 SD2 HD1 which would require licensure of midwives. I oppose ALL versions of this bill. We ask you to PLEASE oppose this measure! It is a FINANCE DISASTER, it is DANGEROUS, and it is DISCRIMINATORY and UNCONSTITUTIONAL. This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices, and places a terrible financial burden on local families. Here is why:</p> <ul style="list-style-type: none"><li>• The costs are insane!</li></ul> <p>According to the DCCA, "The costs associated with licensing approximately 13 midwives would be \$203,000." Because State licensing law requires licensure to pay for itself, those 13 eligible midwives would bear a cost burden of \$15,615 each per year, which would be passed directly on to the families they serve. This is IF all 13 who are eligible can afford this astounding fee; if not, it is further increased. These costs would also be greatly increased if a hearing were to take place, a lawsuit or criminal action occurred, or other incidental expenses were incurred for any reason.</p> <p>THIS MAKES MIDWIFE-ATTENDED BIRTHS ACCESSIBLE ONLY TO THE EXTREMELY PRIVILEGED! This is economic discrimination, and places a terrible, prohibitive burden on local families, which is likely to result in more unattended "DIY" births without midwifery support. As the FINANCE Committee, you MUST OPPOSE this.</p> <ul style="list-style-type: none"><li>• This measure is discriminatory!</li></ul> <p>ONLY Midwives trained outside of Hawaii are eligible.</p>

This alone should stop this measure in its tracks. It creates a sharp dividing line, which ALL local home birth midwives are on the wrong side of. Good training routes of many kinds already exist in Hawai'i, but these are sidelined or criminalized by this measure. This bill encourages midwives from outside of Hawaii to move here, with no cultural competency, while annihilating virtually all local practices. This does not serve the people of Hawai'i, and discriminates against local practitioners and families. You have an obligation to protect the local people of Hawai'i from discrimination and displacement.

- Let's call it what it is: a witch hunt.

The persecution of midwives in Hawai'i goes back to the early days of the Territory, during which healers were being persecuted severely, as part of forced assimilation. The notorious witch hunts in Europe and Early America were similarly, in fact, essentially the persecution of midwives. This bill continues those traditions of forced assimilation, medicalization, and persecution. It is also demeaning, especially to respected cultural elders.

- It is legally unsound.

There are many serious legal problems with this measure. For example, the requirement that a traditional midwife "provides the required disclosures to clients that the individual is practicing midwifery in this State without a license to practice midwifery" (as if a rural cultural elder of any ethnicity should be required to do such a thing) is both offensive and legally unsound. This measure defines a legally exempted category of practitioner, and then, in the same sentence, forces them to state that they are practicing without a license to practice. The legal mess this is likely to create (and that the legislators passing such terrible language would be liable for), along with the potential for serious consequences or even death, is enormous. Generally, This measure is also full of legal gray areas; which are what lawsuits are made of.

- It will not be followed.

It should also be noted that most traditional midwives simply WILL NOT give the disclosure required in the bill, because it might INTERFERE WITH MATERNAL CONFIDENCE. Natural birthing is an ancient and sensitive art with its OWN principles of success and safety, which cannot be broken.

- It is DANGEROUS.

Licensed midwives would be utterly unaffordable and realistically, most other practitioners would be operating underground, as they did before 1999. UNASSISTED births are likely to be prevalent, increasing danger. Amongst attended home births,

TRANSFER DELAYS are the greatest danger, and are often driven by fear (note: it is the mother, not the midwife, who makes the decision to go to a hospital or not, as no one can be forced to do so). Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for consenting to give birth with an unlicensed midwife (per this bill’s requirement!). This increases actual danger substantially, particularly within ethnic groups that fear CWS discrimination, believing that child removal or criminalization might occur due to their choice of provider not seeming legitimate enough. You as legislators need to protect people from the

- Kanaka Maoli traditional practices are NOT protected.

First of all, the central traditional practice is BIRTH, not midwifery. Many traditional Kanaka Maoli births are attended by midwives of OTHER ethnicities. Further, Papa Ola Lokahi does not currently have any mechanism to extend protection to traditional midwives or other birth-related practitioners as such (its mandates are currently strictly for laau lapaau, lomilomi, hooponopono and laau kahea). While this could potentially be developed in the future, at this time such protection would be entirely speculative. Law cannot be based on speculation.

It must be remembered that ALL regulation of traditional midwifery limits, alters, and otherwise adversely impacts traditional Native Hawaiian healing, because the central traditional practice in question is BIRTH, not midwifery.

- The entire term “traditional practice” is externally defined, which goes directly against culture and traditions, which must be internally defined in order to be considered bona fide. See quote from Papa Ola Lokahi-convened Kahuna Statement to the Legislature, 1998: PAPA AUWAE AND ALL OTHER KUPUNA OPPOSED CULTURAL PRACTICES BEING DEFINED BY THE LEGISLATURE:

“...LICENSURE, AND CERTIFICATION ISSUES RAISED IN THE LEGISLATION ARE INAPPROPRIATE AND CULTURALLY UNACCEPTABLE FOR GOVERNMENT TO ASCERTAIN. THESE ARE THE KULEANA OF THE HAWAIIAN COMMUNITY ITSELF THROUGH KUPUNA WHO ARE PERPETUATING THESE PRACTICES.”

<http://www.papaolalokahi.org/images/CHRONOLOGY-of-EVENTS-RELATED-TO-TRADITIONAL-HEALING-2015-Dec.pdf>

- There is no reasonable licensure pathway for Hawai’i clinical midwives who are not CPMs.

It is against the Hawai’i Regulatory Licensing Reform

Act to offer a licensure pathway to a part of a profession, but not all of it, especially as NARM Certification is practically logistically impossible for Hawai'i midwives (thus shifting the recognized practice entirely to those trained outside of Hawai'i). The costs involved in licensing such a tiny cohort also need to be assessed prior to structuring legislation, as this Act also requires licensees to bear the full cost of issuance and administration. For a small cohort with complex needs, this could potentially be astronomical.

- The exemptions do not actually exempt anyone currently practicing traditional midwifery.

For this reason, great damage and endangerment would result in our community. The exemptions also notably miss some major areas crucial to local traditional families, such as grandparent-attended births (illegal under this measure), Aunties assisting nieces to give birth (illegal under this measure), and hanai family (illegal under this measure).

What about Tongan midwives? Filipina midwives? African-American midwives?

Women of all cultures deserve to be attended by WHOEVER THEY WANT, especially experts in ancient birthing practices from their culture. Traditional midwives who are not Hawaiian and do not qualify under SB 1033 are extremely important in the traditions that Hawaiian families are reviving from a nearly decimated cultural past. Many young Kanaka Maoli have the oral history of their grandparents to go on, but not much more. Non-Hawaiian traditional midwives play a crucial support role for ensuring safety, confidence and well-being as these traditions are brought back into being. Without them, the practices would still come back, but slower, with more loss and much less safety and support.

- Consumers are not helped by this measure, which would limit choices, raise prices, and provide no measurable safety benefits .

Women's reproductive choices are harmed.

Home birth is a crucial issue of reproductive choice and body sovereignty, and needs to be respected as such. Limitation of who may practice midwifery is the SAME THING as limitation of who a women may choose to attend her. It is an unreasonable limitation of

What is needed is COMMUNICATION, not regulation of something the State simply cannot understand. GOOD solutions CAN be developed, but THIS IS NOT THE WAY.

My recommendation is to hold this bill, and instead consider the creation of a real body that could effectively bring all concerned parties (DOH, cultural

practitioners, traditional birth attendants, CPMs, student midwives, OBGYN/ER doctors, etc) together to build the needed comprehensive solutions to address real consumer protection and safety. A Working Group or Task Force, as recommended by Sen. Dr. Josh Green in 2014.

PLEASE HOLD THIS MEASURE. MAHALO!



From: Alyson Kemp <noreply@jotform.com>  
Sent: Thursday, March 28, 2019 1:39 PM  
To: FINtestimony  
Subject: Testimony in OPPOSITION to SB 1033



### OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Alyson Kemp
Email	alysonkemp80@gmail.com
Type a question	<p>Aloha House Finance Committee Chair Luke, Vice-Chair Cullen, and committee members, I am testifying in STRONG OPPOSITION to SB 1033 SD2 HD1 which would require licensure of midwives. I oppose ALL versions of this bill. We ask you to PLEASE oppose this measure! It is a FINANCE DISASTER, it is DANGEROUS, and it is DISCRIMINATORY and UNCONSTITUTIONAL. This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices, and places a terrible financial burden on local families. Here is why:</p> <ul style="list-style-type: none"><li>• The costs are insane!</li></ul> <p>According to the DCCA, "The costs associated with licensing approximately 13 midwives would be \$203,000." Because State licensing law requires licensure to pay for itself, those 13 eligible midwives would bear a cost burden of \$15,615 each per year, which would be passed directly on to the families they serve. This is IF all 13 who are eligible can afford this astounding fee; if not, it is further increased. These costs would also be greatly increased if a hearing were to take place, a lawsuit or criminal action occurred, or other incidental expenses were incurred for any reason.</p> <p>THIS MAKES MIDWIFE-ATTENDED BIRTHS ACCESSIBLE ONLY TO THE EXTREMELY PRIVILEGED! This is economic discrimination, and places a terrible, prohibitive burden on local families, which is likely to result in more unattended "DIY" births without midwifery support. As the FINANCE Committee, you MUST OPPOSE this.</p> <ul style="list-style-type: none"><li>• This measure is discriminatory!</li></ul> <p>ONLY Midwives trained outside of Hawaii are eligible.</p>

This alone should stop this measure in its tracks. It creates a sharp dividing line, which ALL local home birth midwives are on the wrong side of. Good training routes of many kinds already exist in Hawai'i, but these are sidelined or criminalized by this measure. This bill encourages midwives from outside of Hawaii to move here, with no cultural competency, while annihilating virtually all local practices. This does not serve the people of Hawai'i, and discriminates against local practitioners and families. You have an obligation to protect the local people of Hawai'i from discrimination and displacement.

- Let's call it what it is: a witch hunt.

The persecution of midwives in Hawai'i goes back to the early days of the Territory, during which healers were being persecuted severely, as part of forced assimilation. The notorious witch hunts in Europe and Early America were similarly, in fact, essentially the persecution of midwives. This bill continues those traditions of forced assimilation, medicalization, and persecution. It is also demeaning, especially to respected cultural elders.

- It is legally unsound.

There are many serious legal problems with this measure. For example, the requirement that a traditional midwife "provides the required disclosures to clients that the individual is practicing midwifery in this State without a license to practice midwifery" (as if a rural cultural elder of any ethnicity should be required to do such a thing) is both offensive and legally unsound. This measure defines a legally exempted category of practitioner, and then, in the same sentence, forces them to state that they are practicing without a license to practice. The legal mess this is likely to create (and that the legislators passing such terrible language would be liable for), along with the potential for serious consequences or even death, is enormous. Generally, This measure is also full of legal gray areas; which are what lawsuits are made of.

- It will not be followed.

It should also be noted that most traditional midwives simply WILL NOT give the disclosure required in the bill, because it might INTERFERE WITH MATERNAL CONFIDENCE. Natural birthing is an ancient and sensitive art with its OWN principles of success and safety, which cannot be broken.

- It is DANGEROUS.

Licensed midwives would be utterly unaffordable and realistically, most other practitioners would be operating underground, as they did before 1999. UNASSISTED births are likely to be prevalent, increasing danger. Amongst attended home births,

TRANSFER DELAYS are the greatest danger, and are often driven by fear (note: it is the mother, not the midwife, who makes the decision to go to a hospital or not, as no one can be forced to do so). Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for consenting to give birth with an unlicensed midwife (per this bill’s requirement!). This increases actual danger substantially, particularly within ethnic groups that fear CWS discrimination, believing that child removal or criminalization might occur due to their choice of provider not seeming legitimate enough. You as legislators need to protect people from the

- Kanaka Maoli traditional practices are NOT protected.

First of all, the central traditional practice is BIRTH, not midwifery. Many traditional Kanaka Maoli births are attended by midwives of OTHER ethnicities. Further, Papa Ola Lokahi does not currently have any mechanism to extend protection to traditional midwives or other birth-related practitioners as such (its mandates are currently strictly for laau lapaau, lomilomi, hooponopono and laau kahea). While this could potentially be developed in the future, at this time such protection would be entirely speculative. Law cannot be based on speculation.

It must be remembered that ALL regulation of traditional midwifery limits, alters, and otherwise adversely impacts traditional Native Hawaiian healing, because the central traditional practice in question is BIRTH, not midwifery.

- The entire term “traditional practice” is externally defined, which goes directly against culture and traditions, which must be internally defined in order to be considered bona fide. See quote from Papa Ola Lokahi-convened Kahuna Statement to the Legislature, 1998: PAPA AUWAE AND ALL OTHER KUPUNA OPPOSED CULTURAL PRACTICES BEING DEFINED BY THE LEGISLATURE:

“...LICENSURE, AND CERTIFICATION ISSUES RAISED IN THE LEGISLATION ARE INAPPROPRIATE AND CULTURALLY UNACCEPTABLE FOR GOVERNMENT TO ASCERTAIN. THESE ARE THE KULEANA OF THE HAWAIIAN COMMUNITY ITSELF THROUGH KUPUNA WHO ARE PERPETUATING THESE PRACTICES.”

<http://www.papaolalokahi.org/images/CHRONOLOGY-of-EVENTS-RELATED-TO-TRADITIONAL-HEALING-2015-Dec.pdf>

- There is no reasonable licensure pathway for Hawai’i clinical midwives who are not CPMs.

It is against the Hawai’i Regulatory Licensing Reform

Act to offer a licensure pathway to a part of a profession, but not all of it, especially as NARM Certification is practically logistically impossible for Hawai'i midwives (thus shifting the recognized practice entirely to those trained outside of Hawai'i). The costs involved in licensing such a tiny cohort also need to be assessed prior to structuring legislation, as this Act also requires licensees to bear the full cost of issuance and administration. For a small cohort with complex needs, this could potentially be astronomical.

- The exemptions do not actually exempt anyone currently practicing traditional midwifery.

For this reason, great damage and endangerment would result in our community. The exemptions also notably miss some major areas crucial to local traditional families, such as grandparent-attended births (illegal under this measure), Aunties assisting nieces to give birth (illegal under this measure), and hanai family (illegal under this measure).

What about Tongan midwives? Filipina midwives? African-American midwives?

Women of all cultures deserve to be attended by WHOEVER THEY WANT, especially experts in ancient birthing practices from their culture. Traditional midwives who are not Hawaiian and do not qualify under SB 1033 are extremely important in the traditions that Hawaiian families are reviving from a nearly decimated cultural past. Many young Kanaka Maoli have the oral history of their grandparents to go on, but not much more. Non-Hawaiian traditional midwives play a crucial support role for ensuring safety, confidence and well-being as these traditions are brought back into being. Without them, the practices would still come back, but slower, with more loss and much less safety and support.

- Consumers are not helped by this measure, which would limit choices, raise prices, and provide no measurable safety benefits .

Women's reproductive choices are harmed.

Home birth is a crucial issue of reproductive choice and body sovereignty, and needs to be respected as such. Limitation of who may practice midwifery is the SAME THING as limitation of who a women may choose to attend her. It is an unreasonable limitation of

What is needed is COMMUNICATION, not regulation of something the State simply cannot understand. GOOD solutions CAN be developed, but THIS IS NOT THE WAY.

My recommendation is to hold this bill, and instead consider the creation of a real body that could effectively bring all concerned parties (DOH, cultural

practitioners, traditional birth attendants, CPMs, student midwives, OBGYN/ER doctors, etc) together to build the needed comprehensive solutions to address real consumer protection and safety. A Working Group or Task Force, as recommended by Sen. Dr. Josh Green in 2014.  
PLEASE HOLD THIS MEASURE. MAHALO!

From: Adriesa Goodman <noreply@jotform.com>  
Sent: Thursday, March 28, 2019 1:33 PM  
To: FINtestimony  
Subject: Testimony in OPPOSITION to SB 1033



### OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Adriesa Goodman
Email	adriesa.goodman@gmail.com
Type a question	<p>Aloha House Finance Committee Chair Luke, Vice-Chair Cullen, and committee members, I am testifying in STRONG OPPOSITION to SB 1033 SD2 HD1 which would require licensure of midwives. I oppose ALL versions of this bill. We ask you to PLEASE oppose this measure! It is a FINANCE DISASTER, it is DANGEROUS, and it is DISCRIMINATORY and UNCONSTITUTIONAL. This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices, and places a terrible financial burden on local families. Here is why:</p> <ul style="list-style-type: none"><li>• The costs are insane!</li></ul> <p>According to the DCCA, "The costs associated with licensing approximately 13 midwives would be \$203,000." Because State licensing law requires licensure to pay for itself, those 13 eligible midwives would bear a cost burden of \$15,615 each per year, which would be passed directly on to the families they serve. This is IF all 13 who are eligible can afford this astounding fee; if not, it is further increased. These costs would also be greatly increased if a hearing were to take place, a lawsuit or criminal action occurred, or other incidental expenses were incurred for any reason.</p> <p>THIS MAKES MIDWIFE-ATTENDED BIRTHS ACCESSIBLE ONLY TO THE EXTREMELY PRIVILEGED! This is economic discrimination, and places a terrible, prohibitive burden on local families, which is likely to result in more unattended "DIY" births without midwifery support. As the FINANCE Committee, you MUST OPPOSE this.</p> <ul style="list-style-type: none"><li>• This measure is discriminatory!</li></ul> <p>ONLY Midwives trained outside of Hawaii are eligible.</p>

This alone should stop this measure in its tracks. It creates a sharp dividing line, which ALL local home birth midwives are on the wrong side of. Good training routes of many kinds already exist in Hawai'i, but these are sidelined or criminalized by this measure. This bill encourages midwives from outside of Hawaii to move here, with no cultural competency, while annihilating virtually all local practices. This does not serve the people of Hawai'i, and discriminates against local practitioners and families. You have an obligation to protect the local people of Hawai'i from discrimination and displacement.

- Let's call it what it is: a witch hunt.

The persecution of midwives in Hawai'i goes back to the early days of the Territory, during which healers were being persecuted severely, as part of forced assimilation. The notorious witch hunts in Europe and Early America were similarly, in fact, essentially the persecution of midwives. This bill continues those traditions of forced assimilation, medicalization, and persecution. It is also demeaning, especially to respected cultural elders.

- It is legally unsound.

There are many serious legal problems with this measure. For example, the requirement that a traditional midwife "provides the required disclosures to clients that the individual is practicing midwifery in this State without a license to practice midwifery" (as if a rural cultural elder of any ethnicity should be required to do such a thing) is both offensive and legally unsound. This measure defines a legally exempted category of practitioner, and then, in the same sentence, forces them to state that they are practicing without a license to practice. The legal mess this is likely to create (and that the legislators passing such terrible language would be liable for), along with the potential for serious consequences or even death, is enormous. Generally, This measure is also full of legal gray areas; which are what lawsuits are made of.

- It will not be followed.

It should also be noted that most traditional midwives simply WILL NOT give the disclosure required in the bill, because it might INTERFERE WITH MATERNAL CONFIDENCE. Natural birthing is an ancient and sensitive art with its OWN principles of success and safety, which cannot be broken.

- It is DANGEROUS.

Licensed midwives would be utterly unaffordable and realistically, most other practitioners would be operating underground, as they did before 1999. UNASSISTED births are likely to be prevalent, increasing danger. Amongst attended home births,

TRANSFER DELAYS are the greatest danger, and are often driven by fear (note: it is the mother, not the midwife, who makes the decision to go to a hospital or not, as no one can be forced to do so). Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for consenting to give birth with an unlicensed midwife (per this bill’s requirement!). This increases actual danger substantially, particularly within ethnic groups that fear CWS discrimination, believing that child removal or criminalization might occur due to their choice of provider not seeming legitimate enough. You as legislators need to protect people from the

- Kanaka Maoli traditional practices are NOT protected.

First of all, the central traditional practice is BIRTH, not midwifery. Many traditional Kanaka Maoli births are attended by midwives of OTHER ethnicities. Further, Papa Ola Lokahi does not currently have any mechanism to extend protection to traditional midwives or other birth-related practitioners as such (its mandates are currently strictly for laau lapaau, lomilomi, hooponopono and laau kahea). While this could potentially be developed in the future, at this time such protection would be entirely speculative. Law cannot be based on speculation.

It must be remembered that ALL regulation of traditional midwifery limits, alters, and otherwise adversely impacts traditional Native Hawaiian healing, because the central traditional practice in question is BIRTH, not midwifery.

- The entire term “traditional practice” is externally defined, which goes directly against culture and traditions, which must be internally defined in order to be considered bona fide. See quote from Papa Ola Lokahi-convened Kahuna Statement to the Legislature, 1998: PAPA AUWAE AND ALL OTHER KUPUNA OPPOSED CULTURAL PRACTICES BEING DEFINED BY THE LEGISLATURE:

“...LICENSURE, AND CERTIFICATION ISSUES RAISED IN THE LEGISLATION ARE INAPPROPRIATE AND CULTURALLY UNACCEPTABLE FOR GOVERNMENT TO ASCERTAIN. THESE ARE THE KULEANA OF THE HAWAIIAN COMMUNITY ITSELF THROUGH KUPUNA WHO ARE PERPETUATING THESE PRACTICES.”

<http://www.papaolalokahi.org/images/CHRONOLOGY-of-EVENTS-RELATED-TO-TRADITIONAL-HEALING-2015-Dec.pdf>

- There is no reasonable licensure pathway for Hawai’i clinical midwives who are not CPMs.

It is against the Hawai’i Regulatory Licensing Reform



Act to offer a licensure pathway to a part of a profession, but not all of it, especially as NARM Certification is practically logistically impossible for Hawai'i midwives (thus shifting the recognized practice entirely to those trained outside of Hawai'i). The costs involved in licensing such a tiny cohort also need to be assessed prior to structuring legislation, as this Act also requires licensees to bear the full cost of issuance and administration. For a small cohort with complex needs, this could potentially be astronomical.

- The exemptions do not actually exempt anyone currently practicing traditional midwifery.

For this reason, great damage and endangerment would result in our community. The exemptions also notably miss some major areas crucial to local traditional families, such as grandparent-attended births (illegal under this measure), Aunties assisting nieces to give birth (illegal under this measure), and hanai family (illegal under this measure).

What about Tongan midwives? Filipina midwives? African-American midwives?

Women of all cultures deserve to be attended by WHOEVER THEY WANT, especially experts in ancient birthing practices from their culture. Traditional midwives who are not Hawaiian and do not qualify under SB 1033 are extremely important in the traditions that Hawaiian families are reviving from a nearly decimated cultural past. Many young Kanaka Maoli have the oral history of their grandparents to go on, but not much more. Non-Hawaiian traditional midwives play a crucial support role for ensuring safety, confidence and well-being as these traditions are brought back into being. Without them, the practices would still come back, but slower, with more loss and much less safety and support.

- Consumers are not helped by this measure, which would limit choices, raise prices, and provide no measurable safety benefits .

Women's reproductive choices are harmed.

Home birth is a crucial issue of reproductive choice and body sovereignty, and needs to be respected as such. Limitation of who may practice midwifery is the SAME THING as limitation of who a women may choose to attend her. It is an unreasonable limitation of

What is needed is COMMUNICATION, not regulation of something the State simply cannot understand. GOOD solutions CAN be developed, but THIS IS NOT THE WAY.

My recommendation is to hold this bill, and instead consider the creation of a real body that could effectively bring all concerned parties (DOH, cultural

practitioners, traditional birth attendants, CPMs, student midwives, OBGYN/ER doctors, etc) together to build the needed comprehensive solutions to address real consumer protection and safety. A Working Group or Task Force, as recommended by Sen. Dr. Josh Green in 2014.  
PLEASE HOLD THIS MEASURE. MAHALO!

From: Olga Kalashnikova <noreply@jotform.com>  
Sent: Thursday, March 28, 2019 2:12 PM  
To: FINtestimony  
Subject: Testimony in OPPOSITION to SB 1033



### OPPOSE SB 1033 ! Requiring licensure of midwives

Name Olga Kalashnikova

Email olgadocs@gmail.com

Type a question

Aloha

House Finance Committee Chair Luke, Vice-Chair Cullen, and committee members,

I am testifying in STRONG OPPOSITION to SB 1033 SD2 HD1 which would require licensure of midwives. I oppose ALL versions of this bill.

We ask you to PLEASE oppose this measure! It is a FINANCE DISASTER, it is DANGEROUS, and it is DISCRIMINATORY and UNCONSTITUTIONAL.

This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices, and places a terrible financial burden on local families. Here is why:

- The costs are insane!

According to the DCCA, "The costs associated with licensing approximately 13 midwives would be \$203,000." Because State licensing law requires licensure to pay for itself, those 13 eligible midwives would bear a cost burden of \$15,615 each per year, which would be passed directly on to the families they serve. This is IF all 13 who are eligible can afford this astounding fee; if not, it is further increased. These costs would also be greatly increased if a hearing were to take place, a lawsuit or criminal action occurred, or other incidental expenses were incurred for any reason.

THIS MAKES MIDWIFE-ATTENDED BIRTHS ACCESSIBLE ONLY TO THE EXTREMELY PRIVILEGED! This is economic discrimination, and places a terrible, prohibitive burden on local families, which is likely to result in more unattended "DIY" births without midwifery support. As the FINANCE Committee, you MUST OPPOSE this.

- This measure is discriminatory!

ONLY Midwives trained outside of Hawaii are eligible.

This alone should stop this measure in its tracks. It creates a sharp dividing line, which ALL local home birth midwives are on the wrong side of. Good training routes of many kinds already exist in Hawai'i, but these are sidelined or criminalized by this measure. This bill encourages midwives from outside of Hawaii to move here, with no cultural competency, while annihilating virtually all local practices. This does not serve the people of Hawai'i, and discriminates against local practitioners and families. You have an obligation to protect the local people of Hawai'i from discrimination and displacement.

- Let's call it what it is: a witch hunt.

The persecution of midwives in Hawai'i goes back to the early days of the Territory, during which healers were being persecuted severely, as part of forced assimilation. The notorious witch hunts in Europe and Early America were similarly, in fact, essentially the persecution of midwives. This bill continues those traditions of forced assimilation, medicalization, and persecution. It is also demeaning, especially to respected cultural elders.

- It is legally unsound.

There are many serious legal problems with this measure. For example, the requirement that a traditional midwife "provides the required disclosures to clients that the individual is practicing midwifery in this State without a license to practice midwifery" (as if a rural cultural elder of any ethnicity should be required to do such a thing) is both offensive and legally unsound. This measure defines a legally exempted category of practitioner, and then, in the same sentence, forces them to state that they are practicing without a license to practice. The legal mess this is likely to create (and that the legislators passing such terrible language would be liable for), along with the potential for serious consequences or even death, is enormous. Generally, This measure is also full of legal gray areas; which are what lawsuits are made of.

- It will not be followed.

It should also be noted that most traditional midwives simply WILL NOT give the disclosure required in the bill, because it might INTERFERE WITH MATERNAL CONFIDENCE. Natural birthing is an ancient and sensitive art with its OWN principles of success and safety, which cannot be broken.

- It is DANGEROUS.

Licensed midwives would be utterly unaffordable and realistically, most other practitioners would be operating underground, as they did before 1999. UNASSISTED births are likely to be prevalent, increasing danger. Amongst attended home births,

TRANSFER DELAYS are the greatest danger, and are often driven by fear (note: it is the mother, not the midwife, who makes the decision to go to a hospital or not, as no one can be forced to do so). Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for consenting to give birth with an unlicensed midwife (per this bill’s requirement!). This increases actual danger substantially, particularly within ethnic groups that fear CWS discrimination, believing that child removal or criminalization might occur due to their choice of provider not seeming legitimate enough. You as legislators need to protect people from the

- Kanaka Maoli traditional practices are NOT protected.

First of all, the central traditional practice is BIRTH, not midwifery. Many traditional Kanaka Maoli births are attended by midwives of OTHER ethnicities. Further, Papa Ola Lokahi does not currently have any mechanism to extend protection to traditional midwives or other birth-related practitioners as such (its mandates are currently strictly for laau lapaau, lomilomi, hooponopono and laau kahea). While this could potentially be developed in the future, at this time such protection would be entirely speculative. Law cannot be based on speculation.

It must be remembered that ALL regulation of traditional midwifery limits, alters, and otherwise adversely impacts traditional Native Hawaiian healing, because the central traditional practice in question is BIRTH, not midwifery.

- The entire term “traditional practice” is externally defined, which goes directly against culture and traditions, which must be internally defined in order to be considered bona fide. See quote from Papa Ola Lokahi-convened Kahuna Statement to the Legislature, 1998: PAPA AUWAE AND ALL OTHER KUPUNA OPPOSED CULTURAL PRACTICES BEING DEFINED BY THE LEGISLATURE:

“...LICENSURE, AND CERTIFICATION ISSUES RAISED IN THE LEGISLATION ARE INAPPROPRIATE AND CULTURALLY UNACCEPTABLE FOR GOVERNMENT TO ASCERTAIN. THESE ARE THE KULEANA OF THE HAWAIIAN COMMUNITY ITSELF THROUGH KUPUNA WHO ARE PERPETUATING THESE PRACTICES.”

<http://www.papaolalokahi.org/images/CHRONOLOGY-of-EVENTS-RELATED-TO-TRADITIONAL-HEALING-2015-Dec.pdf>

- There is no reasonable licensure pathway for Hawai’i clinical midwives who are not CPMs.

It is against the Hawai’i Regulatory Licensing Reform

Act to offer a licensure pathway to a part of a profession, but not all of it, especially as NARM Certification is practically logistically impossible for Hawai'i midwives (thus shifting the recognized practice entirely to those trained outside of Hawai'i). The costs involved in licensing such a tiny cohort also need to be assessed prior to structuring legislation, as this Act also requires licensees to bear the full cost of issuance and administration. For a small cohort with complex needs, this could potentially be astronomical.

- The exemptions do not actually exempt anyone currently practicing traditional midwifery.

For this reason, great damage and endangerment would result in our community. The exemptions also notably miss some major areas crucial to local traditional families, such as grandparent-attended births (illegal under this measure), Aunties assisting nieces to give birth (illegal under this measure), and hanai family (illegal under this measure).

What about Tongan midwives? Filipina midwives? African-American midwives?

Women of all cultures deserve to be attended by WHOEVER THEY WANT, especially experts in ancient birthing practices from their culture. Traditional midwives who are not Hawaiian and do not qualify under SB 1033 are extremely important in the traditions that Hawaiian families are reviving from a nearly decimated cultural past. Many young Kanaka Maoli have the oral history of their grandparents to go on, but not much more. Non-Hawaiian traditional midwives play a crucial support role for ensuring safety, confidence and well-being as these traditions are brought back into being. Without them, the practices would still come back, but slower, with more loss and much less safety and support.

- Consumers are not helped by this measure, which would limit choices, raise prices, and provide no measurable safety benefits .

Women's reproductive choices are harmed.

Home birth is a crucial issue of reproductive choice and body sovereignty, and needs to be respected as such. Limitation of who may practice midwifery is the SAME THING as limitation of who a women may choose to attend her. It is an unreasonable limitation of

What is needed is COMMUNICATION, not regulation of something the State simply cannot understand. GOOD solutions CAN be developed, but THIS IS NOT THE WAY.

My recommendation is to hold this bill, and instead consider the creation of a real body that could effectively bring all concerned parties (DOH, cultural

practitioners, traditional birth attendants, CPMs, student midwives, OBGYN/ER doctors, etc) together to build the needed comprehensive solutions to address real consumer protection and safety. A Working Group or Task Force, as recommended by Sen. Dr. Josh Green in 2014.  
PLEASE HOLD THIS MEASURE. MAHALO!

From: Noelani Love <noreply@jotform.com>  
Sent: Thursday, March 28, 2019 2:09 PM  
To: FINtestimony  
Subject: Testimony in OPPOSITION to SB 1033



### OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Noelani Love
Email	noelanilove@gmail.com
Type a question	<p>Aloha House Finance Committee Chair Luke, Vice-Chair Cullen, and committee members, I am testifying in STRONG OPPOSITION to SB 1033 SD2 HD1 which would require licensure of midwives. I oppose ALL versions of this bill. We ask you to PLEASE oppose this measure! It is a FINANCE DISASTER, it is DANGEROUS, and it is DISCRIMINATORY and UNCONSTITUTIONAL. This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices, and places a terrible financial burden on local families. Here is why:</p> <ul style="list-style-type: none"><li>• The costs are insane!</li></ul> <p>According to the DCCA, "The costs associated with licensing approximately 13 midwives would be \$203,000." Because State licensing law requires licensure to pay for itself, those 13 eligible midwives would bear a cost burden of \$15,615 each per year, which would be passed directly on to the families they serve. This is IF all 13 who are eligible can afford this astounding fee; if not, it is further increased. These costs would also be greatly increased if a hearing were to take place, a lawsuit or criminal action occurred, or other incidental expenses were incurred for any reason.</p> <p>THIS MAKES MIDWIFE-ATTENDED BIRTHS ACCESSIBLE ONLY TO THE EXTREMELY PRIVILEGED! This is economic discrimination, and places a terrible, prohibitive burden on local families, which is likely to result in more unattended "DIY" births without midwifery support. As the FINANCE Committee, you MUST OPPOSE this.</p> <ul style="list-style-type: none"><li>• This measure is discriminatory!</li></ul> <p>ONLY Midwives trained outside of Hawaii are eligible.</p>



This alone should stop this measure in its tracks. It creates a sharp dividing line, which ALL local home birth midwives are on the wrong side of. Good training routes of many kinds already exist in Hawai'i, but these are sidelined or criminalized by this measure. This bill encourages midwives from outside of Hawaii to move here, with no cultural competency, while annihilating virtually all local practices. This does not serve the people of Hawai'i, and discriminates against local practitioners and families. You have an obligation to protect the local people of Hawai'i from discrimination and displacement.

- Let's call it what it is: a witch hunt.

The persecution of midwives in Hawai'i goes back to the early days of the Territory, during which healers were being persecuted severely, as part of forced assimilation. The notorious witch hunts in Europe and Early America were similarly, in fact, essentially the persecution of midwives. This bill continues those traditions of forced assimilation, medicalization, and persecution. It is also demeaning, especially to respected cultural elders.

- It is legally unsound.

There are many serious legal problems with this measure. For example, the requirement that a traditional midwife "provides the required disclosures to clients that the individual is practicing midwifery in this State without a license to practice midwifery" (as if a rural cultural elder of any ethnicity should be required to do such a thing) is both offensive and legally unsound. This measure defines a legally exempted category of practitioner, and then, in the same sentence, forces them to state that they are practicing without a license to practice. The legal mess this is likely to create (and that the legislators passing such terrible language would be liable for), along with the potential for serious consequences or even death, is enormous. Generally, This measure is also full of legal gray areas; which are what lawsuits are made of.

- It will not be followed.

It should also be noted that most traditional midwives simply WILL NOT give the disclosure required in the bill, because it might INTERFERE WITH MATERNAL CONFIDENCE. Natural birthing is an ancient and sensitive art with its OWN principles of success and safety, which cannot be broken.

- It is DANGEROUS.

Licensed midwives would be utterly unaffordable and realistically, most other practitioners would be operating underground, as they did before 1999. UNASSISTED births are likely to be prevalent, increasing danger. Amongst attended home births,

TRANSFER DELAYS are the greatest danger, and are often driven by fear (note: it is the mother, not the midwife, who makes the decision to go to a hospital or not, as no one can be forced to do so). Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for consenting to give birth with an unlicensed midwife (per this bill’s requirement!). This increases actual danger substantially, particularly within ethnic groups that fear CWS discrimination, believing that child removal or criminalization might occur due to their choice of provider not seeming legitimate enough. You as legislators need to protect people from the

- Kanaka Maoli traditional practices are NOT protected.

First of all, the central traditional practice is BIRTH, not midwifery. Many traditional Kanaka Maoli births are attended by midwives of OTHER ethnicities. Further, Papa Ola Lokahi does not currently have any mechanism to extend protection to traditional midwives or other birth-related practitioners as such (its mandates are currently strictly for laau lapaau, lomilomi, hooponopono and laau kahea). While this could potentially be developed in the future, at this time such protection would be entirely speculative. Law cannot be based on speculation.

It must be remembered that ALL regulation of traditional midwifery limits, alters, and otherwise adversely impacts traditional Native Hawaiian healing, because the central traditional practice in question is BIRTH, not midwifery.

- The entire term “traditional practice” is externally defined, which goes directly against culture and traditions, which must be internally defined in order to be considered bona fide. See quote from Papa Ola Lokahi-convened Kahuna Statement to the Legislature, 1998: PAPA AUWAE AND ALL OTHER KUPUNA OPPOSED CULTURAL PRACTICES BEING DEFINED BY THE LEGISLATURE:

“...LICENSURE, AND CERTIFICATION ISSUES RAISED IN THE LEGISLATION ARE INAPPROPRIATE AND CULTURALLY UNACCEPTABLE FOR GOVERNMENT TO ASCERTAIN. THESE ARE THE KULEANA OF THE HAWAIIAN COMMUNITY ITSELF THROUGH KUPUNA WHO ARE PERPETUATING THESE PRACTICES.”

<http://www.papaolalokahi.org/images/CHRONOLOGY-of-EVENTS-RELATED-TO-TRADITIONAL-HEALING-2015-Dec.pdf>

- There is no reasonable licensure pathway for Hawai’i clinical midwives who are not CPMs.

It is against the Hawai’i Regulatory Licensing Reform

Act to offer a licensure pathway to a part of a profession, but not all of it, especially as NARM Certification is practically logistically impossible for Hawai'i midwives (thus shifting the recognized practice entirely to those trained outside of Hawai'i). The costs involved in licensing such a tiny cohort also need to be assessed prior to structuring legislation, as this Act also requires licensees to bear the full cost of issuance and administration. For a small cohort with complex needs, this could potentially be astronomical.

- The exemptions do not actually exempt anyone currently practicing traditional midwifery.

For this reason, great damage and endangerment would result in our community. The exemptions also notably miss some major areas crucial to local traditional families, such as grandparent-attended births (illegal under this measure), Aunties assisting nieces to give birth (illegal under this measure), and hanai family (illegal under this measure).

What about Tongan midwives? Filipina midwives? African-American midwives?

Women of all cultures deserve to be attended by WHOEVER THEY WANT, especially experts in ancient birthing practices from their culture. Traditional midwives who are not Hawaiian and do not qualify under SB 1033 are extremely important in the traditions that Hawaiian families are reviving from a nearly decimated cultural past. Many young Kanaka Maoli have the oral history of their grandparents to go on, but not much more. Non-Hawaiian traditional midwives play a crucial support role for ensuring safety, confidence and well-being as these traditions are brought back into being. Without them, the practices would still come back, but slower, with more loss and much less safety and support.

- Consumers are not helped by this measure, which would limit choices, raise prices, and provide no measurable safety benefits .

Women's reproductive choices are harmed.

Home birth is a crucial issue of reproductive choice and body sovereignty, and needs to be respected as such. Limitation of who may practice midwifery is the SAME THING as limitation of who a women may choose to attend her. It is an unreasonable limitation of

What is needed is COMMUNICATION, not regulation of something the State simply cannot understand. GOOD solutions CAN be developed, but THIS IS NOT THE WAY.

My recommendation is to hold this bill, and instead consider the creation of a real body that could effectively bring all concerned parties (DOH, cultural

practitioners, traditional birth attendants, CPMs, student midwives, OBGYN/ER doctors, etc) together to build the needed comprehensive solutions to address real consumer protection and safety. A Working Group or Task Force, as recommended by Sen. Dr. Josh Green in 2014.  
PLEASE HOLD THIS MEASURE. MAHALO!

From: Rosey Silverstein <noreply@jotform.com>  
Sent: Thursday, March 28, 2019 2:35 PM  
To: FINtestimony  
Subject: Testimony in OPPOSITION to SB 1033



### OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Rosey Silverstein
Email	roseysilverstein@hotmail.com
Type a question	<p>Aloha House Finance Committee Chair Luke, Vice-Chair Cullen, and committee members, I am testifying in STRONG OPPOSITION to SB 1033 SD2 HD1 which would require licensure of midwives. I oppose ALL versions of this bill. We ask you to PLEASE oppose this measure! It is a FINANCE DISASTER, it is DANGEROUS, and it is DISCRIMINATORY and UNCONSTITUTIONAL. This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices, and places a terrible financial burden on local families. Here is why:</p> <ul style="list-style-type: none"><li>• The costs are insane!</li></ul> <p>According to the DCCA, "The costs associated with licensing approximately 13 midwives would be \$203,000." Because State licensing law requires licensure to pay for itself, those 13 eligible midwives would bear a cost burden of \$15,615 each per year, which would be passed directly on to the families they serve. This is IF all 13 who are eligible can afford this astounding fee; if not, it is further increased. These costs would also be greatly increased if a hearing were to take place, a lawsuit or criminal action occurred, or other incidental expenses were incurred for any reason.</p> <p>THIS MAKES MIDWIFE-ATTENDED BIRTHS ACCESSIBLE ONLY TO THE EXTREMELY PRIVILEGED! This is economic discrimination, and places a terrible, prohibitive burden on local families, which is likely to result in more unattended "DIY" births without midwifery support. As the FINANCE Committee, you MUST OPPOSE this.</p> <ul style="list-style-type: none"><li>• This measure is discriminatory!</li></ul> <p>ONLY Midwives trained outside of Hawaii are eligible.</p>

This alone should stop this measure in its tracks. It creates a sharp dividing line, which ALL local home birth midwives are on the wrong side of. Good training routes of many kinds already exist in Hawai'i, but these are sidelined or criminalized by this measure. This bill encourages midwives from outside of Hawaii to move here, with no cultural competency, while annihilating virtually all local practices. This does not serve the people of Hawai'i, and discriminates against local practitioners and families. You have an obligation to protect the local people of Hawai'i from discrimination and displacement.

- Let's call it what it is: a witch hunt.

The persecution of midwives in Hawai'i goes back to the early days of the Territory, during which healers were being persecuted severely, as part of forced assimilation. The notorious witch hunts in Europe and Early America were similarly, in fact, essentially the persecution of midwives. This bill continues those traditions of forced assimilation, medicalization, and persecution. It is also demeaning, especially to respected cultural elders.

- It is legally unsound.

There are many serious legal problems with this measure. For example, the requirement that a traditional midwife "provides the required disclosures to clients that the individual is practicing midwifery in this State without a license to practice midwifery" (as if a rural cultural elder of any ethnicity should be required to do such a thing) is both offensive and legally unsound. This measure defines a legally exempted category of practitioner, and then, in the same sentence, forces them to state that they are practicing without a license to practice. The legal mess this is likely to create (and that the legislators passing such terrible language would be liable for), along with the potential for serious consequences or even death, is enormous. Generally, This measure is also full of legal gray areas; which are what lawsuits are made of.

- It will not be followed.

It should also be noted that most traditional midwives simply WILL NOT give the disclosure required in the bill, because it might INTERFERE WITH MATERNAL CONFIDENCE. Natural birthing is an ancient and sensitive art with its OWN principles of success and safety, which cannot be broken.

- It is DANGEROUS.

Licensed midwives would be utterly unaffordable and realistically, most other practitioners would be operating underground, as they did before 1999. UNASSISTED births are likely to be prevalent, increasing danger. Amongst attended home births,

TRANSFER DELAYS are the greatest danger, and are often driven by fear (note: it is the mother, not the midwife, who makes the decision to go to a hospital or not, as no one can be forced to do so). Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for consenting to give birth with an unlicensed midwife (per this bill’s requirement!). This increases actual danger substantially, particularly within ethnic groups that fear CWS discrimination, believing that child removal or criminalization might occur due to their choice of provider not seeming legitimate enough. You as legislators need to protect people from the

- Kanaka Maoli traditional practices are NOT protected.

First of all, the central traditional practice is BIRTH, not midwifery. Many traditional Kanaka Maoli births are attended by midwives of OTHER ethnicities. Further, Papa Ola Lokahi does not currently have any mechanism to extend protection to traditional midwives or other birth-related practitioners as such (its mandates are currently strictly for laau lapaau, lomilomi, hooponopono and laau kahea). While this could potentially be developed in the future, at this time such protection would be entirely speculative. Law cannot be based on speculation.

It must be remembered that ALL regulation of traditional midwifery limits, alters, and otherwise adversely impacts traditional Native Hawaiian healing, because the central traditional practice in question is BIRTH, not midwifery.

- The entire term “traditional practice” is externally defined, which goes directly against culture and traditions, which must be internally defined in order to be considered bona fide. See quote from Papa Ola Lokahi-convened Kahuna Statement to the Legislature, 1998: PAPA AUWAE AND ALL OTHER KUPUNA OPPOSED CULTURAL PRACTICES BEING DEFINED BY THE LEGISLATURE:

“...LICENSURE, AND CERTIFICATION ISSUES RAISED IN THE LEGISLATION ARE INAPPROPRIATE AND CULTURALLY UNACCEPTABLE FOR GOVERNMENT TO ASCERTAIN. THESE ARE THE KULEANA OF THE HAWAIIAN COMMUNITY ITSELF THROUGH KUPUNA WHO ARE PERPETUATING THESE PRACTICES.”

<http://www.papaolalokahi.org/images/CHRONOLOGY-of-EVENTS-RELATED-TO-TRADITIONAL-HEALING-2015-Dec.pdf>

- There is no reasonable licensure pathway for Hawai'i clinical midwives who are not CPMs.

It is against the Hawai'i Regulatory Licensing Reform

Act to offer a licensure pathway to a part of a profession, but not all of it, especially as NARM Certification is practically logistically impossible for Hawai'i midwives (thus shifting the recognized practice entirely to those trained outside of Hawai'i). The costs involved in licensing such a tiny cohort also need to be assessed prior to structuring legislation, as this Act also requires licensees to bear the full cost of issuance and administration. For a small cohort with complex needs, this could potentially be astronomical.

- The exemptions do not actually exempt anyone currently practicing traditional midwifery.

For this reason, great damage and endangerment would result in our community. The exemptions also notably miss some major areas crucial to local traditional families, such as grandparent-attended births (illegal under this measure), Aunties assisting nieces to give birth (illegal under this measure), and hanai family (illegal under this measure).

What about Tongan midwives? Filipina midwives? African-American midwives?

Women of all cultures deserve to be attended by WHOEVER THEY WANT, especially experts in ancient birthing practices from their culture. Traditional midwives who are not Hawaiian and do not qualify under SB 1033 are extremely important in the traditions that Hawaiian families are reviving from a nearly decimated cultural past. Many young Kanaka Maoli have the oral history of their grandparents to go on, but not much more. Non-Hawaiian traditional midwives play a crucial support role for ensuring safety, confidence and well-being as these traditions are brought back into being. Without them, the practices would still come back, but slower, with more loss and much less safety and support.

- Consumers are not helped by this measure, which would limit choices, raise prices, and provide no measurable safety benefits .

Women's reproductive choices are harmed.

Home birth is a crucial issue of reproductive choice and body sovereignty, and needs to be respected as such. Limitation of who may practice midwifery is the SAME THING as limitation of who a women may choose to attend her. It is an unreasonable limitation of

What is needed is COMMUNICATION, not regulation of something the State simply cannot understand. GOOD solutions CAN be developed, but THIS IS NOT THE WAY.

My recommendation is to hold this bill, and instead consider the creation of a real body that could effectively bring all concerned parties (DOH, cultural



practitioners, traditional birth attendants, CPMs, student midwives, OBGYN/ER doctors, etc) together to build the needed comprehensive solutions to address real consumer protection and safety. A Working Group or Task Force, as recommended by Sen. Dr. Josh Green in 2014.  
PLEASE HOLD THIS MEASURE. MAHALO!

From: Camie Richno <noreply@jotform.com>  
Sent: Thursday, March 28, 2019 10:19 AM  
To: FINtestimony  
Subject: Testimony in OPPOSITION to SB 1033



**OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Camie Richno
Email	camiej@outlook.com
Type a question	<p>Aloha House Finance Committee Chair Luke, Vice-Chair Cullen, and committee members, I am testifying in STRONG OPPOSITION to SB 1033 SD2 HD1 which would require licensure of midwives. I oppose ALL versions of this bill. We ask you to PLEASE oppose this measure! It is a FINANCE DISASTER, it is DANGEROUS, and it is DISCRIMINATORY and UNCONSTITUTIONAL. This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices, and places a terrible financial burden on local families. Here is why:</p> <ul style="list-style-type: none"><li>• The costs are insane!</li></ul> <p>According to the DCCA, "The costs associated with licensing approximately 13 midwives would be \$203,000." Because State licensing law requires licensure to pay for itself, those 13 eligible midwives would bear a cost burden of \$15,615 each per year, which would be passed directly on to the families they serve. This is IF all 13 who are eligible can afford this astounding fee; if not, it is further increased. These costs would also be greatly increased if a hearing were to take place, a lawsuit or criminal action occurred, or other incidental expenses were incurred for any reason.</p> <p>THIS MAKES MIDWIFE-ATTENDED BIRTHS ACCESSIBLE ONLY TO THE EXTREMELY PRIVILEGED! This is economic discrimination, and places a terrible, prohibitive burden on local families, which is likely to result in more unattended "DIY" births without midwifery support. As the FINANCE Committee, you MUST OPPOSE this.</p> <ul style="list-style-type: none"><li>• This measure is discriminatory!</li></ul> <p>ONLY Midwives trained outside of Hawaii are eligible.</p>

This alone should stop this measure in its tracks. It creates a sharp dividing line, which ALL local home birth midwives are on the wrong side of. Good training routes of many kinds already exist in Hawai'i, but these are sidelined or criminalized by this measure. This bill encourages midwives from outside of Hawaii to move here, with no cultural competency, while annihilating virtually all local practices. This does not serve the people of Hawai'i, and discriminates against local practitioners and families. You have an obligation to protect the local people of Hawai'i from discrimination and displacement.

- Let's call it what it is: a witch hunt.

The persecution of midwives in Hawai'i goes back to the early days of the Territory, during which healers were being persecuted severely, as part of forced assimilation. The notorious witch hunts in Europe and Early America were similarly, in fact, essentially the persecution of midwives. This bill continues those traditions of forced assimilation, medicalization, and persecution. It is also demeaning, especially to respected cultural elders.

- It is legally unsound.

There are many serious legal problems with this measure. For example, the requirement that a traditional midwife "provides the required disclosures to clients that the individual is practicing midwifery in this State without a license to practice midwifery" (as if a rural cultural elder of any ethnicity should be required to do such a thing) is both offensive and legally unsound. This measure defines a legally exempted category of practitioner, and then, in the same sentence, forces them to state that they are practicing without a license to practice. The legal mess this is likely to create (and that the legislators passing such terrible language would be liable for), along with the potential for serious consequences or even death, is enormous. Generally, This measure is also full of legal gray areas; which are what lawsuits are made of.

- It will not be followed.

It should also be noted that most traditional midwives simply WILL NOT give the disclosure required in the bill, because it might INTERFERE WITH MATERNAL CONFIDENCE. Natural birthing is an ancient and sensitive art with its OWN principles of success and safety, which cannot be broken.

- It is DANGEROUS.

Licensed midwives would be utterly unaffordable and realistically, most other practitioners would be operating underground, as they did before 1999. UNASSISTED births are likely to be prevalent, increasing danger. Amongst attended home births,

TRANSFER DELAYS are the greatest danger, and are often driven by fear (note: it is the mother, not the midwife, who makes the decision to go to a hospital or not, as no one can be forced to do so). Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for consenting to give birth with an unlicensed midwife (per this bill’s requirement!). This increases actual danger substantially, particularly within ethnic groups that fear CWS discrimination, believing that child removal or criminalization might occur due to their choice of provider not seeming legitimate enough. You as legislators need to protect people from the

- Kanaka Maoli traditional practices are NOT protected.

First of all, the central traditional practice is BIRTH, not midwifery. Many traditional Kanaka Maoli births are attended by midwives of OTHER ethnicities. Further, Papa Ola Lokahi does not currently have any mechanism to extend protection to traditional midwives or other birth-related practitioners as such (its mandates are currently strictly for laau lapaau, lomilomi, hooponopono and laau kahea). While this could potentially be developed in the future, at this time such protection would be entirely speculative. Law cannot be based on speculation.

It must be remembered that ALL regulation of traditional midwifery limits, alters, and otherwise adversely impacts traditional Native Hawaiian healing, because the central traditional practice in question is BIRTH, not midwifery.

- The entire term “traditional practice” is externally defined, which goes directly against culture and traditions, which must be internally defined in order to be considered bona fide. See quote from Papa Ola Lokahi-convened Kahuna Statement to the Legislature, 1998: PAPA AUWAE AND ALL OTHER KUPUNA OPPOSED CULTURAL PRACTICES BEING DEFINED BY THE LEGISLATURE:

“...LICENSURE, AND CERTIFICATION ISSUES RAISED IN THE LEGISLATION ARE INAPPROPRIATE AND CULTURALLY UNACCEPTABLE FOR GOVERNMENT TO ASCERTAIN. THESE ARE THE KULEANA OF THE HAWAIIAN COMMUNITY ITSELF THROUGH KUPUNA WHO ARE PERPETUATING THESE PRACTICES.”

<http://www.papaolalokahi.org/images/CHRONOLOGY-of-EVENTS-RELATED-TO-TRADITIONAL-HEALING-2015-Dec.pdf>

- There is no reasonable licensure pathway for Hawai'i clinical midwives who are not CPMs.

It is against the Hawai'i Regulatory Licensing Reform

Act to offer a licensure pathway to a part of a profession, but not all of it, especially as NARM Certification is practically logistically impossible for Hawai'i midwives (thus shifting the recognized practice entirely to those trained outside of Hawai'i). The costs involved in licensing such a tiny cohort also need to be assessed prior to structuring legislation, as this Act also requires licensees to bear the full cost of issuance and administration. For a small cohort with complex needs, this could potentially be astronomical.

- The exemptions do not actually exempt anyone currently practicing traditional midwifery.

For this reason, great damage and endangerment would result in our community. The exemptions also notably miss some major areas crucial to local traditional families, such as grandparent-attended births (illegal under this measure), Aunties assisting nieces to give birth (illegal under this measure), and hanai family (illegal under this measure).

What about Tongan midwives? Filipina midwives? African-American midwives?

Women of all cultures deserve to be attended by WHOEVER THEY WANT, especially experts in ancient birthing practices from their culture. Traditional midwives who are not Hawaiian and do not qualify under SB 1033 are extremely important in the traditions that Hawaiian families are reviving from a nearly decimated cultural past. Many young Kanaka Maoli have the oral history of their grandparents to go on, but not much more. Non-Hawaiian traditional midwives play a crucial support role for ensuring safety, confidence and well-being as these traditions are brought back into being. Without them, the practices would still come back, but slower, with more loss and much less safety and support.

- Consumers are not helped by this measure, which would limit choices, raise prices, and provide no measurable safety benefits .

Women's reproductive choices are harmed.

Home birth is a crucial issue of reproductive choice and body sovereignty, and needs to be respected as such. Limitation of who may practice midwifery is the SAME THING as limitation of who a women may choose to attend her. It is an unreasonable limitation of

What is needed is COMMUNICATION, not regulation of something the State simply cannot understand. GOOD solutions CAN be developed, but THIS IS NOT THE WAY.

My recommendation is to hold this bill, and instead consider the creation of a real body that could effectively bring all concerned parties (DOH, cultural

practitioners, traditional birth attendants, CPMs, student midwives, OBGYN/ER doctors, etc) together to build the needed comprehensive solutions to address real consumer protection and safety. A Working Group or Task Force, as recommended by Sen. Dr. Josh Green in 2014.  
PLEASE HOLD THIS MEASURE. MAHALO!



From: Lisa Barros <noreply@jotform.com>  
Sent: Thursday, March 28, 2019 6:37 PM  
To: FINtestimony  
Subject: Testimony in OPPOSITION to SB 1033



**OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Lisa Barros
Email	olanahope@yahoo.com
Type a question	<p>Aloha House Finance Committee Chair Luke, Vice-Chair Cullen, and committee members, I am testifying in STRONG OPPOSITION to SB 1033 SD2 HD1 which would require licensure of midwives. I oppose ALL versions of this bill. We ask you to PLEASE oppose this measure! It is a FINANCE DISASTER, it is DANGEROUS, and it is DISCRIMINATORY and UNCONSTITUTIONAL. This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices, and places a terrible financial burden on local families. Here is why:</p> <ul style="list-style-type: none"> <li>• The costs are insane!</li> </ul> <p>According to the DCCA, "The costs associated with licensing approximately 13 midwives would be \$203,000." Because State licensing law requires licensure to pay for itself, those 13 eligible midwives would bear a cost burden of \$15,615 each per year, which would be passed directly on to the families they serve. This is IF all 13 who are eligible can afford this astounding fee; if not, it is further increased. These costs would also be greatly increased if a hearing were to take place, a lawsuit or criminal action occurred, or other incidental expenses were incurred for any reason.</p> <p>THIS MAKES MIDWIFE-ATTENDED BIRTHS ACCESSIBLE ONLY TO THE EXTREMELY PRIVILEGED! This is economic discrimination, and places a terrible, prohibitive burden on local families, which is likely to result in more unattended "DIY" births without midwifery support. As the FINANCE Committee, you MUST OPPOSE this.</p> <ul style="list-style-type: none"> <li>• This measure is discriminatory!</li> </ul> <p>ONLY Midwives trained outside of Hawaii are eligible.</p>

This alone should stop this measure in its tracks. It creates a sharp dividing line, which ALL local home birth midwives are on the wrong side of. Good training routes of many kinds already exist in Hawai'i, but these are sidelined or criminalized by this measure. This bill encourages midwives from outside of Hawaii to move here, with no cultural competency, while annihilating virtually all local practices. This does not serve the people of Hawai'i, and discriminates against local practitioners and families. You have an obligation to protect the local people of Hawai'i from discrimination and displacement.

- Let's call it what it is: a witch hunt.

The persecution of midwives in Hawai'i goes back to the early days of the Territory, during which healers were being persecuted severely, as part of forced assimilation. The notorious witch hunts in Europe and Early America were similarly, in fact, essentially the persecution of midwives. This bill continues those traditions of forced assimilation, medicalization, and persecution. It is also demeaning, especially to respected cultural elders.

- It is legally unsound.

There are many serious legal problems with this measure. For example, the requirement that a traditional midwife "provides the required disclosures to clients that the individual is practicing midwifery in this State without a license to practice midwifery" (as if a rural cultural elder of any ethnicity should be required to do such a thing) is both offensive and legally unsound. This measure defines a legally exempted category of practitioner, and then, in the same sentence, forces them to state that they are practicing without a license to practice. The legal mess this is likely to create (and that the legislators passing such terrible language would be liable for), along with the potential for serious consequences or even death, is enormous. Generally, This measure is also full of legal gray areas; which are what lawsuits are made of.

- It will not be followed.

It should also be noted that most traditional midwives simply WILL NOT give the disclosure required in the bill, because it might INTERFERE WITH MATERNAL CONFIDENCE. Natural birthing is an ancient and sensitive art with its OWN principles of success and safety, which cannot be broken.

- It is DANGEROUS.

Licensed midwives would be utterly unaffordable and realistically, most other practitioners would be operating underground, as they did before 1999. UNASSISTED births are likely to be prevalent, increasing danger. Amongst attended home births,



TRANSFER DELAYS are the greatest danger, and are often driven by fear (note: it is the mother, not the midwife, who makes the decision to go to a hospital or not, as no one can be forced to do so). Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for consenting to give birth with an unlicensed midwife (per this bill’s requirement!). This increases actual danger substantially, particularly within ethnic groups that fear CWS discrimination, believing that child removal or criminalization might occur due to their choice of provider not seeming legitimate enough. You as legislators need to protect people from the

- Kanaka Maoli traditional practices are NOT protected.

First of all, the central traditional practice is BIRTH, not midwifery. Many traditional Kanaka Maoli births are attended by midwives of OTHER ethnicities. Further, Papa Ola Lokahi does not currently have any mechanism to extend protection to traditional midwives or other birth-related practitioners as such (its mandates are currently strictly for laau lapaau, lomilomi, hooponopono and laau kahea). While this could potentially be developed in the future, at this time such protection would be entirely speculative. Law cannot be based on speculation.

It must be remembered that ALL regulation of traditional midwifery limits, alters, and otherwise adversely impacts traditional Native Hawaiian healing, because the central traditional practice in question is BIRTH, not midwifery.

- The entire term “traditional practice” is externally defined, which goes directly against culture and traditions, which must be internally defined in order to be considered bona fide. See quote from Papa Ola Lokahi-convened Kahuna Statement to the Legislature, 1998: PAPA AUWAE AND ALL OTHER KUPUNA OPPOSED CULTURAL PRACTICES BEING DEFINED BY THE LEGISLATURE:

“...LICENSURE, AND CERTIFICATION ISSUES RAISED IN THE LEGISLATION ARE INAPPROPRIATE AND CULTURALLY UNACCEPTABLE FOR GOVERNMENT TO ASCERTAIN. THESE ARE THE KULEANA OF THE HAWAIIAN COMMUNITY ITSELF THROUGH KUPUNA WHO ARE PERPETUATING THESE PRACTICES.”

<http://www.papaolalokahi.org/images/CHRONOLOGY-of-EVENTS-RELATED-TO-TRADITIONAL-HEALING-2015-Dec.pdf>

- There is no reasonable licensure pathway for Hawai'i clinical midwives who are not CPMs.

It is against the Hawai'i Regulatory Licensing Reform

Act to offer a licensure pathway to a part of a profession, but not all of it, especially as NARM Certification is practically logistically impossible for Hawai'i midwives (thus shifting the recognized practice entirely to those trained outside of Hawai'i). The costs involved in licensing such a tiny cohort also need to be assessed prior to structuring legislation, as this Act also requires licensees to bear the full cost of issuance and administration. For a small cohort with complex needs, this could potentially be astronomical.

- The exemptions do not actually exempt anyone currently practicing traditional midwifery.

For this reason, great damage and endangerment would result in our community. The exemptions also notably miss some major areas crucial to local traditional families, such as grandparent-attended births (illegal under this measure), Aunties assisting nieces to give birth (illegal under this measure), and hanai family (illegal under this measure).

What about Tongan midwives? Filipina midwives? African-American midwives?

Women of all cultures deserve to be attended by WHOEVER THEY WANT, especially experts in ancient birthing practices from their culture. Traditional midwives who are not Hawaiian and do not qualify under SB 1033 are extremely important in the traditions that Hawaiian families are reviving from a nearly decimated cultural past. Many young Kanaka Maoli have the oral history of their grandparents to go on, but not much more. Non-Hawaiian traditional midwives play a crucial support role for ensuring safety, confidence and well-being as these traditions are brought back into being. Without them, the practices would still come back, but slower, with more loss and much less safety and support.

- Consumers are not helped by this measure, which would limit choices, raise prices, and provide no measurable safety benefits .

Women's reproductive choices are harmed.

Home birth is a crucial issue of reproductive choice and body sovereignty, and needs to be respected as such. Limitation of who may practice midwifery is the SAME THING as limitation of who a women may choose to attend her. It is an unreasonable limitation of


What is needed is COMMUNICATION, not regulation of something the State simply cannot understand. GOOD solutions CAN be developed, but THIS IS NOT THE WAY.

My recommendation is to hold this bill, and instead consider the creation of a real body that could effectively bring all concerned parties (DOH, cultural

practitioners, traditional birth attendants, CPMs, student midwives, OBGYN/ER doctors, etc) together to build the needed comprehensive solutions to address real consumer protection and safety. A Working Group or Task Force, as recommended by Sen. Dr. Josh Green in 2014.  
PLEASE HOLD THIS MEASURE. MAHALO!



From: Luanna Peterson <noreply@jotform.com>  
 Sent: Thursday, March 28, 2019 6:12 PM  
 To: FINtestimony  
 Subject: Testimony in OPPOSITION to SB 1033

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Luanna Peterson
Email	luanna.peterson808@gmail.com
Type a question	<p>Aloha          House Finance Committee Chair Luke, Vice-Chair Cullen, and committee members,          I am testifying in STRONG OPPOSITION to SB 1033 SD2 HD1 which would require licensure of midwives. I oppose ALL versions of this bill.          We ask you to PLEASE oppose this measure! It is a FINANCE DISASTER, it is DANGEROUS, and it is DISCRIMINATORY and UNCONSTITUTIONAL.          This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices, and places a terrible financial burden on local families. Here is why:</p> <ul style="list-style-type: none"> <li>• The costs are insane!</li> </ul> <p>According to the DCCA, "The costs associated with licensing approximately 13 midwives would be \$203,000." Because State licensing law requires licensure to pay for itself, those 13 eligible midwives would bear a cost burden of \$15,615 each per year, which would be passed directly on to the families they serve. This is IF all 13 who are eligible can afford this astounding fee; if not, it is further increased. These costs would also be greatly increased if a hearing were to take place, a lawsuit or criminal action occurred, or other incidental expenses were incurred for any reason.</p> <p>THIS MAKES MIDWIFE-ATTENDED BIRTHS ACCESSIBLE ONLY TO THE EXTREMELY PRIVILEGED! This is economic discrimination, and places a terrible, prohibitive burden on local families, which is likely to result in more unattended "DIY" births without midwifery support. As the FINANCE Committee, you MUST OPPOSE this.</p> <ul style="list-style-type: none"> <li>• This measure is discriminatory!</li> </ul> <p>ONLY Midwives trained outside of Hawaii are eligible.</p>

This alone should stop this measure in its tracks. It creates a sharp dividing line, which ALL local home birth midwives are on the wrong side of. Good training routes of many kinds already exist in Hawai'i, but these are sidelined or criminalized by this measure. This bill encourages midwives from outside of Hawaii to move here, with no cultural competency, while annihilating virtually all local practices. This does not serve the people of Hawai'i, and discriminates against local practitioners and families. You have an obligation to protect the local people of Hawai'i from discrimination and displacement.

- Let's call it what it is: a witch hunt.

The persecution of midwives in Hawai'i goes back to the early days of the Territory, during which healers were being persecuted severely, as part of forced assimilation. The notorious witch hunts in Europe and Early America were similarly, in fact, essentially the persecution of midwives. This bill continues those traditions of forced assimilation, medicalization, and persecution. It is also demeaning, especially to respected cultural elders.

- It is legally unsound.

There are many serious legal problems with this measure. For example, the requirement that a traditional midwife "provides the required disclosures to clients that the individual is practicing midwifery in this State without a license to practice midwifery" (as if a rural cultural elder of any ethnicity should be required to do such a thing) is both offensive and legally unsound. This measure defines a legally exempted category of practitioner, and then, in the same sentence, forces them to state that they are practicing without a license to practice. The legal mess this is likely to create (and that the legislators passing such terrible language would be liable for), along with the potential for serious consequences or even death, is enormous. Generally, This measure is also full of legal gray areas; which are what lawsuits are made of.

- It will not be followed.

It should also be noted that most traditional midwives simply WILL NOT give the disclosure required in the bill, because it might INTERFERE WITH MATERNAL CONFIDENCE. Natural birthing is an ancient and sensitive art with its OWN principles of success and safety, which cannot be broken.

- It is DANGEROUS.

Licensed midwives would be utterly unaffordable and realistically, most other practitioners would be operating underground, as they did before 1999. UNASSISTED births are likely to be prevalent, increasing danger. Amongst attended home births,

TRANSFER DELAYS are the greatest danger, and are often driven by fear (note: it is the mother, not the midwife, who makes the decision to go to a hospital or not, as no one can be forced to do so). Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for consenting to give birth with an unlicensed midwife (per this bill’s requirement!). This increases actual danger substantially, particularly within ethnic groups that fear CWS discrimination, believing that child removal or criminalization might occur due to their choice of provider not seeming legitimate enough. You as legislators need to protect people from the

- Kanaka Maoli traditional practices are NOT protected.

First of all, the central traditional practice is BIRTH, not midwifery. Many traditional Kanaka Maoli births are attended by midwives of OTHER ethnicities. Further, Papa Ola Lokahi does not currently have any mechanism to extend protection to traditional midwives or other birth-related practitioners as such (its mandates are currently strictly for laau lapaau, lomilomi, hooponopono and laau kahea). While this could potentially be developed in the future, at this time such protection would be entirely speculative. Law cannot be based on speculation.

It must be remembered that ALL regulation of traditional midwifery limits, alters, and otherwise adversely impacts traditional Native Hawaiian healing, because the central traditional practice in question is BIRTH, not midwifery.

- The entire term “traditional practice” is externally defined, which goes directly against culture and traditions, which must be internally defined in order to be considered bona fide. See quote from Papa Ola Lokahi-convened Kahuna Statement to the Legislature, 1998: PAPA AUWAE AND ALL OTHER KUPUNA OPPOSED CULTURAL PRACTICES BEING DEFINED BY THE LEGISLATURE:

“...LICENSURE, AND CERTIFICATION ISSUES RAISED IN THE LEGISLATION ARE INAPPROPRIATE AND CULTURALLY UNACCEPTABLE FOR GOVERNMENT TO ASCERTAIN. THESE ARE THE KULEANA OF THE HAWAIIAN COMMUNITY ITSELF THROUGH KUPUNA WHO ARE PERPETUATING THESE PRACTICES.”

<http://www.papaolalokahi.org/images/CHRONOLOGY-of-EVENTS-RELATED-TO-TRADITIONAL-HEALING-2015-Dec.pdf>

- There is no reasonable licensure pathway for Hawai'i clinical midwives who are not CPMs.

It is against the Hawai'i Regulatory Licensing Reform

Act to offer a licensure pathway to a part of a profession, but not all of it, especially as NARM Certification is practically logistically impossible for Hawai'i midwives (thus shifting the recognized practice entirely to those trained outside of Hawai'i). The costs involved in licensing such a tiny cohort also need to be assessed prior to structuring legislation, as this Act also requires licensees to bear the full cost of issuance and administration. For a small cohort with complex needs, this could potentially be astronomical.

- The exemptions do not actually exempt anyone currently practicing traditional midwifery.

For this reason, great damage and endangerment would result in our community. The exemptions also notably miss some major areas crucial to local traditional families, such as grandparent-attended births (illegal under this measure), Aunties assisting nieces to give birth (illegal under this measure), and hanai family (illegal under this measure).

What about Tongan midwives? Filipina midwives? African-American midwives?

Women of all cultures deserve to be attended by WHOEVER THEY WANT, especially experts in ancient birthing practices from their culture. Traditional midwives who are not Hawaiian and do not qualify under SB 1033 are extremely important in the traditions that Hawaiian families are reviving from a nearly decimated cultural past. Many young Kanaka Maoli have the oral history of their grandparents to go on, but not much more. Non-Hawaiian traditional midwives play a crucial support role for ensuring safety, confidence and well-being as these traditions are brought back into being. Without them, the practices would still come back, but slower, with more loss and much less safety and support.

- Consumers are not helped by this measure, which would limit choices, raise prices, and provide no measurable safety benefits .

Women's reproductive choices are harmed.

Home birth is a crucial issue of reproductive choice and body sovereignty, and needs to be respected as such. Limitation of who may practice midwifery is the SAME THING as limitation of who a women may choose to attend her. It is an unreasonable limitation of

What is needed is COMMUNICATION, not regulation of something the State simply cannot understand. GOOD solutions CAN be developed, but THIS IS NOT THE WAY.


My recommendation is to hold this bill, and instead consider the creation of a real body that could effectively bring all concerned parties (DOH, cultural

practitioners, traditional birth attendants, CPMs, student midwives, OBGYN/ER doctors, etc) together to build the needed comprehensive solutions to address real consumer protection and safety. A Working Group or Task Force, as recommended by Sen. Dr. Josh Green in 2014.  
PLEASE HOLD THIS MEASURE. MAHALO!



**LATE**

From: Rory Tripp <noreply@jotform.com>  
Sent: Thursday, March 28, 2019 5:43 PM  
To: FINtestimony  
Subject: Testimony in OPPOSITION to SB 1033

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Rory Tripp
Email	waimapunatripp@gmail.com
Type a question	<p>Aloha House Finance Committee Chair Luke, Vice-Chair Cullen, and committee members, I am testifying in STRONG OPPOSITION to SB 1033 SD2 HD1 which would require licensure of midwives. I oppose ALL versions of this bill. We ask you to PLEASE oppose this measure! It is a FINANCE DISASTER, it is DANGEROUS, and it is DISCRIMINATORY and UNCONSTITUTIONAL. This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices, and places a terrible financial burden on local families. Here is why:</p> <ul style="list-style-type: none"> <li>• The costs are insane!</li> </ul> <p>According to the DCCA, "The costs associated with licensing approximately 13 midwives would be \$203,000." Because State licensing law requires licensure to pay for itself, those 13 eligible midwives would bear a cost burden of \$15,615 each per year, which would be passed directly on to the families they serve. This is IF all 13 who are eligible can afford this astounding fee; if not, it is further increased. These costs would also be greatly increased if a hearing were to take place, a lawsuit or criminal action occurred, or other incidental expenses were incurred for any reason.</p> <p>THIS MAKES MIDWIFE-ATTENDED BIRTHS ACCESSIBLE ONLY TO THE EXTREMELY PRIVILEGED! This is economic discrimination, and places a terrible, prohibitive burden on local families, which is likely to result in more unattended "DIY" births without midwifery support. As the FINANCE Committee, you MUST OPPOSE this.</p> <ul style="list-style-type: none"> <li>• This measure is discriminatory!</li> </ul> <p>ONLY Midwives trained outside of Hawaii are eligible.</p>

This alone should stop this measure in its tracks. It creates a sharp dividing line, which ALL local home birth midwives are on the wrong side of. Good training routes of many kinds already exist in Hawai'i, but these are sidelined or criminalized by this measure. This bill encourages midwives from outside of Hawaii to move here, with no cultural competency, while annihilating virtually all local practices. This does not serve the people of Hawai'i, and discriminates against local practitioners and families. You have an obligation to protect the local people of Hawai'i from discrimination and displacement.

- Let's call it what it is: a witch hunt.

The persecution of midwives in Hawai'i goes back to the early days of the Territory, during which healers were being persecuted severely, as part of forced assimilation. The notorious witch hunts in Europe and Early America were similarly, in fact, essentially the persecution of midwives. This bill continues those traditions of forced assimilation, medicalization, and persecution. It is also demeaning, especially to respected cultural elders.

- It is legally unsound.

There are many serious legal problems with this measure. For example, the requirement that a traditional midwife "provides the required disclosures to clients that the individual is practicing midwifery in this State without a license to practice midwifery" (as if a rural cultural elder of any ethnicity should be required to do such a thing) is both offensive and legally unsound. This measure defines a legally exempted category of practitioner, and then, in the same sentence, forces them to state that they are practicing without a license to practice. The legal mess this is likely to create (and that the legislators passing such terrible language would be liable for), along with the potential for serious consequences or even death, is enormous. Generally, This measure is also full of legal gray areas; which are what lawsuits are made of.

- It will not be followed.

It should also be noted that most traditional midwives simply WILL NOT give the disclosure required in the bill, because it might INTERFERE WITH MATERNAL CONFIDENCE. Natural birthing is an ancient and sensitive art with its OWN principles of success and safety, which cannot be broken.

- It is DANGEROUS.

Licensed midwives would be utterly unaffordable and realistically, most other practitioners would be operating underground, as they did before 1999. UNASSISTED births are likely to be prevalent, increasing danger. Amongst attended home births,

TRANSFER DELAYS are the greatest danger, and are often driven by fear (note: it is the mother, not the midwife, who makes the decision to go to a hospital or not, as no one can be forced to do so). Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for consenting to give birth with an unlicensed midwife (per this bill’s requirement!). This increases actual danger substantially, particularly within ethnic groups that fear CWS discrimination, believing that child removal or criminalization might occur due to their choice of provider not seeming legitimate enough. You as legislators need to protect people from the

- Kanaka Maoli traditional practices are NOT protected.

First of all, the central traditional practice is BIRTH, not midwifery. Many traditional Kanaka Maoli births are attended by midwives of OTHER ethnicities. Further, Papa Ola Lokahi does not currently have any mechanism to extend protection to traditional midwives or other birth-related practitioners as such (its mandates are currently strictly for laau lapaau, lomilomi, hooponopono and laau kahea). While this could potentially be developed in the future, at this time such protection would be entirely speculative. Law cannot be based on speculation.

It must be remembered that ALL regulation of traditional midwifery limits, alters, and otherwise adversely impacts traditional Native Hawaiian healing, because the central traditional practice in question is BIRTH, not midwifery.

- The entire term “traditional practice” is externally defined, which goes directly against culture and traditions, which must be internally defined in order to be considered bona fide. See quote from Papa Ola Lokahi-convened Kahuna Statement to the Legislature, 1998: PAPA AUWAE AND ALL OTHER KUPUNA OPPOSED CULTURAL PRACTICES BEING DEFINED BY THE LEGISLATURE:

“...LICENSURE, AND CERTIFICATION ISSUES RAISED IN THE LEGISLATION ARE INAPPROPRIATE AND CULTURALLY UNACCEPTABLE FOR GOVERNMENT TO ASCERTAIN. THESE ARE THE KULEANA OF THE HAWAIIAN COMMUNITY ITSELF THROUGH KUPUNA WHO ARE PERPETUATING THESE PRACTICES.”

<http://www.papaolalokahi.org/images/CHRONOLOGY-of-EVENTS-RELATED-TO-TRADITIONAL-HEALING-2015-Dec.pdf>

- There is no reasonable licensure pathway for Hawai'i clinical midwives who are not CPMs.

It is against the Hawai'i Regulatory Licensing Reform

Act to offer a licensure pathway to a part of a profession, but not all of it, especially as NARM Certification is practically logistically impossible for Hawai'i midwives (thus shifting the recognized practice entirely to those trained outside of Hawai'i). The costs involved in licensing such a tiny cohort also need to be assessed prior to structuring legislation, as this Act also requires licensees to bear the full cost of issuance and administration. For a small cohort with complex needs, this could potentially be astronomical.

- The exemptions do not actually exempt anyone currently practicing traditional midwifery.

For this reason, great damage and endangerment would result in our community. The exemptions also notably miss some major areas crucial to local traditional families, such as grandparent-attended births (illegal under this measure), Aunties assisting nieces to give birth (illegal under this measure), and hanai family (illegal under this measure).

What about Tongan midwives? Filipina midwives? African-American midwives?

Women of all cultures deserve to be attended by WHOEVER THEY WANT, especially experts in ancient birthing practices from their culture. Traditional midwives who are not Hawaiian and do not qualify under SB 1033 are extremely important in the traditions that Hawaiian families are reviving from a nearly decimated cultural past. Many young Kanaka Maoli have the oral history of their grandparents to go on, but not much more. Non-Hawaiian traditional midwives play a crucial support role for ensuring safety, confidence and well-being as these traditions are brought back into being. Without them, the practices would still come back, but slower, with more loss and much less safety and support.

- Consumers are not helped by this measure, which would limit choices, raise prices, and provide no measurable safety benefits .

Women's reproductive choices are harmed.

Home birth is a crucial issue of reproductive choice and body sovereignty, and needs to be respected as such. Limitation of who may practice midwifery is the SAME THING as limitation of who a women may choose to attend her. It is an unreasonable limitation of

What is needed is COMMUNICATION, not regulation of something the State simply cannot understand. GOOD solutions CAN be developed, but THIS IS NOT THE WAY.

My recommendation is to hold this bill, and instead consider the creation of a real body that could effectively bring all concerned parties (DOH, cultural

practitioners, traditional birth attendants, CPMs, student midwives, OBGYN/ER doctors, etc) together to build the needed comprehensive solutions to address real consumer protection and safety. A Working Group or Task Force, as recommended by Sen. Dr. Josh Green in 2014.  
PLEASE HOLD THIS MEASURE. MAHALO!



From: Satah Tripp <noreply@jotform.com>  
 Sent: Thursday, March 28, 2019 5:42 PM  
 To: FINtestimony  
 Subject: Testimony in OPPOSITION to SB 1033

**OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Satah Tripp
Email	sarahmwbarros@gmail.com
Type a question	<p>Aloha                      House Finance Committee Chair Luke, Vice-Chair Cullen, and committee members,                      I am testifying in STRONG OPPOSITION to SB 1033 SD2 HD1 which would require licensure of midwives. I oppose ALL versions of this bill.                      We ask you to PLEASE oppose this measure! It is a FINANCE DISASTER, it is DANGEROUS, and it is DISCRIMINATORY and UNCONSTITUTIONAL.                      This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices, and places a terrible financial burden on local families. Here is why:</p> <ul style="list-style-type: none"> <li>• The costs are insane!</li> </ul> <p>According to the DCCA, "The costs associated with licensing approximately 13 midwives would be \$203,000." Because State licensing law requires licensure to pay for itself, those 13 eligible midwives would bear a cost burden of \$15,615 each per year, which would be passed directly on to the families they serve. This is IF all 13 who are eligible can afford this astounding fee; if not, it is further increased. These costs would also be greatly increased if a hearing were to take place, a lawsuit or criminal action occurred, or other incidental expenses were incurred for any reason.</p> <p>THIS MAKES MIDWIFE-ATTENDED BIRTHS ACCESSIBLE ONLY TO THE EXTREMELY PRIVILEGED! This is economic discrimination, and places a terrible, prohibitive burden on local families, which is likely to result in more unattended "DIY" births without midwifery support. As the FINANCE Committee, you MUST OPPOSE this.</p> <ul style="list-style-type: none"> <li>• This measure is discriminatory!</li> </ul> <p>ONLY Midwives trained outside of Hawaii are eligible.</p>

This alone should stop this measure in its tracks. It creates a sharp dividing line, which ALL local home birth midwives are on the wrong side of. Good training routes of many kinds already exist in Hawai'i, but these are sidelined or criminalized by this measure. This bill encourages midwives from outside of Hawaii to move here, with no cultural competency, while annihilating virtually all local practices. This does not serve the people of Hawai'i, and discriminates against local practitioners and families. You have an obligation to protect the local people of Hawai'i from discrimination and displacement.

- Let's call it what it is: a witch hunt.

The persecution of midwives in Hawai'i goes back to the early days of the Territory, during which healers were being persecuted severely, as part of forced assimilation. The notorious witch hunts in Europe and Early America were similarly, in fact, essentially the persecution of midwives. This bill continues those traditions of forced assimilation, medicalization, and persecution. It is also demeaning, especially to respected cultural elders.

- It is legally unsound.

There are many serious legal problems with this measure. For example, the requirement that a traditional midwife "provides the required disclosures to clients that the individual is practicing midwifery in this State without a license to practice midwifery" (as if a rural cultural elder of any ethnicity should be required to do such a thing) is both offensive and legally unsound. This measure defines a legally exempted category of practitioner, and then, in the same sentence, forces them to state that they are practicing without a license to practice. The legal mess this is likely to create (and that the legislators passing such terrible language would be liable for), along with the potential for serious consequences or even death, is enormous. Generally, This measure is also full of legal gray areas; which are what lawsuits are made of.

- It will not be followed.

It should also be noted that most traditional midwives simply WILL NOT give the disclosure required in the bill, because it might INTERFERE WITH MATERNAL CONFIDENCE. Natural birthing is an ancient and sensitive art with its OWN principles of success and safety, which cannot be broken.

- It is DANGEROUS.

Licensed midwives would be utterly unaffordable and realistically, most other practitioners would be operating underground, as they did before 1999. UNASSISTED births are likely to be prevalent, increasing danger. Amongst attended home births,

TRANSFER DELAYS are the greatest danger, and are often driven by fear (note: it is the mother, not the midwife, who makes the decision to go to a hospital or not, as no one can be forced to do so). Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for consenting to give birth with an unlicensed midwife (per this bill’s requirement!). This increases actual danger substantially, particularly within ethnic groups that fear CWS discrimination, believing that child removal or criminalization might occur due to their choice of provider not seeming legitimate enough. You as legislators need to protect people from the

- Kanaka Maoli traditional practices are NOT protected.

First of all, the central traditional practice is BIRTH, not midwifery. Many traditional Kanaka Maoli births are attended by midwives of OTHER ethnicities. Further, Papa Ola Lokahi does not currently have any mechanism to extend protection to traditional midwives or other birth-related practitioners as such (its mandates are currently strictly for laau lapaau, lomilomi, hooponopono and laau kahea). While this could potentially be developed in the future, at this time such protection would be entirely speculative. Law cannot be based on speculation.

It must be remembered that ALL regulation of traditional midwifery limits, alters, and otherwise adversely impacts traditional Native Hawaiian healing, because the central traditional practice in question is BIRTH, not midwifery.

- The entire term “traditional practice” is externally defined, which goes directly against culture and traditions, which must be internally defined in order to be considered bona fide. See quote from Papa Ola Lokahi-convened Kahuna Statement to the Legislature, 1998: PAPA AUWAE AND ALL OTHER KUPUNA OPPOSED CULTURAL PRACTICES BEING DEFINED BY THE LEGISLATURE:

“...LICENSURE, AND CERTIFICATION ISSUES RAISED IN THE LEGISLATION ARE INAPPROPRIATE AND CULTURALLY UNACCEPTABLE FOR GOVERNMENT TO ASCERTAIN. THESE ARE THE KULEANA OF THE HAWAIIAN COMMUNITY ITSELF THROUGH KUPUNA WHO ARE PERPETUATING THESE PRACTICES.”

<http://www.papaolalokahi.org/images/CHRONOLOGY-of-EVENTS-RELATED-TO-TRADITIONAL-HEALING-2015-Dec.pdf>

- There is no reasonable licensure pathway for Hawai'i clinical midwives who are not CPMs.

It is against the Hawai'i Regulatory Licensing Reform



Act to offer a licensure pathway to a part of a profession, but not all of it, especially as NARM Certification is practically logistically impossible for Hawai'i midwives (thus shifting the recognized practice entirely to those trained outside of Hawai'i). The costs involved in licensing such a tiny cohort also need to be assessed prior to structuring legislation, as this Act also requires licensees to bear the full cost of issuance and administration. For a small cohort with complex needs, this could potentially be astronomical.

- The exemptions do not actually exempt anyone currently practicing traditional midwifery.

For this reason, great damage and endangerment would result in our community. The exemptions also notably miss some major areas crucial to local traditional families, such as grandparent-attended births (illegal under this measure), Aunties assisting nieces to give birth (illegal under this measure), and hanai family (illegal under this measure).

What about Tongan midwives? Filipina midwives? African-American midwives?

Women of all cultures deserve to be attended by WHOEVER THEY WANT, especially experts in ancient birthing practices from their culture. Traditional midwives who are not Hawaiian and do not qualify under SB 1033 are extremely important in the traditions that Hawaiian families are reviving from a nearly decimated cultural past. Many young Kanaka Maoli have the oral history of their grandparents to go on, but not much more. Non-Hawaiian traditional midwives play a crucial support role for ensuring safety, confidence and well-being as these traditions are brought back into being. Without them, the practices would still come back, but slower, with more loss and much less safety and support.

- Consumers are not helped by this measure, which would limit choices, raise prices, and provide no measurable safety benefits .

Women's reproductive choices are harmed.

Home birth is a crucial issue of reproductive choice and body sovereignty, and needs to be respected as such. Limitation of who may practice midwifery is the SAME THING as limitation of who a women may choose to attend her. It is an unreasonable limitation of


What is needed is COMMUNICATION, not regulation of something the State simply cannot understand. GOOD solutions CAN be developed, but THIS IS NOT THE WAY.

My recommendation is to hold this bill, and instead consider the creation of a real body that could effectively bring all concerned parties (DOH, cultural

practitioners, traditional birth attendants, CPMs, student midwives, OBGYN/ER doctors, etc) together to build the needed comprehensive solutions to address real consumer protection and safety. A Working Group or Task Force, as recommended by Sen. Dr. Josh Green in 2014.  
PLEASE HOLD THIS MEASURE. MAHALO!

**LATE**

From: Natalie Kost Watson <noreply@jotform.com>  
Sent: Thursday, March 28, 2019 7:13 PM  
To: FINtestimony  
Subject: Testimony in OPPOSITION to SB 1033

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Natalie Kost Watson
Email	natalieawatson@yahoo.com
Type a question	<p>Aloha House Finance Committee Chair Luke, Vice-Chair Cullen, and committee members, I am testifying in STRONG OPPOSITION to SB 1033 SD2 HD1 which would require licensure of midwives. I oppose ALL versions of this bill. We ask you to PLEASE oppose this measure! It is a FINANCE DISASTER, it is DANGEROUS, and it is DISCRIMINATORY and UNCONSTITUTIONAL. This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices, and places a terrible financial burden on local families. Here is why:</p> <ul style="list-style-type: none"> <li>• The costs are insane!</li> </ul> <p>According to the DCCA, "The costs associated with licensing approximately 13 midwives would be \$203,000." Because State licensing law requires licensure to pay for itself, those 13 eligible midwives would bear a cost burden of \$15,615 each per year, which would be passed directly on to the families they serve. This is IF all 13 who are eligible can afford this astounding fee; if not, it is further increased. These costs would also be greatly increased if a hearing were to take place, a lawsuit or criminal action occurred, or other incidental expenses were incurred for any reason.</p> <p>THIS MAKES MIDWIFE-ATTENDED BIRTHS ACCESSIBLE ONLY TO THE EXTREMELY PRIVILEGED! This is economic discrimination, and places a terrible, prohibitive burden on local families, which is likely to result in more unattended "DIY" births without midwifery support. As the FINANCE Committee, you MUST OPPOSE this.</p> <ul style="list-style-type: none"> <li>• This measure is discriminatory!</li> </ul> <p>ONLY Midwives trained outside of Hawaii are eligible.</p>

This alone should stop this measure in its tracks. It creates a sharp dividing line, which ALL local home birth midwives are on the wrong side of. Good training routes of many kinds already exist in Hawai'i, but these are sidelined or criminalized by this measure. This bill encourages midwives from outside of Hawaii to move here, with no cultural competency, while annihilating virtually all local practices. This does not serve the people of Hawai'i, and discriminates against local practitioners and families. You have an obligation to protect the local people of Hawai'i from discrimination and displacement.

- Let's call it what it is: a witch hunt.

The persecution of midwives in Hawai'i goes back to the early days of the Territory, during which healers were being persecuted severely, as part of forced assimilation. The notorious witch hunts in Europe and Early America were similarly, in fact, essentially the persecution of midwives. This bill continues those traditions of forced assimilation, medicalization, and persecution. It is also demeaning, especially to respected cultural elders.

- It is legally unsound.

There are many serious legal problems with this measure. For example, the requirement that a traditional midwife "provides the required disclosures to clients that the individual is practicing midwifery in this State without a license to practice midwifery" (as if a rural cultural elder of any ethnicity should be required to do such a thing) is both offensive and legally unsound. This measure defines a legally exempted category of practitioner, and then, in the same sentence, forces them to state that they are practicing without a license to practice. The legal mess this is likely to create (and that the legislators passing such terrible language would be liable for), along with the potential for serious consequences or even death, is enormous. Generally, This measure is also full of legal gray areas; which are what lawsuits are made of.

- It will not be followed.

It should also be noted that most traditional midwives simply WILL NOT give the disclosure required in the bill, because it might INTERFERE WITH MATERNAL CONFIDENCE. Natural birthing is an ancient and sensitive art with its OWN principles of success and safety, which cannot be broken.

- It is DANGEROUS.

Licensed midwives would be utterly unaffordable and realistically, most other practitioners would be operating underground, as they did before 1999. UNASSISTED births are likely to be prevalent, increasing danger. Amongst attended home births,

TRANSFER DELAYS are the greatest danger, and are often driven by fear (note: it is the mother, not the midwife, who makes the decision to go to a hospital or not, as no one can be forced to do so). Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for consenting to give birth with an unlicensed midwife (per this bill’s requirement!). This increases actual danger substantially, particularly within ethnic groups that fear CWS discrimination, believing that child removal or criminalization might occur due to their choice of provider not seeming legitimate enough. You as legislators need to protect people from the

- Kanaka Maoli traditional practices are NOT protected.

First of all, the central traditional practice is BIRTH, not midwifery. Many traditional Kanaka Maoli births are attended by midwives of OTHER ethnicities. Further, Papa Ola Lokahi does not currently have any mechanism to extend protection to traditional midwives or other birth-related practitioners as such (its mandates are currently strictly for laau lapaau, lomilomi, hooponopono and laau kahea). While this could potentially be developed in the future, at this time such protection would be entirely speculative. Law cannot be based on speculation.

It must be remembered that ALL regulation of traditional midwifery limits, alters, and otherwise adversely impacts traditional Native Hawaiian healing, because the central traditional practice in question is BIRTH, not midwifery.

- The entire term “traditional practice” is externally defined, which goes directly against culture and traditions, which must be internally defined in order to be considered bona fide. See quote from Papa Ola Lokahi-convened Kahuna Statement to the Legislature, 1998: PAPA AUWAE AND ALL OTHER KUPUNA OPPOSED CULTURAL PRACTICES BEING DEFINED BY THE LEGISLATURE:

“...LICENSURE, AND CERTIFICATION ISSUES RAISED IN THE LEGISLATION ARE INAPPROPRIATE AND CULTURALLY UNACCEPTABLE FOR GOVERNMENT TO ASCERTAIN. THESE ARE THE KULEANA OF THE HAWAIIAN COMMUNITY ITSELF THROUGH KUPUNA WHO ARE PERPETUATING THESE PRACTICES.”

<http://www.papaolalokahi.org/images/CHRONOLOGY-of-EVENTS-RELATED-TO-TRADITIONAL-HEALING-2015-Dec.pdf>

- There is no reasonable licensure pathway for Hawai’i clinical midwives who are not CPMs.

It is against the Hawai’i Regulatory Licensing Reform

Act to offer a licensure pathway to a part of a profession, but not all of it, especially as NARM Certification is practically logistically impossible for Hawai'i midwives (thus shifting the recognized practice entirely to those trained outside of Hawai'i). The costs involved in licensing such a tiny cohort also need to be assessed prior to structuring legislation, as this Act also requires licensees to bear the full cost of issuance and administration. For a small cohort with complex needs, this could potentially be astronomical.

- The exemptions do not actually exempt anyone currently practicing traditional midwifery.

For this reason, great damage and endangerment would result in our community. The exemptions also notably miss some major areas crucial to local traditional families, such as grandparent-attended births (illegal under this measure), Aunties assisting nieces to give birth (illegal under this measure), and hanai family (illegal under this measure).

What about Tongan midwives? Filipina midwives? African-American midwives?

Women of all cultures deserve to be attended by WHOEVER THEY WANT, especially experts in ancient birthing practices from their culture. Traditional midwives who are not Hawaiian and do not qualify under SB 1033 are extremely important in the traditions that Hawaiian families are reviving from a nearly decimated cultural past. Many young Kanaka Maoli have the oral history of their grandparents to go on, but not much more. Non-Hawaiian traditional midwives play a crucial support role for ensuring safety, confidence and well-being as these traditions are brought back into being. Without them, the practices would still come back, but slower, with more loss and much less safety and support.

- Consumers are not helped by this measure, which would limit choices, raise prices, and provide no measurable safety benefits .

Women's reproductive choices are harmed.

Home birth is a crucial issue of reproductive choice and body sovereignty, and needs to be respected as such. Limitation of who may practice midwifery is the SAME THING as limitation of who a women may choose to attend her. It is an unreasonable limitation of

What is needed is COMMUNICATION, not regulation of something the State simply cannot understand. GOOD solutions CAN be developed, but THIS IS NOT THE WAY.

My recommendation is to hold this bill, and instead consider the creation of a real body that could effectively bring all concerned parties (DOH, cultural

practitioners, traditional birth attendants, CPMs, student midwives, OBGYN/ER doctors, etc) together to build the needed comprehensive solutions to address real consumer protection and safety. A Working Group or Task Force, as recommended by Sen. Dr. Josh Green in 2014.  
PLEASE HOLD THIS MEASURE.

MAHALO!

Natalie Kost Watson  
Traditional Midwife  
NARM CPM Candidate





**LATE**

This alone should stop this measure in its tracks. It creates a sharp dividing line, which ALL local home birth midwives are on the wrong side of. Good training routes of many kinds already exist in Hawai'i, but these are sidelined or criminalized by this measure. This bill encourages midwives from outside of Hawaii to move here, with no cultural competency, while annihilating virtually all local practices. This does not serve the people of Hawai'i, and discriminates against local practitioners and families. You have an obligation to protect the local people of Hawai'i from discrimination and displacement.

- Let's call it what it is: a witch hunt.

The persecution of midwives in Hawai'i goes back to the early days of the Territory, during which healers were being persecuted severely, as part of forced assimilation. The notorious witch hunts in Europe and Early America were similarly, in fact, essentially the persecution of midwives. This bill continues those traditions of forced assimilation, medicalization, and persecution. It is also demeaning, especially to respected cultural elders.

- It is legally unsound.

There are many serious legal problems with this measure. For example, the requirement that a traditional midwife "provides the required disclosures to clients that the individual is practicing midwifery in this State without a license to practice midwifery" (as if a rural cultural elder of any ethnicity should be required to do such a thing) is both offensive and legally unsound. This measure defines a legally exempted category of practitioner, and then, in the same sentence, forces them to state that they are practicing without a license to practice. The legal mess this is likely to create (and that the legislators passing such terrible language would be liable for), along with the potential for serious consequences or even death, is enormous. Generally, This measure is also full of legal gray areas; which are what lawsuits are made of.

- It will not be followed.

It should also be noted that most traditional midwives simply WILL NOT give the disclosure required in the bill, because it might INTERFERE WITH MATERNAL CONFIDENCE. Natural birthing is an ancient and sensitive art with its OWN principles of success and safety, which cannot be broken.

- It is DANGEROUS.

Licensed midwives would be utterly unaffordable and realistically, most other practitioners would be operating underground, as they did before 1999. UNASSISTED births are likely to be prevalent, increasing danger. Amongst attended home births,

TRANSFER DELAYS are the greatest danger, and are often driven by fear (note: it is the mother, not the midwife, who makes the decision to go to a hospital or not, as no one can be forced to do so). Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for consenting to give birth with an unlicensed midwife (per this bill’s requirement!). This increases actual danger substantially, particularly within ethnic groups that fear CWS discrimination, believing that child removal or criminalization might occur due to their choice of provider not seeming legitimate enough. You as legislators need to protect people from the

- Kanaka Maoli traditional practices are NOT protected.

First of all, the central traditional practice is BIRTH, not midwifery. Many traditional Kanaka Maoli births are attended by midwives of OTHER ethnicities. Further, Papa Ola Lokahi does not currently have any mechanism to extend protection to traditional midwives or other birth-related practitioners as such (its mandates are currently strictly for laau lapaau, lomilomi, hooponopono and laau kahea). While this could potentially be developed in the future, at this time such protection would be entirely speculative. Law cannot be based on speculation.

It must be remembered that ALL regulation of traditional midwifery limits, alters, and otherwise adversely impacts traditional Native Hawaiian healing, because the central traditional practice in question is BIRTH, not midwifery.

- The entire term “traditional practice” is externally defined, which goes directly against culture and traditions, which must be internally defined in order to be considered bona fide. See quote from Papa Ola Lokahi-convened Kahuna Statement to the Legislature, 1998: PAPA AUWAE AND ALL OTHER KUPUNA OPPOSED CULTURAL PRACTICES BEING DEFINED BY THE LEGISLATURE:

“...LICENSURE, AND CERTIFICATION ISSUES RAISED IN THE LEGISLATION ARE INAPPROPRIATE AND CULTURALLY UNACCEPTABLE FOR GOVERNMENT TO ASCERTAIN. THESE ARE THE KULEANA OF THE HAWAIIAN COMMUNITY ITSELF THROUGH KUPUNA WHO ARE PERPETUATING THESE PRACTICES.”

<http://www.papaolalokahi.org/images/CHRONOLOGY-of-EVENTS-RELATED-TO-TRADITIONAL-HEALING-2015-Dec.pdf>

- There is no reasonable licensure pathway for Hawai'i clinical midwives who are not CPMs.

It is against the Hawai'i Regulatory Licensing Reform

Act to offer a licensure pathway to a part of a profession, but not all of it, especially as NARM Certification is practically logistically impossible for Hawai'i midwives (thus shifting the recognized practice entirely to those trained outside of Hawai'i). The costs involved in licensing such a tiny cohort also need to be assessed prior to structuring legislation, as this Act also requires licensees to bear the full cost of issuance and administration. For a small cohort with complex needs, this could potentially be astronomical.

- The exemptions do not actually exempt anyone currently practicing traditional midwifery.

For this reason, great damage and endangerment would result in our community. The exemptions also notably miss some major areas crucial to local traditional families, such as grandparent-attended births (illegal under this measure), Aunties assisting nieces to give birth (illegal under this measure), and hanai family (illegal under this measure).

What about Tongan midwives? Filipina midwives? African-American midwives?

Women of all cultures deserve to be attended by WHOEVER THEY WANT, especially experts in ancient birthing practices from their culture. Traditional midwives who are not Hawaiian and do not qualify under SB 1033 are extremely important in the traditions that Hawaiian families are reviving from a nearly decimated cultural past. Many young Kanaka Maoli have the oral history of their grandparents to go on, but not much more. Non-Hawaiian traditional midwives play a crucial support role for ensuring safety, confidence and well-being as these traditions are brought back into being. Without them, the practices would still come back, but slower, with more loss and much less safety and support.

- Consumers are not helped by this measure, which would limit choices, raise prices, and provide no measurable safety benefits .

Women's reproductive choices are harmed.

Home birth is a crucial issue of reproductive choice and body sovereignty, and needs to be respected as such. Limitation of who may practice midwifery is the SAME THING as limitation of who a women may choose to attend her. It is an unreasonable limitation of

What is needed is COMMUNICATION, not regulation of something the State simply cannot understand. GOOD solutions CAN be developed, but THIS IS NOT THE WAY.

My recommendation is to hold this bill, and instead consider the creation of a real body that could effectively bring all concerned parties (DOH, cultural

practitioners, traditional birth attendants, CPMs, student midwives, OBGYN/ER doctors, etc) together to build the needed comprehensive solutions to address real consumer protection and safety. A Working Group or Task Force, as recommended by Sen. Dr. Josh Green in 2014.  
PLEASE HOLD THIS MEASURE. MAHALO!

March 28, 2019

To: Rep. Sylvia Luke, Chair  
Rep. Ty J.K. Cullen, Vice Chair  
House Committee on Finance

From: Laura Nevitt, Director of Public Policy  
Hawaii Children's Action Network

Re: **S.B. 1033, SD2, HD1– RELATING TO THE LICENSURE OF MIDWIVES. Hawaii  
State Capitol, Room 308 , March 19, 2019, 3:30 PM**

**LATE**

**HCAN is committed to improving lives and being a strong voice advocating for Hawai'i's children. We write to SUPPORT WITH AMMENDMENTS for S.B. 1033 SD2 HD1 proposed, which would establish licensure of midwives. Temporarily exempts birth attendants and exempts Native Hawaiian healers from licensure requirements. Establishes task force. Appropriates funds. (SB1033 HD1)**

We agree with both State Auditor's Reports No. 99-14 and No.17-01 determination that the midwifery profession should be regulated. Hawai'i had regulation of midwifery from the early 1930's through 1998; we believe it is time to restore regulation of midwifery in Hawai'i to integrate midwifery within our healthcare system and ensure that all persons who receive maternity and women's health services are provided the opportunity to choose safe and competent care.

SB1033 SD2 HD1, as it is written, does not meet International Confederation of Midwives minimums standards and the US Midwifery Education, Regulation and Association agreed upon language. We strongly recommend the following amendments proposed by the Midwives Alliance of Hawaii.

**We strongly urge the legislature to utilize the International Confederation of Midwives' (ICM) definitions as they are the global standard. Hawai'i would be remiss to utilize the narrow language of SB1033 SD2 HD1.**The legislature states in the preamble to SB1033 SD2 HD1 "that the profession of midwifery has continued to evolve since the lapse in regulation. Common definitions, training, and competency standards for the practice of midwifery have developed both on a global and national level." This is correct. Midwives education and training has evolved to a well-rounded scope of practice that includes family planning, preconception care, well woman, cervical and breast cancer screenings, and administering legend drugs to treat conditions that are identified. Additionally, certified midwives' education includes advanced pharmacology in order to prescribe medications for identified conditions. Certified midwives currently have full, independent prescriptive authority, including DEA, in New York, Rhode Island and Maine. These are the skills that the ICM and national professional midwifery associations state in their scope of practice of a midwife and demonstrate through Job Analyses, and accrediting bodies affirm through exam content covering more than pregnancy, birth and postpartum.

Midwives Alliance of Hawai'i believe that women and families in Hawai'i deserve the opportunity to access a midwife who has been certified as having demonstrated international and nationally recognized competencies. We believe that licensing midwives will increase access to midwifery care across Hawai'i, especially in rural communities and neighbor islands. The majority of midwives in Hawai'i who are nationally certified and not nurse-midwives currently live on neighbor islands. Through licensure, midwives should be permitted to work to their fullest scope and within a collaborative health care system. We believe Hawai'i can be a leader in midwifery care when midwives are practicing to their fullest scope. Utilizing definitions that permit the practice of midwifery according to a midwife's education and training provide Hawai'i and our community with the highest potential for achieving optimal health outcomes.

We respect a mother and family's right to choose to seek care from a midwife, birth attendant, traditional Native Hawaiian healer, cultural practitioner, and/or other person of their choice. We believe mothers have a right to informed choice and that having a licensed midwife program lets the public know that anyone calling themselves a midwife has met and demonstrated international and national standards of midwifery practice. We believe persons with cultural practices who choose to become midwives by obtaining formal education and demonstrating competencies are at an advantage in serving our diverse community because their cultural and midwifery knowledge is synergistic. We believe choosing a midwife as a care provider does not in any way prohibit a client from practicing their own culture.

We respect the Hawai'i Home Birth Collective's ask for a task force and support the inclusion of it within this bill.

We strongly urge you to support SB1033 SD2 HD1 with our recommended amendments in order to effectively establish a regulatory program for the practice of midwifery.

*HCAN is committed to building a unified voice advocating for Hawaii's children by improving their safety, health, and education.*

Council Chair  
Kelly T. King

Vice-Chair  
Keani N.W. Rawlins-Fernandez

Presiding Officer Pro Tempore  
Tasha Kama

Councilmembers  
Riki Hokama  
Alice L. Lee  
Michael J. Molina  
Tamara Paltin  
Shane M. Sinenci  
Yuki Lei K. Sugimura



Director of Council Services  
Maria E. Zielinski

**COUNTY COUNCIL**  
COUNTY OF MAUI  
200 S. HIGH STREET  
WAILUKU, MAUI, HAWAII 96793  
[www.MauiCounty.us](http://www.MauiCounty.us)

**LATE**

March 28, 2019

TO: The Honorable Representative Sylvia Luke, Chair  
House Committee on Finance

FROM: Tamara Paltin  
Councilmember (West Maui District)

SUBJECT: HEARING OF MARCH 29, 2019; OPPOSING SB 10333 SD2 HD1,  
RELATING TO THE LICENSURE OF MIDWIVES

Dear Representative Luke and Committee Members:

Mahalo for the opportunity to offer testimony in OPPOSITION to this measure. The purpose of this measure is establishes licensure of midwives. Temporarily exempts birth attendants and exempts Native Hawaiian healers from licensure requirements. Establishes task force. Appropriates funds.

The Maui County Council has not had the opportunity to take a formal position on this measure. Therefore, I am providing these comments in my capacity as an individual member of the Maui County Council.

Regulations set forth in this bill are exclusive. I believe there needs to be a comprehensive solution to bring all stakeholders together to better understand what regulations should be in place to protect mothers and children while ensuring the mothers' right to choose birthing methods.

Mahalo for your consideration of this important measure.

**LATE**

**SB-1033-HD-1**

Submitted on: 3/28/2019 5:32:09 PM

Testimony for FIN on 3/29/2019 3:30:00 PM

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

Comments:

**LATE**

**SB-1033-HD-1**

Submitted on: 3/28/2019 6:03:26 PM

Testimony for FIN on 3/29/2019 3:30:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Leilani Digmon	Individual	Oppose	No

Comments:



**LATE**

**SB-1033-HD-1**

Submitted on: 3/28/2019 6:15:45 PM

Testimony for FIN on 3/29/2019 3:30:00 PM

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

Comments:

**LATE**

**SB-1033-HD-1**

Submitted on: 3/28/2019 6:29:54 PM

Testimony for FIN on 3/29/2019 3:30:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Rocio Bueno	Individual	Oppose	No

Comments:

Aloha memebers of the committee,

There are numerous problems with SB1033 SD2 HD1. I want to point out just one for the time being.

The bill as it is written DOES limit choice for people. Traditional and Cultural Midwives will be unable to lawfully call themselves midwives or to advertise. How will anyone who is looking for their particular services be able to find them?

Mahalo,

Rocio Bueno

**LATE**

**SB-1033-HD-1**

Submitted on: 3/28/2019 8:03:01 PM

Testimony for FIN on 3/29/2019 3:30:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Tara Compehos	business	Oppose	No

Comments:

**Please vote no unless it removes the parts that make traditional midwives illegal after 2023.**

**LATE**

Regular Session of 2019  
SB1033\_sb2\_hd1, Hearing date 3/29/2019, Room 308, 3:30pm

Testimony in **STRONG OPPOSITION**

Aloha House Committee on Finance, Honorable Chair Luke, Vice Chair Cullen, and committee members,

I am a registered and active voter. I feel this bill is unconstitutional. I am the daughter of a direct entry midwife. This bill will make my mom no longer able to work as a midwife or call herself a midwife. She has dedicated over 24 years of her life to being a midwife. I am writing this testimony with a hope it doesn't fall on deaf ears

According to the DCCA, a professional license is a form of consumer protection. It is the position of the Hawai'i Midwifery Council that birth is a normal biological process that in itself does not pose a risk to public safety. If anything, a midwife protects a consumer from having a bad outcome during childbirth at home by knowing when the birthing process has deviated from normal, which allows for a safe and timely transport of their client to the nearest hospital for medical assistance.

The state's neonatal mortality rate fell from 6.1% in 2016, to 5.3% in 2017 despite the fact that direct entry midwives are not licensed. The homebirth community averages fewer than 1 infant death per year. To date, there has NEVER been a maternal death resulting from a midwife attended homebirth.

The auditor's position was established to eliminate waste and inefficiency in government, provide the Legislature with a check against the powers of the executive branch, and ensure that public funds are expended according to legislative intent. Its mission is to improve government through independent and objective analyses.

## **Hawai'i State Auditor's 2017 Summary**

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 (CPMs), 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 CPM credential from the North American Registry of Midwives, which is one of several midwifery associations.”**

**“Licensure of Certified Professional Midwives (CPMs) as proposed in HB1899\_hd1, is not consistent with or otherwise supported by the policy criteria for professional licensing in the Hawai'i Regulatory Reform Act. In our view, the proposed regulation of CPMs, who are just one type of midwife, is flawed because it applies to only a relatively small segment of the midwifery profession, i.e., CPMs, and therefore, unnecessarily benefits that group.”**

I urge you to deeply consider the importance of the decision before you. It is not a simple or straightforward thing to require a credential that has only existed for 24 years as the only requirement for licensure into one of the oldest professions in existence. Since the dawn of human existence, midwives have sat with woman as they birthed.

Please do not support SB1033\_SD2\_HD1.

Mahalo for your time and consideration,

Nicole Struempf

**LATE**

**SB-1033-HD-1**

Submitted on: 3/28/2019 7:54:05 PM

Testimony for FIN on 3/29/2019 3:30:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Nalu Compehos	Individual	Oppose	No

Comments:

**LATE**

**SB-1033-HD-1**

Submitted on: 3/28/2019 7:55:40 PM

Testimony for FIN on 3/29/2019 3:30:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Kamali Compehos	Individual	Oppose	No

Comments:

**LATE**

**SB-1033-HD-1**

Submitted on: 3/28/2019 7:58:19 PM

Testimony for FIN on 3/29/2019 3:30:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
poco compehos	Individual	Oppose	No

Comments:



**LATE**

**SB-1033-HD-1**

Submitted on: 3/28/2019 8:01:22 PM

Testimony for FIN on 3/29/2019 3:30:00 PM

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

Comments:

Regular Session of 2019

SB1033\_sb2\_hd1, Hearing date 3/29/2019, Room 308, 3:30pm

Testimony in **STRONG OPPOSITION**

Aloha House Committee on Finance, Honorable Chair Luke, Vice Chair Cullen, and committee members,

I feel this bill is unconstitutional.

I am the son of a direct entry midwife. This bill will make my mom no longer able to work as a midwife or call herself a midwife. She has dedicated over 24 years of her life to being a midwife. I am writing this testimony with a hope it doesn't fall on deaf ears

According to the DCCA, a professional license is a form of consumer protection. It is the position of the Hawai'i Midwifery Council that birth is a normal biological process that in itself does not pose a risk to public safety. If anything, a midwife protects a consumer from having a bad outcome during childbirth at home by knowing when the birthing process has deviated from normal, which allows for a safe and timely transport of their client to the nearest hospital for medical assistance.

The state's neonatal mortality rate fell from 6.1% in 2016, to 5.3% in 2017 despite the fact that direct entry midwives are not licensed. The homebirth community averages fewer than 1 infant death per year. To date, there has NEVER been a maternal death resulting from a midwife attended homebirth.

The auditor's position was established to eliminate waste and inefficiency in government, provide the Legislature with a check against the powers of the executive branch, and ensure that public funds are expended according to legislative intent. Its mission is to improve government through independent and objective analyses.

**Hawai'i State Auditor's 2017 Summary**

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 (CPMs), 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 CPM credential from the North American Registry of Midwives, which is one of several midwifery associations.”**

**“Licensure of Certified Professional Midwives (CPMs) as proposed in HB1899\_hd1, is not consistent with or otherwise supported by the policy criteria for professional licensing in the Hawai’i Regulatory Reform Act. In our view, the proposed regulation of CPMs, who are just one type of midwife, is flawed because it applies to only a relatively small segment of the midwifery profession, i.e., CPMs, and therefore, unnecessarily benefits that group.”**

I urge you to deeply consider the importance of the decision before you. It is not a simple or straightforward thing to require a credential that has only existed for 24 years as the only requirement for licensure into of one of the oldest professions in existence. Since the dawn of human existence, midwives have sat with woman as they birthed.

Please do not support SB1033\_SD2\_HD1.

Mahalo for your time and consideration,

Gabriel Struempf

**LATE**

**SB-1033-HD-1**

Submitted on: 3/28/2019 8:01:52 PM

Testimony for FIN on 3/29/2019 3:30:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Christy Takemoto	Individual	Support	No

Comments:

**I strongly support SB1033 and urge legislators to adopt MAH amendments.**

*I am an OB/GYN physician practicing on Maui for almost 12 years. Lay midwives doing homebirths on Maui have been a recurrent patient safety issue for our community. We all have cared for multiple homebirth complications that have resulted in preventable maternal ICU admissions and fetal/neonatal deaths. I personally have encountered countless cases of mismanagement of care. We find that many patients are confused as to what the credentialing and experience of their midwife has been. Furthermore, because these midwives have no credentialing or licensing there is no way for them to be accountable for malpractice or bad outcomes. Please continue support of this important bill to protect women and children of Hawaii.*

**LATE**

**SB-1033-HD-1**

Submitted on: 3/28/2019 8:27:59 PM

Testimony for FIN on 3/29/2019 3:30:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Jane Gallagher Felix	Individual	Support	No

Comments:

Aloha Chair Luke, Vice Chair Cullen and committee members,

I would like to urge you to support SB 1033 SD2 HD1 with the amendments recommended by the Midwives Alliance of Hawaii's. The amendments the Alliance proposes are critical to defining and regulating CPMs in a fashion consistent with international and national standards. As in so many other professions, defining the education, scope of practice and standards which must be maintained to practice are meant to create uniformity in the quality of practitioner and safety for the community. Midwives responsible for the lives of an infant and mother must be held to the highest standards and those standards must be clearly defined. It is inconsistent for the state to regulate nurses and doctors and not do so with midwives who provide the same or similar care.

Thank you for the opportunity to testify,

Jane Gallagher Felix, MSN, APRN, IBCLC

# American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



**LATE**

## Hawaii Chapter

---

### AAP - Hawaii Chapter

P.O. Box 25817  
Honolulu, HI 96825  
aaphawaii.org

### Hawaii Chapter Board

#### President

Mae S. I. Kyono, MD, FAAP  
1319 Punahou Street, 7th Floor  
Honolulu, HI 96826  
Phone: 808- 780-5286  
mkyono@hawaii.edu

#### Vice-President

Michael Ching, MD, MPH, FAAP  
2828 Paa Street  
Honolulu, HI 96819  
Phone: 808- 432-5700  
michael.s.ching@kp.org

#### Secretary

Josephine Quensell, MD, FAAP  
1319 Punahou Street, Suite 1050  
Honolulu, HI 96826  
Phone: 808- 942-8144  
quensell@hawaii.edu

#### Treasurer

Vince Yamashiroya, MD, FAAP  
1010 S. King Street, Suite 105  
Honolulu, HI 96814  
Phone: 808- 596-2030  
vinceyamashiroya@gmail.com

#### Immediate Past President

R. Michael Hamilton, MD, MS,  
FAAP  
1010 Pensacola Street  
Honolulu, HI 96814  
Phone: 808- 375-3961  
michael.r.hamilton@kp.org

#### Chapter Executive Director

Sharon Hicks  
P.O. Box 25817  
Honolulu, HI 96825  
Phone: 808- 282-4944  
haapsharon@gmail.com

March 28, 2019

To: House Committee on Finance, Rep. Sylvia Luke, Chair, Rep. Ty J.K. Cullen, Vice-Chair

From: American Academy of Pediatrics, Hawaii Chapter

Re: Support for SB 1033 SD2 HD1 Relating to the Licensure of Midwives

Hearing: March 29, 2019, 3:30 pm, Conference Room 308, State Capitol

Dear Representatives Luke and Cullen and members of the committee:

The American Academy of Pediatrics, Hawaii Chapter, **supports** SB 1033 SD2 HD1 Relating to the Licensure of Midwives and offers proposed **amendments** below. SB 1033 creates regulation of midwives (certified midwives and certified professional midwives) through a midwifery program under the Department of Commerce and Consumer Affairs.

This legislation would improve safety for pregnant women and newborns. Currently there are no minimum education or competency standards required for advanced practice nurses to declare themselves as midwives. This legislation would mean that patients electing to use midwives would be guaranteed that their provider has been trained according to national and international standards for midwifery.

This legislation would also improve transparency of the midwife profession. Regulation under the Department of Commerce and Consumer Affairs would permit families recourse to a complaint process if they experience negligence, unprofessional conduct, or harm by a person practicing midwifery.

In collaboration with other organizations, we offer the following amendments for consideration:

**1. Definition of "midwife"** – Revise the definition of "midwife" to read:

"Midwife" means a person licensed under this chapter.

**2. Requirements for licensure** – clarify that CPMs must have formal education and training by inserting into section -8 the following language as a new sub-paragraph (4) and re-numbering the following sections:

*(4) For Certified Professional Midwives, proof of successful completion of a formal midwifery education and training program as follows:*

*(A) An educational program or pathway accredited by the Midwifery Education Accreditation Council; or*

*(B) A midwifery bridge certificate issued by the North American Registry of Midwives for certified professional midwife applicants who either obtained certification before January 1, 2020, through a non-accredited pathway or who have maintained licensure in a state that does not require an accredited education;*

The American Academy of Pediatrics, Hawaii Chapter, is an organization of over 300 pediatric providers. Our mission is to attain optimal physical, mental and social health and well-being for infants, children, adolescents and young adults.

Thank you for the opportunity to provide testimony.

**LATE**

**SB-1033-HD-1**

Submitted on: 3/29/2019 10:13:34 AM

Testimony for FIN on 3/29/2019 3:30:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Jennifer Mathieu	Individual	Support	No

Comments:

I strongly support SB1033 and urge legislators to adopt MAH amendments. I have 16 years of experience as an OBGYN physician. I have worked with multiple certified nurse midwives that have provided excellent care. These individuals have appropriate training and continued education and work closely with physician counterparts to provide safe and appropriate care to their patients. I have now worked on Maui for 2 years and saddened by the lack of educational requirements and certification of midwives here. In the short time I have been here, I have encountered multiple patients under lay midwife care that were high risk and should not have been undergoing continued care in a home setting, out of the hospital. In several cases, this resulted in complications for the mother and/or baby. SB1033 will help to stop this inappropriate practice and provide safety for the women and infants of Maui.

**LATE**

**SB-1033-HD-1**

Submitted on: 3/29/2019 9:54:44 AM

Testimony for FIN on 3/29/2019 3:30:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Ariana Light	Individual	Oppose	No

Comments:

I, Ariana Light, oppose this bill. It does not honor ancient practices and personal freedom and choice. If a woman is pregnant it is her choice who assists her. There are woman who have practiced midwifery for decades here in Hawaii that are not being honored for their hundreds of births. Although, I do want midwifery to be more accesable and legal, I do not agree with how this Bill is written. Rewrite it and grandfatger in thise with honorable experience and aloha.

Thank you for your time





**LATE**

To: Honorable Chair Sylvia Luke  
Honorable Vice Chair Ty J.K. Cullen  
Members of the House Committee on Finance

Hearing: Friday, 03-29-19 3:30PM in House conference room 308.

Bill: SB1033 HD1 Relating to the Licensure of Midwives

Position: Oppose unless the portions that make traditional midwives illegal after 2023 are removed.

Aloha Chair Luke, Vice Chair Cullen, and members of the House Committee on Finance,

The Health Committee of the Democratic Party of Hawai'i supports the intent of this measure to standardize Hawai'i's midwifery care, but we have serious concerns about SB1033 HD1 as written. We greatly appreciate the inclusion of the much-needed Task Force in the HD1 version and look forward to seeing their recommendations for how best to regulate traditional midwives in our unique island state, but we cannot support SB1033 **unless the portions that make traditional midwives illegal after 2023 are removed.**

In our 2019 rural health needs outreach assesment done by our neighbor island committee members, we found that on all neighboring islands, the need for additional birthing care was at the top of the list of concerns. The current draft of this measure would limit the availability of care in areas where the need is greatest.

**As Democrats, we strongly support every woman's right to choose.** We believe that freedom of choice extends to all reproductive health care decisions, including the immensely personal decision of who is present at a woman's birth. This bill incorrectly claims "This Act will continue to allow a woman to choose where and with whom she gives birth," but making traditional midwives illegal after 2023 would result in a dramatic reduction of the number midwives available to legally attend out-of-hospital births in the state. Some local women would not be allowed to legally choose the same midwife that attended her previous birth, and one of our actual members would not be allowed to legally choose the same midwife who attended her own birth decades ago.

These effects will disproportionately impact people who live in extremely rural areas on neighbor islands, as well as people who cannot afford health insurance.

Please respect the critical role of Hawai'i's highly experienced, traditionally trained midwives by **removing the portions that make traditional midwives illegal after 2023.** Mahalo for your consideration of these critical points while voting on this highly impactful measure.

Mahalo for your consideration,

Marion Poirier  
Vice Chair, Health Committee,  
Democratic Party of Hawai'i

**SB-1033-HD-1**

Submitted on: 3/29/2019 8:03:45 AM

Testimony for FIN on 3/29/2019 3:30:00 PM

**LATE**

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

Comments:

**LATE**

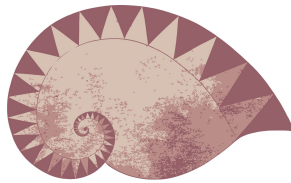
**SB-1033-HD-1**

Submitted on: 3/29/2019 7:42:41 AM

Testimony for FIN on 3/29/2019 3:30:00 PM

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

Comments:



Pono Hawai'i Initiative

**LATE**

Josh Frost - President • Kau'i Pratt-Aquino - Secretary • Patrick Shea - Treasurer  
Kristin Hamada • Nelson Ho • Summer Starr

Thursday, March 28, 2019

Testifying with comments and amendments

Aloha, Chair and Committee members

The Pono Hawai'i Initiative (PHI) **supports the intent of SB1033 relating to Midwives, but does not support the existing language that criminalizes existing midwives after 2023.**

**At the minimum this date should be extended to 2025 to match the bill's sunset date.**

This is an important issue that must be dealt with, however making traditional midwives illegal without offering them a reasonable and local path toward licensure and/or registration is not an appropriate, fair or just solution.

Mahalo for the opportunity to testify,

Gary Hooser  
Executive Director  
Pono Hawai'i Initiative

**LATE**

**SB-1033-HD-1**

Submitted on: 3/29/2019 7:33:17 AM

Testimony for FIN on 3/29/2019 3:30:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Summer Yadao	Individual	Oppose	Yes

Comments:

Aloha, thank you for taking our testimony in OPPOSITION of SB1033.

Hawai'i's families do not need laws regarding home birth. The State does not need to waste its time and resources to only regulate a few midwives.

What we need is for insurance companies to cover home births. Home births don't cost nearly as much as hospital births do, with better resultd.

What we need is for hospitals to collaborate with out of hospital birth attendings to create a more respectful, loving, nurturing environment for birthing families.

Please do not waste our tax dollars, or any funding on the regulation of a practice as old as time, when there are more practical and inexpensive ways to give Hawai'i families what they need and want.

Mahalo,

Summer Yadao, born in Wahiawa, raised in Hawai'i and single mother to 3.

**SB-1033-HD-1**

Submitted on: 3/29/2019 6:38:12 AM

Testimony for FIN on 3/29/2019 3:30:00 PM

**LATE**

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Kekapala Dye	Individual	Oppose	No

Comments:

This bill is financially unreasonable. Asking the state to pay hundreds of thousands of dollars to license a handful of midwives over all of hawaii is a very poor use of our money. It is not the people asking for this bill. It is organizations.

Please OPPOSE SB 1033

**LATE**

**SB-1033-HD-1**

Submitted on: 3/29/2019 5:30:46 AM

Testimony for FIN on 3/29/2019 3:30:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Janice Giles	Individual	Oppose	No

Comments:

I am in opposition of SB1033. We have family and friends who have had excellent midwives. I felt that they made their transition into motherhood smooth and loving. It is the right of an individual what she wants to do with her body. Midwives such as Dr. Lori and Dr. Ngyuen know how to balance Eastern and Western techniques. I feel that women like that are a plus, because they see more options for the mother.

Aloha, Janice Giles

**LATE**

**SB-1033-HD-1**

Submitted on: 3/29/2019 5:17:02 AM

Testimony for FIN on 3/29/2019 3:30:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Nikki Kumura	Individual	Support	No

Comments:

**I strongly urge legislators to adopt Hawaii ACOG's recommended amendments and pass this bill**



**SB-1033-HD-1**

Submitted on: 3/29/2019 3:09:54 AM

Testimony for FIN on 3/29/2019 3:30:00 PM



<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Pamela Estrada	Individual	Support	No

Comments:

I strongly urge legislators to adopt Hawaii ACOG's recommended amendments and pass this bill.

**LATE**

Chair Luke, Vice Chair Cullen, and Members of the Finance Committee:

My name is Ramona Hussey, former attorney, child advocate, and homebirth mom of three adult children. And I am opposed to SB1033, the midwifery licensing bill.

The midwife who attended my births was a Traditional Midwife, trained under experts in a birthing center and who has assisted with hundreds of births. She has practiced in Hawaii for over 30 years, but would be made illegal by this bill. All her training, her experience, her skills would be lost, as would dozens of other midwives who chose not to practice in the medical pathway to birth.

This bill defines a midwife as someone who can order lab work and prescribe pitocin -- just like doctors and nurse-midwives do. And that's fine for those who want to give birth in a hospital. But there are homebirth mothers like me who actively CHOOSE non-medicalized, traditionally trained MIDWIVES (and yes, they have always been called "midwives").

This particular version of SB1033 doesn't even pretend to exempt Traditional Midwives. In fact, that term is left completely out of the proposed bill. It gives those who are "acting as a birth attendant" until 2023 to get "certified" and licensed. That will be the end of all other midwives, except those "certified".

Why is this important? I want my daughter and her daughters to have the choice for a homebirth. More immediately important is the need on the neighbor islands for Traditional Midwives. For those women who live in rural areas, far from a birthing center, or who don't have health insurance, they rely on Traditional Midwives for their prenatal and birthing care.

Many other states allow Traditional Midwives to continue to assist women, even as they license other types of midwives. We know this is true for Oregon and Utah, and there are others. Hawaii does not need to be punitive.

The bill states "*this Act will continue to allow a woman to choose where and with whom she gives birth*". This is an empty promise. There will BE no Traditional Midwives available to help with homebirths, once Traditional Midwives are outlawed.

**I urge you to vote NO on this Bill unless you remove the part of the bill which will make my midwife illegal in 2023.**

**SB-1033-HD-1**

Submitted on: 3/28/2019 11:27:56 PM

Testimony for FIN on 3/29/2019 3:30:00 PM



Submitted By	Organization	Testifier Position	Present at Hearing
Dr. Ye Nguyen	Individual	Support	Yes

Comments:

Aloha Honorable Chair Luke, Vice Chair Cullen and committee members,

My name is Ye Nguyen. I live on the North Shore of Oahu. I strongly OPPOSE SB 1033, SD2 HD1.

I am a licensed naturopathic physician, midwife and doula. I have been a birth worker for over 15 years. I am also a home birth mother of 2.

I believe in integrative medicine. I believe in collaboration, in working together.

It saddens me to think that if this bill is passed, all traditional and cultural midwives will be made illegal by 2023. There will be a great financial burden on the state to run the licensing department for only a handful of CPM midwives that qualify and want licensure. Home births will become even more unsafe, when midwives are driven underground unable to openly work in collaboration with hospitals. Again, this is another greatly flawed bill that disrespects & eliminates the majority of our currently practicing wise women midwives.

The politics of midwifery is a heavy subject. I can see all sides and each person or organization makes a compelling argument. I have worked alongside some truly amazing Ob/Gyns, labor and delivery nurses, doulas, CNMs, CPMs, naturopathic physician midwives, cultural midwives, biblical midwives and traditional midwives. Each person has had a different type of training and yet were exactly what our mothers needed at that moment in time.

Hawai'i is a very unique place here in the middle of the ocean. Access to formal midwifery education is not very accessible to most living here. We live in a melting pot of multiple cultures, who want to preserve their practices and traditions.

What right does the state to take the word "midwife" and use it for only CPMs, licensed by the state of Hawaii? That is truly insulting to the many midwives who have rightfully earned that title through years of service.

Every birth that takes place, whether it be at the hospital or at home is truly a sacred event. What if we could see that having a baby does not have to be viewed as medical

procedure? What if we knew that having a baby is not something to be feared rather something to be excited about? What if we didn't own someone's else's experiences and stories as our own? What if we truly understood the uniqueness of every journey that a baby comes Earthside with his or her mother?

Midwifery as an art & spiritual practice, as well as a science. It's not just another profession that needs to be regulated. What if we could honor all the wise women, who hold space for this very special time rather than put them up at the stake? What if we could all see past our differences and see the common thread in each and every one of us?

I hope that each and every one of you thoroughly understand the complexity of what it means to regulate all midwives. This bill, as a whole, will eliminate the majority of the midwives who are currently practicing. We all want the same thing. We all deeply care about the safety and well being of our mothers and their babies, first and foremost.

The harsh reality of this bill, is that there are certain people or organizations that want to eliminate the majority of the community midwives. It saddens me to see that in this day and age, this bill is a representation of a modern day "witch hunt" of midwives. Lies have been spread about some of my midwife sisters to some of you. The politics of midwifery has gotten very ugly and makes me sick to my stomach.

The community has spoken up and opposed every single version of this bill that has been submitted. Hundreds of people have submitted testimony & poured their hearts out sharing with you all why it is important to them. I hope that you truly listen and take their voices, your community that you serve, into consideration. I hope that you will make the right decision for our home birth mothers because you have researched and thoroughly understood this issue, not based on fear or ignorance.

Thank you for your time, energy and service.

Respectfully,

Dr. Ye Nguyen

**LATE**



---

March 29, 2019

House Committee on Finance

**SB1033 RELATING TO THE LICENSURE OF MIDWIVES**

**Position:** OPPOSE unless the portions that make non-certified midwives illegal after 2023 are removed.

Aloha Chair Luke, Vice Chair Cullen, and members of the committee,

YPDA Hawaii appreciates the intent of SB1033 HD1 to create a licensure program for CPMs and CMs while commissioning a Home Birth Task Force to recommend legislation for how best to regulate non-certified midwives in Hawaii. **However, we have serious concerns that the language in § -6 Exemptions. (a) (5) would result in about half of Hawaii's midwives who are currently practicing to become illegal in 2023.**

We understand the desire for the legislature to regulate this profession, but fear that it will result in reduced access to care if regulation is too restrictive- particularly for rural areas on neighbor islands where they truly depend on their highly experienced, traditionally trained midwives.

We also have concerns that this will restrict a woman's right to choose traditional midwives after July 1, 2023, if the legislature does not prioritize and pass the recommendations of the task force to fix this as intended. Making traditional midwives illegal by default undermines the work of the task force, and makes many of our longest practicing midwives feel persecuted despite the fact that they have done nothing wrong.

Please honor the traditional midwives who have been practicing in Hawaii since long before these certifications existed, and **remove the portions of this bill that make it illegal for them to practice after July 1, 2023.** Mahalo for the opportunity to testify.

YPDA Social Justice Action Committee

**SB-1033-HD-1**

Submitted on: 3/28/2019 10:29:35 PM

Testimony for FIN on 3/29/2019 3:30:00 PM

**LATE**

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Sherry Pollack	Individual	Oppose	No

Comments:

**SB-1033-HD-1**

Submitted on: 3/28/2019 10:29:05 PM

Testimony for FIN on 3/29/2019 3:30:00 PM


**LATE**

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
David Mulinix	Individual	Oppose	No

Comments:



From: Corey Fellezs <noreply@jotform.com>  
Sent: Friday, March 29, 2019 8:46 AM  
To: FINtestimony  
Subject: Testimony in OPPOSITION to SB 1033

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Corey Fellezs
Email	coreyfellezs@gmail.com
Type a question	<p>Aloha House Finance Committee Chair Luke, Vice-Chair Cullen, and committee members, I am testifying in STRONG OPPOSITION to SB 1033 SD2 HD1 which would require licensure of midwives. I oppose ALL versions of this bill. We ask you to PLEASE oppose this measure! It is a FINANCE DISASTER, it is DANGEROUS, and it is DISCRIMINATORY and UNCONSTITUTIONAL. This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices, and places a terrible financial burden on local families. Here is why:</p> <ul style="list-style-type: none"> <li>• The costs are insane!</li> </ul> <p>According to the DCCA, "The costs associated with licensing approximately 13 midwives would be \$203,000." Because State licensing law requires licensure to pay for itself, those 13 eligible midwives would bear a cost burden of \$15,615 each per year, which would be passed directly on to the families they serve. This is IF all 13 who are eligible can afford this astounding fee; if not, it is further increased. These costs would also be greatly increased if a hearing were to take place, a lawsuit or criminal action occurred, or other incidental expenses were incurred for any reason.</p> <p>THIS MAKES MIDWIFE-ATTENDED BIRTHS ACCESSIBLE ONLY TO THE EXTREMELY PRIVILEGED! This is economic discrimination, and places a terrible, prohibitive burden on local families, which is likely to result in more unattended "DIY" births without midwifery support. As the FINANCE Committee, you MUST OPPOSE this.</p> <ul style="list-style-type: none"> <li>• This measure is discriminatory!</li> </ul> <p>ONLY Midwives trained outside of Hawaii are eligible.</p>



This alone should stop this measure in its tracks. It creates a sharp dividing line, which ALL local home birth midwives are on the wrong side of. Good training routes of many kinds already exist in Hawai'i, but these are sidelined or criminalized by this measure. This bill encourages midwives from outside of Hawaii to move here, with no cultural competency, while annihilating virtually all local practices. This does not serve the people of Hawai'i, and discriminates against local practitioners and families. You have an obligation to protect the local people of Hawai'i from discrimination and displacement.

- Let's call it what it is: a witch hunt.

The persecution of midwives in Hawai'i goes back to the early days of the Territory, during which healers were being persecuted severely, as part of forced assimilation. The notorious witch hunts in Europe and Early America were similarly, in fact, essentially the persecution of midwives. This bill continues those traditions of forced assimilation, medicalization, and persecution. It is also demeaning, especially to respected cultural elders.

- It is legally unsound.

There are many serious legal problems with this measure. For example, the requirement that a traditional midwife "provides the required disclosures to clients that the individual is practicing midwifery in this State without a license to practice midwifery" (as if a rural cultural elder of any ethnicity should be required to do such a thing) is both offensive and legally unsound. This measure defines a legally exempted category of practitioner, and then, in the same sentence, forces them to state that they are practicing without a license to practice. The legal mess this is likely to create (and that the legislators passing such terrible language would be liable for), along with the potential for serious consequences or even death, is enormous. Generally, This measure is also full of legal gray areas; which are what lawsuits are made of.

- It will not be followed.

It should also be noted that most traditional midwives simply WILL NOT give the disclosure required in the bill, because it might INTERFERE WITH MATERNAL CONFIDENCE. Natural birthing is an ancient and sensitive art with its OWN principles of success and safety, which cannot be broken.

- It is DANGEROUS.

Licensed midwives would be utterly unaffordable and realistically, most other practitioners would be operating underground, as they did before 1999. UNASSISTED births are likely to be prevalent, increasing danger. Amongst attended home births,

TRANSFER DELAYS are the greatest danger, and are often driven by fear (note: it is the mother, not the midwife, who makes the decision to go to a hospital or not, as no one can be forced to do so). Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for consenting to give birth with an unlicensed midwife (per this bill’s requirement!). This increases actual danger substantially, particularly within ethnic groups that fear CWS discrimination, believing that child removal or criminalization might occur due to their choice of provider not seeming legitimate enough. You as legislators need to protect people from the

- Kanaka Maoli traditional practices are NOT protected.

First of all, the central traditional practice is BIRTH, not midwifery. Many traditional Kanaka Maoli births are attended by midwives of OTHER ethnicities. Further, Papa Ola Lokahi does not currently have any mechanism to extend protection to traditional midwives or other birth-related practitioners as such (its mandates are currently strictly for laau lapaau, lomilomi, hooponopono and laau kahea). While this could potentially be developed in the future, at this time such protection would be entirely speculative. Law cannot be based on speculation.

It must be remembered that ALL regulation of traditional midwifery limits, alters, and otherwise adversely impacts traditional Native Hawaiian healing, because the central traditional practice in question is BIRTH, not midwifery.

- The entire term “traditional practice” is externally defined, which goes directly against culture and traditions, which must be internally defined in order to be considered bona fide. See quote from Papa Ola Lokahi-convened Kahuna Statement to the Legislature, 1998: PAPA AUWAE AND ALL OTHER KUPUNA OPPOSED CULTURAL PRACTICES BEING DEFINED BY THE LEGISLATURE:

“...LICENSURE, AND CERTIFICATION ISSUES RAISED IN THE LEGISLATION ARE INAPPROPRIATE AND CULTURALLY UNACCEPTABLE FOR GOVERNMENT TO ASCERTAIN. THESE ARE THE KULEANA OF THE HAWAIIAN COMMUNITY ITSELF THROUGH KUPUNA WHO ARE PERPETUATING THESE PRACTICES.”

<http://www.papaolalokahi.org/images/CHRONOLOGY-of-EVENTS-RELATED-TO-TRADITIONAL-HEALING-2015-Dec.pdf>

- There is no reasonable licensure pathway for Hawai'i clinical midwives who are not CPMs.

It is against the Hawai'i Regulatory Licensing Reform

Act to offer a licensure pathway to a part of a profession, but not all of it, especially as NARM Certification is practically logistically impossible for Hawai'i midwives (thus shifting the recognized practice entirely to those trained outside of Hawai'i). The costs involved in licensing such a tiny cohort also need to be assessed prior to structuring legislation, as this Act also requires licensees to bear the full cost of issuance and administration. For a small cohort with complex needs, this could potentially be astronomical.

- The exemptions do not actually exempt anyone currently practicing traditional midwifery.

For this reason, great damage and endangerment would result in our community. The exemptions also notably miss some major areas crucial to local traditional families, such as grandparent-attended births (illegal under this measure), Aunties assisting nieces to give birth (illegal under this measure), and hanai family (illegal under this measure).

What about Tongan midwives? Filipina midwives? African-American midwives?

Women of all cultures deserve to be attended by WHOEVER THEY WANT, especially experts in ancient birthing practices from their culture. Traditional midwives who are not Hawaiian and do not qualify under SB 1033 are extremely important in the traditions that Hawaiian families are reviving from a nearly decimated cultural past. Many young Kanaka Maoli have the oral history of their grandparents to go on, but not much more. Non-Hawaiian traditional midwives play a crucial support role for ensuring safety, confidence and well-being as these traditions are brought back into being. Without them, the practices would still come back, but slower, with more loss and much less safety and support.

- Consumers are not helped by this measure, which would limit choices, raise prices, and provide no measurable safety benefits .

Women's reproductive choices are harmed.

Home birth is a crucial issue of reproductive choice and body sovereignty, and needs to be respected as such. Limitation of who may practice midwifery is the SAME THING as limitation of who a women may choose to attend her. It is an unreasonable limitation of

What is needed is COMMUNICATION, not regulation of something the State simply cannot understand. GOOD solutions CAN be developed, but THIS IS NOT THE WAY.

My recommendation is to hold this bill, and instead consider the creation of a real body that could effectively bring all concerned parties (DOH, cultural

practitioners, traditional birth attendants, CPMs, student midwives, OBGYN/ER doctors, etc) together to build the needed comprehensive solutions to address real consumer protection and safety. A Working Group or Task Force, as recommended by Sen. Dr. Josh Green in 2014.  
PLEASE HOLD THIS MEASURE. MAHALO!



From: Izabela Lyles <noreply@jotform.com>  
 Sent: Friday, March 29, 2019 8:46 AM  
 To: FINtestimony  
 Subject: Testimony in OPPOSITION to SB 1033

OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Izabela Lyles
Email	iza.lyles@gmail.com
Type a question	<p>Aloha                      House Finance Committee Chair Luke, Vice-Chair Cullen, and committee members,                      I am testifying in STRONG OPPOSITION to SB 1033 SD2 HD1 which would require licensure of midwives. I oppose ALL versions of this bill.                      We ask you to PLEASE oppose this measure! It is a FINANCE DISASTER, it is DANGEROUS, and it is DISCRIMINATORY and UNCONSTITUTIONAL.                      This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices, and places a terrible financial burden on local families. Here is why:</p> <ul style="list-style-type: none"> <li>• The costs are insane!</li> </ul> <p>According to the DCCA, "The costs associated with licensing approximately 13 midwives would be \$203,000." Because State licensing law requires licensure to pay for itself, those 13 eligible midwives would bear a cost burden of \$15,615 each per year, which would be passed directly on to the families they serve. This is IF all 13 who are eligible can afford this astounding fee; if not, it is further increased. These costs would also be greatly increased if a hearing were to take place, a lawsuit or criminal action occurred, or other incidental expenses were incurred for any reason.</p> <p>THIS MAKES MIDWIFE-ATTENDED BIRTHS ACCESSIBLE ONLY TO THE EXTREMELY PRIVILEGED! This is economic discrimination, and places a terrible, prohibitive burden on local families, which is likely to result in more unattended "DIY" births without midwifery support. As the FINANCE Committee, you MUST OPPOSE this.</p> <ul style="list-style-type: none"> <li>• This measure is discriminatory!</li> </ul> <p>ONLY Midwives trained outside of Hawaii are eligible.</p>

This alone should stop this measure in its tracks. It creates a sharp dividing line, which ALL local home birth midwives are on the wrong side of. Good training routes of many kinds already exist in Hawai'i, but these are sidelined or criminalized by this measure. This bill encourages midwives from outside of Hawaii to move here, with no cultural competency, while annihilating virtually all local practices. This does not serve the people of Hawai'i, and discriminates against local practitioners and families. You have an obligation to protect the local people of Hawai'i from discrimination and displacement.

- Let's call it what it is: a witch hunt.

The persecution of midwives in Hawai'i goes back to the early days of the Territory, during which healers were being persecuted severely, as part of forced assimilation. The notorious witch hunts in Europe and Early America were similarly, in fact, essentially the persecution of midwives. This bill continues those traditions of forced assimilation, medicalization, and persecution. It is also demeaning, especially to respected cultural elders.

- It is legally unsound.

There are many serious legal problems with this measure. For example, the requirement that a traditional midwife "provides the required disclosures to clients that the individual is practicing midwifery in this State without a license to practice midwifery" (as if a rural cultural elder of any ethnicity should be required to do such a thing) is both offensive and legally unsound. This measure defines a legally exempted category of practitioner, and then, in the same sentence, forces them to state that they are practicing without a license to practice. The legal mess this is likely to create (and that the legislators passing such terrible language would be liable for), along with the potential for serious consequences or even death, is enormous. Generally, This measure is also full of legal gray areas; which are what lawsuits are made of.

- It will not be followed.

It should also be noted that most traditional midwives simply WILL NOT give the disclosure required in the bill, because it might INTERFERE WITH MATERNAL CONFIDENCE. Natural birthing is an ancient and sensitive art with its OWN principles of success and safety, which cannot be broken.

- It is DANGEROUS.

Licensed midwives would be utterly unaffordable and realistically, most other practitioners would be operating underground, as they did before 1999. UNASSISTED births are likely to be prevalent, increasing danger. Amongst attended home births,

TRANSFER DELAYS are the greatest danger, and are often driven by fear (note: it is the mother, not the midwife, who makes the decision to go to a hospital or not, as no one can be forced to do so). Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for consenting to give birth with an unlicensed midwife (per this bill’s requirement!). This increases actual danger substantially, particularly within ethnic groups that fear CWS discrimination, believing that child removal or criminalization might occur due to their choice of provider not seeming legitimate enough. You as legislators need to protect people from the

- Kanaka Maoli traditional practices are NOT protected.

First of all, the central traditional practice is BIRTH, not midwifery. Many traditional Kanaka Maoli births are attended by midwives of OTHER ethnicities. Further, Papa Ola Lokahi does not currently have any mechanism to extend protection to traditional midwives or other birth-related practitioners as such (its mandates are currently strictly for laau lapaau, lomilomi, hooponopono and laau kahea). While this could potentially be developed in the future, at this time such protection would be entirely speculative. Law cannot be based on speculation.

It must be remembered that ALL regulation of traditional midwifery limits, alters, and otherwise adversely impacts traditional Native Hawaiian healing, because the central traditional practice in question is BIRTH, not midwifery.

- The entire term “traditional practice” is externally defined, which goes directly against culture and traditions, which must be internally defined in order to be considered bona fide. See quote from Papa Ola Lokahi-convened Kahuna Statement to the Legislature, 1998: PAPA AUWAE AND ALL OTHER KUPUNA OPPOSED CULTURAL PRACTICES BEING DEFINED BY THE LEGISLATURE:

“...LICENSURE, AND CERTIFICATION ISSUES RAISED IN THE LEGISLATION ARE INAPPROPRIATE AND CULTURALLY UNACCEPTABLE FOR GOVERNMENT TO ASCERTAIN. THESE ARE THE KULEANA OF THE HAWAIIAN COMMUNITY ITSELF THROUGH KUPUNA WHO ARE PERPETUATING THESE PRACTICES.”

<http://www.papaolalokahi.org/images/CHRONOLOGY-of-EVENTS-RELATED-TO-TRADITIONAL-HEALING-2015-Dec.pdf>

- There is no reasonable licensure pathway for Hawai'i clinical midwives who are not CPMs.

It is against the Hawai'i Regulatory Licensing Reform

Act to offer a licensure pathway to a part of a profession, but not all of it, especially as NARM Certification is practically logistically impossible for Hawai'i midwives (thus shifting the recognized practice entirely to those trained outside of Hawai'i). The costs involved in licensing such a tiny cohort also need to be assessed prior to structuring legislation, as this Act also requires licensees to bear the full cost of issuance and administration. For a small cohort with complex needs, this could potentially be astronomical.

- The exemptions do not actually exempt anyone currently practicing traditional midwifery.

For this reason, great damage and endangerment would result in our community. The exemptions also notably miss some major areas crucial to local traditional families, such as grandparent-attended births (illegal under this measure), Aunties assisting nieces to give birth (illegal under this measure), and hanai family (illegal under this measure).

What about Tongan midwives? Filipina midwives? African-American midwives?

Women of all cultures deserve to be attended by WHOEVER THEY WANT, especially experts in ancient birthing practices from their culture. Traditional midwives who are not Hawaiian and do not qualify under SB 1033 are extremely important in the traditions that Hawaiian families are reviving from a nearly decimated cultural past. Many young Kanaka Maoli have the oral history of their grandparents to go on, but not much more. Non-Hawaiian traditional midwives play a crucial support role for ensuring safety, confidence and well-being as these traditions are brought back into being. Without them, the practices would still come back, but slower, with more loss and much less safety and support.

- Consumers are not helped by this measure, which would limit choices, raise prices, and provide no measurable safety benefits .

Women's reproductive choices are harmed.

Home birth is a crucial issue of reproductive choice and body sovereignty, and needs to be respected as such. Limitation of who may practice midwifery is the SAME THING as limitation of who a women may choose to attend her. It is an unreasonable limitation of

What is needed is COMMUNICATION, not regulation of something the State simply cannot understand. GOOD solutions CAN be developed, but THIS IS NOT THE WAY.

My recommendation is to hold this bill, and instead consider the creation of a real body that could effectively bring all concerned parties (DOH, cultural




practitioners, traditional birth attendants, CPMs, student midwives, OBGYN/ER doctors, etc) together to build the needed comprehensive solutions to address real consumer protection and safety. A Working Group or Task Force, as recommended by Sen. Dr. Josh Green in 2014.

PLEASE HOLD THIS MEASURE. MAHALO!



From: Julia Vergara <noreply@jotform.com>  
 Sent: Friday, March 29, 2019 7:32 AM  
 To: FINtestimony  
 Subject: Testimony in OPPOSITION to SB 1033

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Julia Vergara
Email	julievergara@hotmail.com
Type a question	<p>Aloha          House Finance Committee Chair Luke, Vice-Chair Cullen, and committee members,          I am testifying in STRONG OPPOSITION to SB 1033 SD2 HD1 which would require licensure of midwives. I oppose ALL versions of this bill.          We ask you to PLEASE oppose this measure! It is a FINANCE DISASTER, it is DANGEROUS, and it is DISCRIMINATORY and UNCONSTITUTIONAL.          This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices, and places a terrible financial burden on local families. Here is why:</p> <ul style="list-style-type: none"> <li>• The costs are insane!</li> </ul> <p>According to the DCCA, "The costs associated with licensing approximately 13 midwives would be \$203,000." Because State licensing law requires licensure to pay for itself, those 13 eligible midwives would bear a cost burden of \$15,615 each per year, which would be passed directly on to the families they serve. This is IF all 13 who are eligible can afford this astounding fee; if not, it is further increased. These costs would also be greatly increased if a hearing were to take place, a lawsuit or criminal action occurred, or other incidental expenses were incurred for any reason.</p> <p>THIS MAKES MIDWIFE-ATTENDED BIRTHS ACCESSIBLE ONLY TO THE EXTREMELY PRIVILEGED! This is economic discrimination, and places a terrible, prohibitive burden on local families, which is likely to result in more unattended "DIY" births without midwifery support. As the FINANCE Committee, you MUST OPPOSE this.</p> <ul style="list-style-type: none"> <li>• This measure is discriminatory!</li> </ul> <p>ONLY Midwives trained outside of Hawaii are eligible.</p>

This alone should stop this measure in its tracks. It creates a sharp dividing line, which ALL local home birth midwives are on the wrong side of. Good training routes of many kinds already exist in Hawai'i, but these are sidelined or criminalized by this measure. This bill encourages midwives from outside of Hawaii to move here, with no cultural competency, while annihilating virtually all local practices. This does not serve the people of Hawai'i, and discriminates against local practitioners and families. You have an obligation to protect the local people of Hawai'i from discrimination and displacement.

- Let's call it what it is: a witch hunt.

The persecution of midwives in Hawai'i goes back to the early days of the Territory, during which healers were being persecuted severely, as part of forced assimilation. The notorious witch hunts in Europe and Early America were similarly, in fact, essentially the persecution of midwives. This bill continues those traditions of forced assimilation, medicalization, and persecution. It is also demeaning, especially to respected cultural elders.

- It is legally unsound.

There are many serious legal problems with this measure. For example, the requirement that a traditional midwife "provides the required disclosures to clients that the individual is practicing midwifery in this State without a license to practice midwifery" (as if a rural cultural elder of any ethnicity should be required to do such a thing) is both offensive and legally unsound. This measure defines a legally exempted category of practitioner, and then, in the same sentence, forces them to state that they are practicing without a license to practice. The legal mess this is likely to create (and that the legislators passing such terrible language would be liable for), along with the potential for serious consequences or even death, is enormous. Generally, This measure is also full of legal gray areas; which are what lawsuits are made of.

- It will not be followed.

It should also be noted that most traditional midwives simply WILL NOT give the disclosure required in the bill, because it might INTERFERE WITH MATERNAL CONFIDENCE. Natural birthing is an ancient and sensitive art with its OWN principles of success and safety, which cannot be broken.

- It is DANGEROUS.

Licensed midwives would be utterly unaffordable and realistically, most other practitioners would be operating underground, as they did before 1999. UNASSISTED births are likely to be prevalent, increasing danger. Amongst attended home births,

TRANSFER DELAYS are the greatest danger, and are often driven by fear (note: it is the mother, not the midwife, who makes the decision to go to a hospital or not, as no one can be forced to do so). Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for consenting to give birth with an unlicensed midwife (per this bill’s requirement!). This increases actual danger substantially, particularly within ethnic groups that fear CWS discrimination, believing that child removal or criminalization might occur due to their choice of provider not seeming legitimate enough. You as legislators need to protect people from the

- Kanaka Maoli traditional practices are NOT protected.

First of all, the central traditional practice is BIRTH, not midwifery. Many traditional Kanaka Maoli births are attended by midwives of OTHER ethnicities. Further, Papa Ola Lokahi does not currently have any mechanism to extend protection to traditional midwives or other birth-related practitioners as such (its mandates are currently strictly for laau lapaau, lomilomi, hooponopono and laau kahea). While this could potentially be developed in the future, at this time such protection would be entirely speculative. Law cannot be based on speculation.

It must be remembered that ALL regulation of traditional midwifery limits, alters, and otherwise adversely impacts traditional Native Hawaiian healing, because the central traditional practice in question is BIRTH, not midwifery.

- The entire term “traditional practice” is externally defined, which goes directly against culture and traditions, which must be internally defined in order to be considered bona fide. See quote from Papa Ola Lokahi-convened Kahuna Statement to the Legislature, 1998: PAPA AUWAE AND ALL OTHER KUPUNA OPPOSED CULTURAL PRACTICES BEING DEFINED BY THE LEGISLATURE:

“...LICENSURE, AND CERTIFICATION ISSUES RAISED IN THE LEGISLATION ARE INAPPROPRIATE AND CULTURALLY UNACCEPTABLE FOR GOVERNMENT TO ASCERTAIN. THESE ARE THE KULEANA OF THE HAWAIIAN COMMUNITY ITSELF THROUGH KUPUNA WHO ARE PERPETUATING THESE PRACTICES.”

<http://www.papaolalokahi.org/images/CHRONOLOGY-of-EVENTS-RELATED-TO-TRADITIONAL-HEALING-2015-Dec.pdf>

- There is no reasonable licensure pathway for Hawai’i clinical midwives who are not CPMs.

It is against the Hawai’i Regulatory Licensing Reform

Act to offer a licensure pathway to a part of a profession, but not all of it, especially as NARM Certification is practically logistically impossible for Hawai'i midwives (thus shifting the recognized practice entirely to those trained outside of Hawai'i). The costs involved in licensing such a tiny cohort also need to be assessed prior to structuring legislation, as this Act also requires licensees to bear the full cost of issuance and administration. For a small cohort with complex needs, this could potentially be astronomical.

- The exemptions do not actually exempt anyone currently practicing traditional midwifery.

For this reason, great damage and endangerment would result in our community. The exemptions also notably miss some major areas crucial to local traditional families, such as grandparent-attended births (illegal under this measure), Aunties assisting nieces to give birth (illegal under this measure), and hanai family (illegal under this measure).

What about Tongan midwives? Filipina midwives? African-American midwives?

Women of all cultures deserve to be attended by WHOEVER THEY WANT, especially experts in ancient birthing practices from their culture. Traditional midwives who are not Hawaiian and do not qualify under SB 1033 are extremely important in the traditions that Hawaiian families are reviving from a nearly decimated cultural past. Many young Kanaka Maoli have the oral history of their grandparents to go on, but not much more. Non-Hawaiian traditional midwives play a crucial support role for ensuring safety, confidence and well-being as these traditions are brought back into being. Without them, the practices would still come back, but slower, with more loss and much less safety and support.

- Consumers are not helped by this measure, which would limit choices, raise prices, and provide no measurable safety benefits .

Women's reproductive choices are harmed.

Home birth is a crucial issue of reproductive choice and body sovereignty, and needs to be respected as such. Limitation of who may practice midwifery is the SAME THING as limitation of who a women may choose to attend her. It is an unreasonable limitation of


What is needed is COMMUNICATION, not regulation of something the State simply cannot understand. GOOD solutions CAN be developed, but THIS IS NOT THE WAY.

My recommendation is to hold this bill, and instead consider the creation of a real body that could effectively bring all concerned parties (DOH, cultural

practitioners, traditional birth attendants, CPMs, student midwives, OBGYN/ER doctors, etc) together to build the needed comprehensive solutions to address real consumer protection and safety. A Working Group or Task Force, as recommended by Sen. Dr. Josh Green in 2014.  
PLEASE HOLD THIS MEASURE. MAHALO!



From: Leialoha Milham <noreply@jotform.com>  
 Sent: Friday, March 29, 2019 5:24 AM  
 To: FINtestimony  
 Subject: Testimony in OPPOSITION to SB 1033

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Leialoha Milham
Email	allisonmilham@gmail.com
Type a question	<p>Aloha          House Finance Committee Chair Luke, Vice-Chair Cullen, and committee members,          I am testifying in STRONG OPPOSITION to SB 1033 SD2 HD1 which would require licensure of midwives. I oppose ALL versions of this bill.          We ask you to PLEASE oppose this measure! It is a FINANCE DISASTER, it is DANGEROUS, and it is DISCRIMINATORY and UNCONSTITUTIONAL.          This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices, and places a terrible financial burden on local families. Here is why:</p> <ul style="list-style-type: none"> <li>• The costs are insane!</li> </ul> <p>According to the DCCA, "The costs associated with licensing approximately 13 midwives would be \$203,000." Because State licensing law requires licensure to pay for itself, those 13 eligible midwives would bear a cost burden of \$15,615 each per year, which would be passed directly on to the families they serve. This is IF all 13 who are eligible can afford this astounding fee; if not, it is further increased. These costs would also be greatly increased if a hearing were to take place, a lawsuit or criminal action occurred, or other incidental expenses were incurred for any reason.</p> <p>THIS MAKES MIDWIFE-ATTENDED BIRTHS ACCESSIBLE ONLY TO THE EXTREMELY PRIVILEGED! This is economic discrimination, and places a terrible, prohibitive burden on local families, which is likely to result in more unattended "DIY" births without midwifery support. As the FINANCE Committee, you MUST OPPOSE this.</p> <ul style="list-style-type: none"> <li>• This measure is discriminatory!</li> </ul> <p>ONLY Midwives trained outside of Hawaii are eligible.</p>

This alone should stop this measure in its tracks. It creates a sharp dividing line, which ALL local home birth midwives are on the wrong side of. Good training routes of many kinds already exist in Hawai'i, but these are sidelined or criminalized by this measure. This bill encourages midwives from outside of Hawaii to move here, with no cultural competency, while annihilating virtually all local practices. This does not serve the people of Hawai'i, and discriminates against local practitioners and families. You have an obligation to protect the local people of Hawai'i from discrimination and displacement.

- Let's call it what it is: a witch hunt.

The persecution of midwives in Hawai'i goes back to the early days of the Territory, during which healers were being persecuted severely, as part of forced assimilation. The notorious witch hunts in Europe and Early America were similarly, in fact, essentially the persecution of midwives. This bill continues those traditions of forced assimilation, medicalization, and persecution. It is also demeaning, especially to respected cultural elders.

- It is legally unsound.

There are many serious legal problems with this measure. For example, the requirement that a traditional midwife "provides the required disclosures to clients that the individual is practicing midwifery in this State without a license to practice midwifery" (as if a rural cultural elder of any ethnicity should be required to do such a thing) is both offensive and legally unsound. This measure defines a legally exempted category of practitioner, and then, in the same sentence, forces them to state that they are practicing without a license to practice. The legal mess this is likely to create (and that the legislators passing such terrible language would be liable for), along with the potential for serious consequences or even death, is enormous. Generally, This measure is also full of legal gray areas; which are what lawsuits are made of.

- It will not be followed.

It should also be noted that most traditional midwives simply WILL NOT give the disclosure required in the bill, because it might INTERFERE WITH MATERNAL CONFIDENCE. Natural birthing is an ancient and sensitive art with its OWN principles of success and safety, which cannot be broken.

- It is DANGEROUS.

Licensed midwives would be utterly unaffordable and realistically, most other practitioners would be operating underground, as they did before 1999. UNASSISTED births are likely to be prevalent, increasing danger. Amongst attended home births,



TRANSFER DELAYS are the greatest danger, and are often driven by fear (note: it is the mother, not the midwife, who makes the decision to go to a hospital or not, as no one can be forced to do so). Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for consenting to give birth with an unlicensed midwife (per this bill’s requirement!). This increases actual danger substantially, particularly within ethnic groups that fear CWS discrimination, believing that child removal or criminalization might occur due to their choice of provider not seeming legitimate enough. You as legislators need to protect people from the

- Kanaka Maoli traditional practices are NOT protected.

First of all, the central traditional practice is BIRTH, not midwifery. Many traditional Kanaka Maoli births are attended by midwives of OTHER ethnicities. Further, Papa Ola Lokahi does not currently have any mechanism to extend protection to traditional midwives or other birth-related practitioners as such (its mandates are currently strictly for laau lapaau, lomilomi, hooponopono and laau kahea). While this could potentially be developed in the future, at this time such protection would be entirely speculative. Law cannot be based on speculation.

It must be remembered that ALL regulation of traditional midwifery limits, alters, and otherwise adversely impacts traditional Native Hawaiian healing, because the central traditional practice in question is BIRTH, not midwifery.

- The entire term “traditional practice” is externally defined, which goes directly against culture and traditions, which must be internally defined in order to be considered bona fide. See quote from Papa Ola Lokahi-convened Kahuna Statement to the Legislature, 1998: PAPA AUWAE AND ALL OTHER KUPUNA OPPOSED CULTURAL PRACTICES BEING DEFINED BY THE LEGISLATURE:

“...LICENSURE, AND CERTIFICATION ISSUES RAISED IN THE LEGISLATION ARE INAPPROPRIATE AND CULTURALLY UNACCEPTABLE FOR GOVERNMENT TO ASCERTAIN. THESE ARE THE KULEANA OF THE HAWAIIAN COMMUNITY ITSELF THROUGH KUPUNA WHO ARE PERPETUATING THESE PRACTICES.”

<http://www.papaolalokahi.org/images/CHRONOLOGY-of-EVENTS-RELATED-TO-TRADITIONAL-HEALING-2015-Dec.pdf>

- There is no reasonable licensure pathway for Hawai'i clinical midwives who are not CPMs.

It is against the Hawai'i Regulatory Licensing Reform

Act to offer a licensure pathway to a part of a profession, but not all of it, especially as NARM Certification is practically logistically impossible for Hawai'i midwives (thus shifting the recognized practice entirely to those trained outside of Hawai'i). The costs involved in licensing such a tiny cohort also need to be assessed prior to structuring legislation, as this Act also requires licensees to bear the full cost of issuance and administration. For a small cohort with complex needs, this could potentially be astronomical.

- The exemptions do not actually exempt anyone currently practicing traditional midwifery.

For this reason, great damage and endangerment would result in our community. The exemptions also notably miss some major areas crucial to local traditional families, such as grandparent-attended births (illegal under this measure), Aunties assisting nieces to give birth (illegal under this measure), and hanai family (illegal under this measure).

What about Tongan midwives? Filipina midwives? African-American midwives?

Women of all cultures deserve to be attended by WHOEVER THEY WANT, especially experts in ancient birthing practices from their culture. Traditional midwives who are not Hawaiian and do not qualify under SB 1033 are extremely important in the traditions that Hawaiian families are reviving from a nearly decimated cultural past. Many young Kanaka Maoli have the oral history of their grandparents to go on, but not much more. Non-Hawaiian traditional midwives play a crucial support role for ensuring safety, confidence and well-being as these traditions are brought back into being. Without them, the practices would still come back, but slower, with more loss and much less safety and support.

- Consumers are not helped by this measure, which would limit choices, raise prices, and provide no measurable safety benefits .

Women's reproductive choices are harmed.

Home birth is a crucial issue of reproductive choice and body sovereignty, and needs to be respected as such. Limitation of who may practice midwifery is the SAME THING as limitation of who a women may choose to attend her. It is an unreasonable limitation of


What is needed is COMMUNICATION, not regulation of something the State simply cannot understand. GOOD solutions CAN be developed, but THIS IS NOT THE WAY.

My recommendation is to hold this bill, and instead consider the creation of a real body that could effectively bring all concerned parties (DOH, cultural

practitioners, traditional birth attendants, CPMs, student midwives, OBGYN/ER doctors, etc) together to build the needed comprehensive solutions to address real consumer protection and safety. A Working Group or Task Force, as recommended by Sen. Dr. Josh Green in 2014.  
PLEASE HOLD THIS MEASURE. MAHALO!

**From:** Caterina Desiato <noreply@jotform.com>  
**Sent:** Thursday, March 28, 2019 11:42 PM  
**To:** FINtestimony  
**Subject:** Testimony in OPPOSITION to SB 1033



 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Caterina Desiato
Email	cdesiato@hawaii.edu
Type a question	<p>Aloha House Finance Committee Chair Luke, Vice-Chair Cullen, and committee members,</p> <p>I am testifying in STRONG OPPOSITION to SB 1033 SD2 HD1.</p> <p>This testimony focuses first on the financial issues raised by this bill and then connects them to discriminatory and safety issues raised as well.</p> <p>According to the DCCA, “The costs associated with licensing approximately 13 midwives would be \$203,000.” Because State licensing law requires licensure to pay for itself, those 13 eligible midwives would bear a cost burden of \$15,615 each per year, which would be passed directly on to the families they serve. This is IF all 13 who are eligible can afford this astounding fee; if not, it is further increased. These costs would also be greatly increased if a hearing were to take place, a lawsuit or criminal action occurred, or other incidental expenses were incurred for any reason.</p> <p>THIS MAKES MIDWIFE-ATTENDED BIRTHS ACCESSIBLE ONLY TO THE EXTREMELY PRIVILEGED! This is economic discrimination, and places a terrible, prohibitive burden on local families, which is likely to result in more unattended “DIY” births without midwifery support. As the FINANCE Committee, you MUST OPPOSE this.</p> <p>Moreover, ONLY Midwives trained outside of Hawaii are actually eligible. This alone should stop this measure in its tracks. It creates a sharp dividing line, which ALL local home birth midwives are on the wrong side of. Good training routes of many kinds already exist in Hawai‘i, but these are sidelined or criminalized</p>

by this measure. This bill encourages midwives from outside of Hawaii to move here, with no cultural competency, while annihilating virtually all local practices. This does not serve the people of Hawai'i, and discriminates against local practitioners and families. You have an obligation to protect the local people of Hawai'i from discrimination and displacement.

The persecution of midwives in Hawai'i goes back to the early days of the Territory, during which healers were being persecuted severely, as part of forced assimilation. The notorious witch hunts in Europe and Early America were similarly, in fact, essentially the persecution of midwives. This bill continues those traditions of forced assimilation, medicalization, and persecution. It is also demeaning, especially to respected cultural elders.

There are many serious legal problems with this measure. For example, the requirement that a traditional midwife "provides the required disclosures to clients that the individual is practicing midwifery in this State without a license to practice midwifery" (as if a rural cultural elder of any ethnicity should be required to do such a thing) is both offensive and legally unsound. This measure defines a legally exempted category of practitioner, and then, in the same sentence, forces them to state that they are practicing without a license to practice. The legal mess this is likely to create (and that the legislators passing such terrible language would be liable for), along with the potential for serious consequences or even death, is enormous. Generally, This measure is also full of legal gray areas; which are what lawsuits are made of.

It should also be noted that most traditional midwives simply WILL NOT give the disclosure required in the bill, because it might INTERFERE WITH MATERNAL CONFIDENCE. Natural birthing is an ancient and sensitive art with its OWN principles of success and safety, which cannot be broken.

Kanaka Maoli traditional practices are supposed to be protected by the bill but they are actually not. First of all, the central traditional practice is BIRTH, not midwifery. Many traditional Kanaka Maoli births are attended by midwives of OTHER ethnicities. Further, Papa Ola Lokahi does not currently have any mechanism to extend protection to traditional midwives or other birth-related practitioners as such (its mandates are currently strictly for laau lapaau,

lomilomi, hooponopono and laau kahea). While this could potentially be developed in the future, at this time such protection would be entirely speculative. Law cannot be based on speculation.

It must be remembered that ALL regulation of traditional midwifery limits, alters, and otherwise adversely impacts traditional Native Hawaiian healing, because the central traditional practice in question is BIRTH, not midwifery.

- The entire term “traditional practice” is externally defined, which goes directly against culture and traditions, which must be internally defined in order to be considered bona fide. See quote from Papa Ola Lokahi-convoked Kahuna Statement to the Legislature, 1998: PAPA AUWAE AND ALL OTHER KUPUNA OPPOSED CULTURAL PRACTICES BEING DEFINED BY THE LEGISLATURE:

“...LICENSURE, AND CERTIFICATION ISSUES RAISED IN THE LEGISLATION ARE INAPPROPRIATE AND CULTURALLY UNACCEPTABLE FOR GOVERNMENT TO ASCERTAIN. THESE ARE THE KULEANA OF THE HAWAIIAN COMMUNITY ITSELF THROUGH KUPUNA WHO ARE PERPETUATING THESE PRACTICES.”

<http://www.papaolalokahi.org/images/CHRONOLOGY-of-EVENTS-RELATED-TO-TRADITIONAL-HEALING-2015-Dec.pdf>

- There is no reasonable licensure pathway for Hawai'i clinical midwives who are not CPMs.

It is against the Hawai'i Regulatory Licensing Reform Act to offer a licensure pathway to a part of a profession, but not all of it, especially as NARM Certification is practically logistically impossible for Hawai'i midwives (thus shifting the recognized practice entirely to those trained outside of Hawai'i). The costs involved in licensing such a tiny cohort also need to be assessed prior to structuring legislation, as this Act also requires licensees to bear the full cost of issuance and administration. For a small cohort with complex needs, this could potentially be astronomical.

- The exemptions do not actually exempt anyone currently practicing traditional midwifery.

For this reason, great damage and endangerment would result in our community. The exemptions also notably miss some major areas crucial to local traditional families, such as grandparent-attended births (illegal under this measure), Aunties assisting nieces to give birth (illegal under this measure), and hanai family (illegal under this measure).

What about Tongan midwives? Filipina midwives? African-American midwives?

Women of all cultures deserve to be attended by WHOEVER THEY WANT, especially experts in ancient

birthing practices from their culture. Traditional midwives who are not Hawaiian and do not qualify under SB 1033 are extremely important in the traditions that Hawaiian families are reviving from a nearly decimated cultural past. Many young Kanaka Maoli have the oral history of their grandparents to go on, but not much more. Non-Hawaiian traditional midwives play a crucial support role for ensuring safety, confidence and well-being as these traditions are brought back into being. Without them, the practices would still come back, but slower, with more loss and much less safety and support.

- Consumers are not helped by this measure, which would limit choices, raise prices, and provide no measurable safety benefits .

Women's reproductive choices are harmed.

Home birth is a crucial issue of reproductive choice and body sovereignty, and needs to be respected as such. Limitation of who may practice midwifery is the SAME THING as limitation of who a women may choose to attend her. It is an unreasonable and unsafe limitation as women's ease and comfort is one of the main factor of safe births without complications.

Finally, this bill brings about other significant threats to the safety of birthing mothers and children. Licensed midwives would be utterly unaffordable and realistically, most other practitioners would be operating underground, as they did before 1999. UNASSISTED births are likely to be prevalent, increasing danger. Amongst attended home births, TRANSFER DELAYS are the greatest danger, and are often driven by fear (note: it is the mother, not the midwife, who makes the decision to go to a hospital or not, as no one can be forced to do so). Transfer delays are increased when mothers fear persecution of their "unlicensed" midwife, or persecution of themselves for consenting to give birth with an unlicensed midwife (per this bill's requirement!). This increases actual danger substantially, particularly within ethnic groups that fear CWS discrimination, believing that child removal or criminalization might occur due to their choice of provider not seeming legitimate enough.

What is needed is COMMUNICATION, not regulation of something the State simply cannot understand. GOOD solutions CAN be developed, but THIS IS NOT THE WAY.


My recommendation is to hold this bill, and instead consider the creation of a real body that could effectively bring all concerned parties (DOH, cultural

practitioners, traditional birth attendants, CPMs, student midwives, OBGYN/ER doctors, etc) together to build the needed comprehensive solutions to address real consumer protection and safety. A Working Group or Task Force, as recommended by Sen. Dr. Josh Green in 2014.  
PLEASE HOLD THIS MEASURE. MAHALO!



**From:** Nancy Holbrooke <noreply@jotform.com>  
**Sent:** Friday, March 29, 2019 9:35 AM  
**To:** FINtestimony  
**Subject:** Testimony in OPPOSITION to SB 1033



 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Nancy Holbrooke
Email	nancy_holbrook@hotmail.com
Type a question	<p>Aloha House Finance Committee Chair Luke, Vice-Chair Cullen, and committee members, I am testifying in STRONG OPPOSITION to SB 1033 SD2 HD1 which would require licensure of midwives. I oppose ALL versions of this bill. We ask you to PLEASE oppose this measure! It is a FINANCE DISASTER, it is DANGEROUS, and it is DISCRIMINATORY and UNCONSTITUTIONAL. This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices, and places a terrible financial burden on local families. Here is why:</p> <ul style="list-style-type: none"><li>• The costs are insane! According to the DCCA, "The costs associated with licensing approximately 13 midwives would be \$203,000." Because State licensing law requires licensure to pay for itself, those 13 eligible midwives would bear a cost burden of \$15,615 each per year, which would be passed directly on to the families they serve. This is IF all 13 who are eligible can afford this astounding fee; if not, it is further increased. These costs would also be greatly increased if a hearing were to take place, a lawsuit or criminal action occurred, or other incidental expenses were incurred for any reason. THIS MAKES MIDWIFE-ATTENDED BIRTHS ACCESSIBLE ONLY TO THE EXTREMELY PRIVILEGED! This is economic discrimination, and places a terrible, prohibitive burden on local families, which is likely to result in more unattended "DIY" births without midwifery support. As the FINANCE Committee, you MUST OPPOSE this.</li><li>• This measure is discriminatory! ONLY Midwives trained outside of Hawaii are eligible. This alone should stop this measure in its tracks. It</li></ul>

creates a sharp dividing line, which ALL local home birth midwives are on the wrong side of. Good training routes of many kinds already exist in Hawai'i, but these are sidelined or criminalized by this measure. This bill encourages midwives from outside of Hawaii to move here, with no cultural competency, while annihilating virtually all local practices. This does not serve the people of Hawai'i, and discriminates against local practitioners and families. You have an obligation to protect the local people of Hawai'i from discrimination and displacement.

- Let's call it what it is: a witch hunt.

The persecution of midwives in Hawai'i goes back to the early days of the Territory, during which healers were being persecuted severely, as part of forced assimilation. The notorious witch hunts in Europe and Early America were similarly, in fact, essentially the persecution of midwives. This bill continues those traditions of forced assimilation, medicalization, and persecution. It is also demeaning, especially to respected cultural elders.

- It is legally unsound.

There are many serious legal problems with this measure. For example, the requirement that a traditional midwife "provides the required disclosures to clients that the individual is practicing midwifery in this State without a license to practice midwifery" (as if a rural cultural elder of any ethnicity should be required to do such a thing) is both offensive and legally unsound. This measure defines a legally exempted category of practitioner, and then, in the same sentence, forces them to state that they are practicing without a license to practice. The legal mess this is likely to create (and that the legislators passing such terrible language would be liable for), along with the potential for serious consequences or even death, is enormous. Generally, This measure is also full of legal gray areas; which are what lawsuits are made of.

- It will not be followed.

It should also be noted that most traditional midwives simply WILL NOT give the disclosure required in the bill, because it might INTERFERE WITH MATERNAL CONFIDENCE. Natural birthing is an ancient and sensitive art with its OWN principles of success and safety, which cannot be broken.

- It is DANGEROUS.

Licensed midwives would be utterly unaffordable and realistically, most other practitioners would be operating underground, as they did before 1999. UNASSISTED births are likely to be prevalent, increasing danger. Amongst attended home births, TRANSFER DELAYS are the greatest danger, and are

often driven by fear (note: it is the mother, not the midwife, who makes the decision to go to a hospital or not, as no one can be forced to do so). Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for consenting to give birth with an unlicensed midwife (per this bill’s requirement!). This increases actual danger substantially, particularly within ethnic groups that fear CWS discrimination, believing that child removal or criminalization might occur due to their choice of provider not seeming legitimate enough. You as legislators need to protect people from the

- Kanaka Maoli traditional practices are NOT protected.

First of all, the central traditional practice is BIRTH, not midwifery. Many traditional Kanaka Maoli births are attended by midwives of OTHER ethnicities. Further, Papa Ola Lokahi does not currently have any mechanism to extend protection to traditional midwives or other birth-related practitioners as such (its mandates are currently strictly for laau lapaau, lomilomi, hooponopono and laau kahea). While this could potentially be developed in the future, at this time such protection would be entirely speculative. Law cannot be based on speculation.

It must be remembered that ALL regulation of traditional midwifery limits, alters, and otherwise adversely impacts traditional Native Hawaiian healing, because the central traditional practice in question is BIRTH, not midwifery.

- The entire term “traditional practice” is externally defined, which goes directly against culture and traditions, which must be internally defined in order to be considered bona fide. See quote from Papa Ola Lokahi-convened Kahuna Statement to the Legislature, 1998: PAPA AUWAE AND ALL OTHER KUPUNA OPPOSED CULTURAL PRACTICES BEING DEFINED BY THE LEGISLATURE:

“...LICENSURE, AND CERTIFICATION ISSUES RAISED IN THE LEGISLATION ARE INAPPROPRIATE AND CULTURALLY UNACCEPTABLE FOR GOVERNMENT TO ASCERTAIN. THESE ARE THE KULEANA OF THE HAWAIIAN COMMUNITY ITSELF THROUGH KUPUNA WHO ARE PERPETUATING THESE PRACTICES.”  
<http://www.papaolalokahi.org/images/CHRONOLOGY-of-EVENTS-RELATED-TO-TRADITIONAL-HEALING-2015-Dec.pdf>

- There is no reasonable licensure pathway for Hawai‘i clinical midwives who are not CPMs.

It is against the Hawai‘i Regulatory Licensing Reform Act to offer a licensure pathway to a part of a

profession, but not all of it, especially as NARM Certification is practically logistically impossible for Hawai'i midwives (thus shifting the recognized practice entirely to those trained outside of Hawai'i). The costs involved in licensing such a tiny cohort also need to be assessed prior to structuring legislation, as this Act also requires licensees to bear the full cost of issuance and administration. For a small cohort with complex needs, this could potentially be astronomical.

- The exemptions do not actually exempt anyone currently practicing traditional midwifery.

For this reason, great damage and endangerment would result in our community. The exemptions also notably miss some major areas crucial to local traditional families, such as grandparent-attended births (illegal under this measure), Aunties assisting nieces to give birth (illegal under this measure), and hanai family (illegal under this measure).

What about Tongan midwives? Filipina midwives? African-American midwives?

Women of all cultures deserve to be attended by WHOEVER THEY WANT, especially experts in ancient birthing practices from their culture. Traditional midwives who are not Hawaiian and do not qualify under SB 1033 are extremely important in the traditions that Hawaiian families are reviving from a nearly decimated cultural past. Many young Kanaka Maoli have the oral history of their grandparents to go on, but not much more. Non-Hawaiian traditional midwives play a crucial support role for ensuring safety, confidence and well-being as these traditions are brought back into being. Without them, the practices would still come back, but slower, with more loss and much less safety and support.

- Consumers are not helped by this measure, which would limit choices, raise prices, and provide no measurable safety benefits .

Women's reproductive choices are harmed.

Home birth is a crucial issue of reproductive choice and body sovereignty, and needs to be respected as such. Limitation of who may practice midwifery is the SAME THING as limitation of who a women may choose to attend her. It is an unreasonable limitation of


What is needed is COMMUNICATION, not regulation of something the State simply cannot understand. GOOD solutions CAN be developed, but THIS IS NOT THE WAY.

My recommendation is to hold this bill, and instead consider the creation of a real body that could effectively bring all concerned parties (DOH, cultural practitioners, traditional birth attendants, CPMs,

student midwives, OBGYN/ER doctors, etc) together to build the needed comprehensive solutions to address real consumer protection and safety. A Working Group or Task Force, as recommended by Sen. Dr. Josh Green in 2014.  
PLEASE HOLD THIS MEASURE. MAHALO!

**From:** Tatiana Young <noreply@jotform.com>  
**Sent:** Friday, March 29, 2019 10:09 AM  
**To:** FINtestimony  
**Subject:** Testimony in OPPOSITION to SB 1033



 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Tatiana Young
Email	youngtk@hawaii.edu
Type a question	<p>Aloha House Finance Committee Chair Luke, Vice-Chair Cullen, and committee members, I am testifying in STRONG OPPOSITION to SB 1033 SD2 HD1 which would require licensure of midwives. I oppose ALL versions of this bill. We ask you to PLEASE oppose this measure! It is a FINANCE DISASTER, it is DANGEROUS, and it is DISCRIMINATORY and UNCONSTITUTIONAL. This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices, and places a terrible financial burden on local families. Here is why:</p> <ul style="list-style-type: none"><li>• The costs are insane! According to the DCCA, "The costs associated with licensing approximately 13 midwives would be \$203,000." Because State licensing law requires licensure to pay for itself, those 13 eligible midwives would bear a cost burden of \$15,615 each per year, which would be passed directly on to the families they serve. This is IF all 13 who are eligible can afford this astounding fee; if not, it is further increased. These costs would also be greatly increased if a hearing were to take place, a lawsuit or criminal action occurred, or other incidental expenses were incurred for any reason. THIS MAKES MIDWIFE-ATTENDED BIRTHS ACCESSIBLE ONLY TO THE EXTREMELY PRIVILEGED! This is economic discrimination, and places a terrible, prohibitive burden on local families, which is likely to result in more unattended "DIY" births without midwifery support. As the FINANCE Committee, you MUST OPPOSE this.</li><li>• This measure is discriminatory! ONLY Midwives trained outside of Hawaii are eligible. This alone should stop this measure in its tracks. It</li></ul>

creates a sharp dividing line, which ALL local home birth midwives are on the wrong side of. Good training routes of many kinds already exist in Hawai'i, but these are sidelined or criminalized by this measure. This bill encourages midwives from outside of Hawaii to move here, with no cultural competency, while annihilating virtually all local practices. This does not serve the people of Hawai'i, and discriminates against local practitioners and families. You have an obligation to protect the local people of Hawai'i from discrimination and displacement.

- Let's call it what it is: a witch hunt.

The persecution of midwives in Hawai'i goes back to the early days of the Territory, during which healers were being persecuted severely, as part of forced assimilation. The notorious witch hunts in Europe and Early America were similarly, in fact, essentially the persecution of midwives. This bill continues those traditions of forced assimilation, medicalization, and persecution. It is also demeaning, especially to respected cultural elders.

- It is legally unsound.

There are many serious legal problems with this measure. For example, the requirement that a traditional midwife "provides the required disclosures to clients that the individual is practicing midwifery in this State without a license to practice midwifery" (as if a rural cultural elder of any ethnicity should be required to do such a thing) is both offensive and legally unsound. This measure defines a legally exempted category of practitioner, and then, in the same sentence, forces them to state that they are practicing without a license to practice. The legal mess this is likely to create (and that the legislators passing such terrible language would be liable for), along with the potential for serious consequences or even death, is enormous. Generally, This measure is also full of legal gray areas; which are what lawsuits are made of.

- It will not be followed.

It should also be noted that most traditional midwives simply WILL NOT give the disclosure required in the bill, because it might INTERFERE WITH MATERNAL CONFIDENCE. Natural birthing is an ancient and sensitive art with its OWN principles of success and safety, which cannot be broken.

- It is DANGEROUS.

Licensed midwives would be utterly unaffordable and realistically, most other practitioners would be operating underground, as they did before 1999. UNASSISTED births are likely to be prevalent, increasing danger. Amongst attended home births, TRANSFER DELAYS are the greatest danger, and are

often driven by fear (note: it is the mother, not the midwife, who makes the decision to go to a hospital or not, as no one can be forced to do so). Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for consenting to give birth with an unlicensed midwife (per this bill’s requirement!). This increases actual danger substantially, particularly within ethnic groups that fear CWS discrimination, believing that child removal or criminalization might occur due to their choice of provider not seeming legitimate enough. You as legislators need to protect people from the

- Kanaka Maoli traditional practices are NOT protected.

First of all, the central traditional practice is BIRTH, not midwifery. Many traditional Kanaka Maoli births are attended by midwives of OTHER ethnicities. Further, Papa Ola Lokahi does not currently have any mechanism to extend protection to traditional midwives or other birth-related practitioners as such (its mandates are currently strictly for laau lapaau, lomilomi, hooponopono and laau kahea). While this could potentially be developed in the future, at this time such protection would be entirely speculative. Law cannot be based on speculation.

It must be remembered that ALL regulation of traditional midwifery limits, alters, and otherwise adversely impacts traditional Native Hawaiian healing, because the central traditional practice in question is BIRTH, not midwifery.

- The entire term “traditional practice” is externally defined, which goes directly against culture and traditions, which must be internally defined in order to be considered bona fide. See quote from Papa Ola Lokahi-convened Kahuna Statement to the Legislature, 1998: PAPA AUWAE AND ALL OTHER KUPUNA OPPOSED CULTURAL PRACTICES BEING DEFINED BY THE LEGISLATURE:

“...LICENSURE, AND CERTIFICATION ISSUES RAISED IN THE LEGISLATION ARE INAPPROPRIATE AND CULTURALLY UNACCEPTABLE FOR GOVERNMENT TO ASCERTAIN. THESE ARE THE KULEANA OF THE HAWAIIAN COMMUNITY ITSELF THROUGH KUPUNA WHO ARE PERPETUATING THESE PRACTICES.”  
<http://www.papaolalokahi.org/images/CHRONOLOGY-of-EVENTS-RELATED-TO-TRADITIONAL-HEALING-2015-Dec.pdf>

- There is no reasonable licensure pathway for Hawai‘i clinical midwives who are not CPMs.

It is against the Hawai‘i Regulatory Licensing Reform Act to offer a licensure pathway to a part of a



profession, but not all of it, especially as NARM Certification is practically logistically impossible for Hawai'i midwives (thus shifting the recognized practice entirely to those trained outside of Hawai'i). The costs involved in licensing such a tiny cohort also need to be assessed prior to structuring legislation, as this Act also requires licensees to bear the full cost of issuance and administration. For a small cohort with complex needs, this could potentially be astronomical.

- The exemptions do not actually exempt anyone currently practicing traditional midwifery.

For this reason, great damage and endangerment would result in our community. The exemptions also notably miss some major areas crucial to local traditional families, such as grandparent-attended births (illegal under this measure), Aunties assisting nieces to give birth (illegal under this measure), and hanai family (illegal under this measure).

What about Tongan midwives? Filipina midwives? African-American midwives?

Women of all cultures deserve to be attended by WHOEVER THEY WANT, especially experts in ancient birthing practices from their culture. Traditional midwives who are not Hawaiian and do not qualify under SB 1033 are extremely important in the traditions that Hawaiian families are reviving from a nearly decimated cultural past. Many young Kanaka Maoli have the oral history of their grandparents to go on, but not much more. Non-Hawaiian traditional midwives play a crucial support role for ensuring safety, confidence and well-being as these traditions are brought back into being. Without them, the practices would still come back, but slower, with more loss and much less safety and support.

- Consumers are not helped by this measure, which would limit choices, raise prices, and provide no measurable safety benefits .

Women's reproductive choices are harmed.

Home birth is a crucial issue of reproductive choice and body sovereignty, and needs to be respected as such. Limitation of who may practice midwifery is the SAME THING as limitation of who a women may choose to attend her. It is an unreasonable limitation of

What is needed is COMMUNICATION, not regulation of something the State simply cannot understand. GOOD solutions CAN be developed, but THIS IS NOT THE WAY.

My recommendation is to hold this bill, and instead consider the creation of a real body that could effectively bring all concerned parties (DOH, cultural practitioners, traditional birth attendants, CPMs,

student midwives, OBGYN/ER doctors, etc) together to build the needed comprehensive solutions to address real consumer protection and safety. A Working Group or Task Force, as recommended by Sen. Dr. Josh Green in 2014.  
PLEASE HOLD THIS MEASURE. MAHALO!



From: Noelani Josselin <noreply@jotform.com>  
 Sent: Friday, March 29, 2019 2:19 AM  
 To: FINtestimony  
 Subject: Testimony in OPPOSITION to SB 1033

OPPOSE SB 1033 ! Requiring licensure of midwives

Name	Noelani Josselin
Email	noelanijosselin808@gmail.com
Type a question	<p>Aloha                      House Finance Committee Chair Luke, Vice-Chair Cullen, and committee members,                      I am testifying in STRONG OPPOSITION to SB 1033 SD2 HD1 which would require licensure of midwives. I oppose ALL versions of this bill.                      We ask you to PLEASE oppose this measure! It is a FINANCE DISASTER, it is DANGEROUS, and it is DISCRIMINATORY and UNCONSTITUTIONAL.                      This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices, and places a terrible financial burden on local families. Here is why:</p> <ul style="list-style-type: none"> <li>• The costs are insane!</li> </ul> <p>According to the DCCA, "The costs associated with licensing approximately 13 midwives would be \$203,000." Because State licensing law requires licensure to pay for itself, those 13 eligible midwives would bear a cost burden of \$15,615 each per year, which would be passed directly on to the families they serve. This is IF all 13 who are eligible can afford this astounding fee; if not, it is further increased. These costs would also be greatly increased if a hearing were to take place, a lawsuit or criminal action occurred, or other incidental expenses were incurred for any reason.</p> <p>THIS MAKES MIDWIFE-ATTENDED BIRTHS ACCESSIBLE ONLY TO THE EXTREMELY PRIVILEGED! This is economic discrimination, and places a terrible, prohibitive burden on local families, which is likely to result in more unattended "DIY" births without midwifery support. As the FINANCE Committee, you MUST OPPOSE this.</p> <ul style="list-style-type: none"> <li>• This measure is discriminatory!</li> </ul> <p>ONLY Midwives trained outside of Hawaii are eligible.</p>

This alone should stop this measure in its tracks. It creates a sharp dividing line, which ALL local home birth midwives are on the wrong side of. Good training routes of many kinds already exist in Hawai'i, but these are sidelined or criminalized by this measure. This bill encourages midwives from outside of Hawaii to move here, with no cultural competency, while annihilating virtually all local practices. This does not serve the people of Hawai'i, and discriminates against local practitioners and families. You have an obligation to protect the local people of Hawai'i from discrimination and displacement.

- Let's call it what it is: a witch hunt.

The persecution of midwives in Hawai'i goes back to the early days of the Territory, during which healers were being persecuted severely, as part of forced assimilation. The notorious witch hunts in Europe and Early America were similarly, in fact, essentially the persecution of midwives. This bill continues those traditions of forced assimilation, medicalization, and persecution. It is also demeaning, especially to respected cultural elders.

- It is legally unsound.

There are many serious legal problems with this measure. For example, the requirement that a traditional midwife "provides the required disclosures to clients that the individual is practicing midwifery in this State without a license to practice midwifery" (as if a rural cultural elder of any ethnicity should be required to do such a thing) is both offensive and legally unsound. This measure defines a legally exempted category of practitioner, and then, in the same sentence, forces them to state that they are practicing without a license to practice. The legal mess this is likely to create (and that the legislators passing such terrible language would be liable for), along with the potential for serious consequences or even death, is enormous. Generally, This measure is also full of legal gray areas; which are what lawsuits are made of.

- It will not be followed.

It should also be noted that most traditional midwives simply WILL NOT give the disclosure required in the bill, because it might INTERFERE WITH MATERNAL CONFIDENCE. Natural birthing is an ancient and sensitive art with its OWN principles of success and safety, which cannot be broken.

- It is DANGEROUS.

Licensed midwives would be utterly unaffordable and realistically, most other practitioners would be operating underground, as they did before 1999. UNASSISTED births are likely to be prevalent, increasing danger. Amongst attended home births,

TRANSFER DELAYS are the greatest danger, and are often driven by fear (note: it is the mother, not the midwife, who makes the decision to go to a hospital or not, as no one can be forced to do so). Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for consenting to give birth with an unlicensed midwife (per this bill’s requirement!). This increases actual danger substantially, particularly within ethnic groups that fear CWS discrimination, believing that child removal or criminalization might occur due to their choice of provider not seeming legitimate enough. You as legislators need to protect people from the

- Kanaka Maoli traditional practices are NOT protected.

First of all, the central traditional practice is BIRTH, not midwifery. Many traditional Kanaka Maoli births are attended by midwives of OTHER ethnicities. Further, Papa Ola Lokahi does not currently have any mechanism to extend protection to traditional midwives or other birth-related practitioners as such (its mandates are currently strictly for laau lapaau, lomilomi, hooponopono and laau kahea). While this could potentially be developed in the future, at this time such protection would be entirely speculative. Law cannot be based on speculation.

It must be remembered that ALL regulation of traditional midwifery limits, alters, and otherwise adversely impacts traditional Native Hawaiian healing, because the central traditional practice in question is BIRTH, not midwifery.

- The entire term “traditional practice” is externally defined, which goes directly against culture and traditions, which must be internally defined in order to be considered bona fide. See quote from Papa Ola Lokahi-convened Kahuna Statement to the Legislature, 1998: PAPA AUWAE AND ALL OTHER KUPUNA OPPOSED CULTURAL PRACTICES BEING DEFINED BY THE LEGISLATURE:

“...LICENSURE, AND CERTIFICATION ISSUES RAISED IN THE LEGISLATION ARE INAPPROPRIATE AND CULTURALLY UNACCEPTABLE FOR GOVERNMENT TO ASCERTAIN. THESE ARE THE KULEANA OF THE HAWAIIAN COMMUNITY ITSELF THROUGH KUPUNA WHO ARE PERPETUATING THESE PRACTICES.”

<http://www.papaolalokahi.org/images/CHRONOLOGY-of-EVENTS-RELATED-TO-TRADITIONAL-HEALING-2015-Dec.pdf>

- There is no reasonable licensure pathway for Hawai'i clinical midwives who are not CPMs.

It is against the Hawai'i Regulatory Licensing Reform

Act to offer a licensure pathway to a part of a profession, but not all of it, especially as NARM Certification is practically logistically impossible for Hawai'i midwives (thus shifting the recognized practice entirely to those trained outside of Hawai'i). The costs involved in licensing such a tiny cohort also need to be assessed prior to structuring legislation, as this Act also requires licensees to bear the full cost of issuance and administration. For a small cohort with complex needs, this could potentially be astronomical.

- The exemptions do not actually exempt anyone currently practicing traditional midwifery.

For this reason, great damage and endangerment would result in our community. The exemptions also notably miss some major areas crucial to local traditional families, such as grandparent-attended births (illegal under this measure), Aunties assisting nieces to give birth (illegal under this measure), and hanai family (illegal under this measure).

What about Tongan midwives? Filipina midwives? African-American midwives?

Women of all cultures deserve to be attended by WHOEVER THEY WANT, especially experts in ancient birthing practices from their culture. Traditional midwives who are not Hawaiian and do not qualify under SB 1033 are extremely important in the traditions that Hawaiian families are reviving from a nearly decimated cultural past. Many young Kanaka Maoli have the oral history of their grandparents to go on, but not much more. Non-Hawaiian traditional midwives play a crucial support role for ensuring safety, confidence and well-being as these traditions are brought back into being. Without them, the practices would still come back, but slower, with more loss and much less safety and support.

- Consumers are not helped by this measure, which would limit choices, raise prices, and provide no measurable safety benefits .

Women's reproductive choices are harmed.

Home birth is a crucial issue of reproductive choice and body sovereignty, and needs to be respected as such. Limitation of who may practice midwifery is the SAME THING as limitation of who a women may choose to attend her. It is an unreasonable limitation of

What is needed is COMMUNICATION, not regulation of something the State simply cannot understand. GOOD solutions CAN be developed, but THIS IS NOT THE WAY.

My recommendation is to hold this bill, and instead consider the creation of a real body that could effectively bring all concerned parties (DOH, cultural

practitioners, traditional birth attendants, CPMs, student midwives, OBGYN/ER doctors, etc) together to build the needed comprehensive solutions to address real consumer protection and safety. A Working Group or Task Force, as recommended by Sen. Dr. Josh Green in 2014.  
PLEASE HOLD THIS MEASURE. MAHALO!

**From:** Pono Kealoha <noreply@jotform.com>  
**Sent:** Friday, March 29, 2019 10:52 AM  
**To:** FINtestimony  
**Subject:** Testimony in OPPOSITION to SB 1033



**OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Pono Kealoha
Email	ponosize@hotmail.com
Type a question	<p>Aloha House Finance Committee Chair Luke, Vice-Chair Cullen, and committee members, I am testifying in STRONG OPPOSITION to SB 1033 SD2 HD1 which would require licensure of midwives. I oppose ALL versions of this bill. We ask you to PLEASE oppose this measure! It is a FINANCE DISASTER, it is DANGEROUS, and it is DISCRIMINATORY and UNCONSTITUTIONAL. This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices, and places a terrible financial burden on local families. Here is why:</p> <ul style="list-style-type: none"><li>• The costs are insane! According to the DCCA, "The costs associated with licensing approximately 13 midwives would be \$203,000." Because State licensing law requires licensure to pay for itself, those 13 eligible midwives would bear a cost burden of \$15,615 each per year, which would be passed directly on to the families they serve. This is IF all 13 who are eligible can afford this astounding fee; if not, it is further increased. These costs would also be greatly increased if a hearing were to take place, a lawsuit or criminal action occurred, or other incidental expenses were incurred for any reason.</li></ul> <p>THIS MAKES MIDWIFE-ATTENDED BIRTHS ACCESSIBLE ONLY TO THE EXTREMELY PRIVILEGED! This is economic discrimination, and places a terrible, prohibitive burden on local families, which is likely to result in more unattended "DIY" births without midwifery support. As the FINANCE Committee, you MUST OPPOSE this.</p> <ul style="list-style-type: none"><li>• This measure is discriminatory! ONLY Midwives trained outside of Hawaii are eligible. This alone should stop this measure in its tracks. It</li></ul>



creates a sharp dividing line, which ALL local home birth midwives are on the wrong side of. Good training routes of many kinds already exist in Hawai'i, but these are sidelined or criminalized by this measure. This bill encourages midwives from outside of Hawaii to move here, with no cultural competency, while annihilating virtually all local practices. This does not serve the people of Hawai'i, and discriminates against local practitioners and families. You have an obligation to protect the local people of Hawai'i from discrimination and displacement.

- Let's call it what it is: a witch hunt.

The persecution of midwives in Hawai'i goes back to the early days of the Territory, during which healers were being persecuted severely, as part of forced assimilation. The notorious witch hunts in Europe and Early America were similarly, in fact, essentially the persecution of midwives. This bill continues those traditions of forced assimilation, medicalization, and persecution. It is also demeaning, especially to respected cultural elders.

- It is legally unsound.

There are many serious legal problems with this measure. For example, the requirement that a traditional midwife "provides the required disclosures to clients that the individual is practicing midwifery in this State without a license to practice midwifery" (as if a rural cultural elder of any ethnicity should be required to do such a thing) is both offensive and legally unsound. This measure defines a legally exempted category of practitioner, and then, in the same sentence, forces them to state that they are practicing without a license to practice. The legal mess this is likely to create (and that the legislators passing such terrible language would be liable for), along with the potential for serious consequences or even death, is enormous. Generally, This measure is also full of legal gray areas; which are what lawsuits are made of.

- It will not be followed.

It should also be noted that most traditional midwives simply WILL NOT give the disclosure required in the bill, because it might INTERFERE WITH MATERNAL CONFIDENCE. Natural birthing is an ancient and sensitive art with its OWN principles of success and safety, which cannot be broken.

- It is DANGEROUS.

Licensed midwives would be utterly unaffordable and realistically, most other practitioners would be operating underground, as they did before 1999. UNASSISTED births are likely to be prevalent, increasing danger. Amongst attended home births, TRANSFER DELAYS are the greatest danger, and are

often driven by fear (note: it is the mother, not the midwife, who makes the decision to go to a hospital or not, as no one can be forced to do so). Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for consenting to give birth with an unlicensed midwife (per this bill’s requirement!). This increases actual danger substantially, particularly within ethnic groups that fear CWS discrimination, believing that child removal or criminalization might occur due to their choice of provider not seeming legitimate enough. You as legislators need to protect people from the

- Kanaka Maoli traditional practices are NOT protected.

First of all, the central traditional practice is BIRTH, not midwifery. Many traditional Kanaka Maoli births are attended by midwives of OTHER ethnicities. Further, Papa Ola Lokahi does not currently have any mechanism to extend protection to traditional midwives or other birth-related practitioners as such (its mandates are currently strictly for laau lapaau, lomilomi, hooponopono and laau kahea). While this could potentially be developed in the future, at this time such protection would be entirely speculative. Law cannot be based on speculation.

It must be remembered that ALL regulation of traditional midwifery limits, alters, and otherwise adversely impacts traditional Native Hawaiian healing, because the central traditional practice in question is BIRTH, not midwifery.

- The entire term “traditional practice” is externally defined, which goes directly against culture and traditions, which must be internally defined in order to be considered bona fide. See quote from Papa Ola Lokahi-convened Kahuna Statement to the Legislature, 1998: PAPA AUWAE AND ALL OTHER KUPUNA OPPOSED CULTURAL PRACTICES BEING DEFINED BY THE LEGISLATURE:

“...LICENSURE, AND CERTIFICATION ISSUES RAISED IN THE LEGISLATION ARE INAPPROPRIATE AND CULTURALLY UNACCEPTABLE FOR GOVERNMENT TO ASCERTAIN. THESE ARE THE KULEANA OF THE HAWAIIAN COMMUNITY ITSELF THROUGH KUPUNA WHO ARE PERPETUATING THESE PRACTICES.”  
<http://www.papaolalokahi.org/images/CHRONOLOGY-of-EVENTS-RELATED-TO-TRADITIONAL-HEALING-2015-Dec.pdf>

- There is no reasonable licensure pathway for Hawai’i clinical midwives who are not CPMs.

It is against the Hawai’i Regulatory Licensing Reform Act to offer a licensure pathway to a part of a

profession, but not all of it, especially as NARM Certification is practically logistically impossible for Hawai'i midwives (thus shifting the recognized practice entirely to those trained outside of Hawai'i). The costs involved in licensing such a tiny cohort also need to be assessed prior to structuring legislation, as this Act also requires licensees to bear the full cost of issuance and administration. For a small cohort with complex needs, this could potentially be astronomical.

- The exemptions do not actually exempt anyone currently practicing traditional midwifery.

For this reason, great damage and endangerment would result in our community. The exemptions also notably miss some major areas crucial to local traditional families, such as grandparent-attended births (illegal under this measure), Aunties assisting nieces to give birth (illegal under this measure), and hanai family (illegal under this measure).

What about Tongan midwives? Filipina midwives? African-American midwives?

Women of all cultures deserve to be attended by WHOEVER THEY WANT, especially experts in ancient birthing practices from their culture. Traditional midwives who are not Hawaiian and do not qualify under SB 1033 are extremely important in the traditions that Hawaiian families are reviving from a nearly decimated cultural past. Many young Kanaka Maoli have the oral history of their grandparents to go on, but not much more. Non-Hawaiian traditional midwives play a crucial support role for ensuring safety, confidence and well-being as these traditions are brought back into being. Without them, the practices would still come back, but slower, with more loss and much less safety and support.

- Consumers are not helped by this measure, which would limit choices, raise prices, and provide no measurable safety benefits .

Women's reproductive choices are harmed.

Home birth is a crucial issue of reproductive choice and body sovereignty, and needs to be respected as such. Limitation of who may practice midwifery is the SAME THING as limitation of who a women may choose to attend her. It is an unreasonable limitation of

What is needed is COMMUNICATION, not regulation of something the State simply cannot understand. GOOD solutions CAN be developed, but THIS IS NOT THE WAY.

My recommendation is to hold this bill, and instead consider the creation of a real body that could effectively bring all concerned parties (DOH, cultural practitioners, traditional birth attendants, CPMs,

student midwives, OBGYN/ER doctors, etc) together to build the needed comprehensive solutions to address real consumer protection and safety. A Working Group or Task Force, as recommended by Sen. Dr. Josh Green in 2014.  
PLEASE HOLD THIS MEASURE. MAHALO!

**From:** Jess Lee <noreply@jotform.com>  
**Sent:** Friday, March 29, 2019 11:26 AM  
**To:** FINtestimony  
**Subject:** Testimony in OPPOSITION to SB 1033



**OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Jess Lee
Email	jsrnlee@gmail.com
Type a question	<p>Aloha House Finance Committee Chair Luke, Vice-Chair Cullen, and committee members, I am testifying in STRONG OPPOSITION to SB 1033 SD2 HD1 which would require licensure of midwives. I oppose ALL versions of this bill. We ask you to PLEASE oppose this measure! It is a FINANCE DISASTER, it is DANGEROUS, and it is DISCRIMINATORY and UNCONSTITUTIONAL. This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices, and places a terrible financial burden on local families. Here is why:</p> <ul style="list-style-type: none"><li>• The costs are insane! According to the DCCA, "The costs associated with licensing approximately 13 midwives would be \$203,000." Because State licensing law requires licensure to pay for itself, those 13 eligible midwives would bear a cost burden of \$15,615 each per year, which would be passed directly on to the families they serve. This is IF all 13 who are eligible can afford this astounding fee; if not, it is further increased. These costs would also be greatly increased if a hearing were to take place, a lawsuit or criminal action occurred, or other incidental expenses were incurred for any reason. THIS MAKES MIDWIFE-ATTENDED BIRTHS ACCESSIBLE ONLY TO THE EXTREMELY PRIVILEGED! This is economic discrimination, and places a terrible, prohibitive burden on local families, which is likely to result in more unattended "DIY" births without midwifery support. As the FINANCE Committee, you MUST OPPOSE this.</li><li>• This measure is discriminatory! ONLY Midwives trained outside of Hawaii are eligible. This alone should stop this measure in its tracks. It</li></ul>

creates a sharp dividing line, which ALL local home birth midwives are on the wrong side of. Good training routes of many kinds already exist in Hawai'i, but these are sidelined or criminalized by this measure. This bill encourages midwives from outside of Hawaii to move here, with no cultural competency, while annihilating virtually all local practices. This does not serve the people of Hawai'i, and discriminates against local practitioners and families. You have an obligation to protect the local people of Hawai'i from discrimination and displacement.

- Let's call it what it is: a witch hunt.

The persecution of midwives in Hawai'i goes back to the early days of the Territory, during which healers were being persecuted severely, as part of forced assimilation. The notorious witch hunts in Europe and Early America were similarly, in fact, essentially the persecution of midwives. This bill continues those traditions of forced assimilation, medicalization, and persecution. It is also demeaning, especially to respected cultural elders.

- It is legally unsound.

There are many serious legal problems with this measure. For example, the requirement that a traditional midwife "provides the required disclosures to clients that the individual is practicing midwifery in this State without a license to practice midwifery" (as if a rural cultural elder of any ethnicity should be required to do such a thing) is both offensive and legally unsound. This measure defines a legally exempted category of practitioner, and then, in the same sentence, forces them to state that they are practicing without a license to practice. The legal mess this is likely to create (and that the legislators passing such terrible language would be liable for), along with the potential for serious consequences or even death, is enormous. Generally, This measure is also full of legal gray areas; which are what lawsuits are made of.

- It will not be followed.

It should also be noted that most traditional midwives simply WILL NOT give the disclosure required in the bill, because it might INTERFERE WITH MATERNAL CONFIDENCE. Natural birthing is an ancient and sensitive art with its OWN principles of success and safety, which cannot be broken.

- It is DANGEROUS.

Licensed midwives would be utterly unaffordable and realistically, most other practitioners would be operating underground, as they did before 1999. UNASSISTED births are likely to be prevalent, increasing danger. Amongst attended home births, TRANSFER DELAYS are the greatest danger, and are

often driven by fear (note: it is the mother, not the midwife, who makes the decision to go to a hospital or not, as no one can be forced to do so). Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for consenting to give birth with an unlicensed midwife (per this bill’s requirement!). This increases actual danger substantially, particularly within ethnic groups that fear CWS discrimination, believing that child removal or criminalization might occur due to their choice of provider not seeming legitimate enough. You as legislators need to protect people from the

- Kanaka Maoli traditional practices are NOT protected.

First of all, the central traditional practice is BIRTH, not midwifery. Many traditional Kanaka Maoli births are attended by midwives of OTHER ethnicities. Further, Papa Ola Lokahi does not currently have any mechanism to extend protection to traditional midwives or other birth-related practitioners as such (its mandates are currently strictly for laau lapaau, lomilomi, hooponopono and laau kahea). While this could potentially be developed in the future, at this time such protection would be entirely speculative. Law cannot be based on speculation.

It must be remembered that ALL regulation of traditional midwifery limits, alters, and otherwise adversely impacts traditional Native Hawaiian healing, because the central traditional practice in question is BIRTH, not midwifery.

- The entire term “traditional practice” is externally defined, which goes directly against culture and traditions, which must be internally defined in order to be considered bona fide. See quote from Papa Ola Lokahi-convened Kahuna Statement to the Legislature, 1998: PAPA AUWAE AND ALL OTHER KUPUNA OPPOSED CULTURAL PRACTICES BEING DEFINED BY THE LEGISLATURE:

“...LICENSURE, AND CERTIFICATION ISSUES RAISED IN THE LEGISLATION ARE INAPPROPRIATE AND CULTURALLY UNACCEPTABLE FOR GOVERNMENT TO ASCERTAIN. THESE ARE THE KULEANA OF THE HAWAIIAN COMMUNITY ITSELF THROUGH KUPUNA WHO ARE PERPETUATING THESE PRACTICES.”  
<http://www.papaolalokahi.org/images/CHRONOLOGY-of-EVENTS-RELATED-TO-TRADITIONAL-HEALING-2015-Dec.pdf>

- There is no reasonable licensure pathway for Hawai‘i clinical midwives who are not CPMs.

It is against the Hawai‘i Regulatory Licensing Reform Act to offer a licensure pathway to a part of a

profession, but not all of it, especially as NARM Certification is practically logistically impossible for Hawai'i midwives (thus shifting the recognized practice entirely to those trained outside of Hawai'i). The costs involved in licensing such a tiny cohort also need to be assessed prior to structuring legislation, as this Act also requires licensees to bear the full cost of issuance and administration. For a small cohort with complex needs, this could potentially be astronomical.

- The exemptions do not actually exempt anyone currently practicing traditional midwifery.

For this reason, great damage and endangerment would result in our community. The exemptions also notably miss some major areas crucial to local traditional families, such as grandparent-attended births (illegal under this measure), Aunties assisting nieces to give birth (illegal under this measure), and hanai family (illegal under this measure).

What about Tongan midwives? Filipina midwives? African-American midwives?

Women of all cultures deserve to be attended by WHOEVER THEY WANT, especially experts in ancient birthing practices from their culture. Traditional midwives who are not Hawaiian and do not qualify under SB 1033 are extremely important in the traditions that Hawaiian families are reviving from a nearly decimated cultural past. Many young Kanaka Maoli have the oral history of their grandparents to go on, but not much more. Non-Hawaiian traditional midwives play a crucial support role for ensuring safety, confidence and well-being as these traditions are brought back into being. Without them, the practices would still come back, but slower, with more loss and much less safety and support.

- Consumers are not helped by this measure, which would limit choices, raise prices, and provide no measurable safety benefits .

Women's reproductive choices are harmed.

Home birth is a crucial issue of reproductive choice and body sovereignty, and needs to be respected as such. Limitation of who may practice midwifery is the SAME THING as limitation of who a women may choose to attend her. It is an unreasonable limitation of

What is needed is COMMUNICATION, not regulation of something the State simply cannot understand. GOOD solutions CAN be developed, but THIS IS NOT THE WAY.

My recommendation is to hold this bill, and instead consider the creation of a real body that could effectively bring all concerned parties (DOH, cultural practitioners, traditional birth attendants, CPMs,



student midwives, OBGYN/ER doctors, etc) together to build the needed comprehensive solutions to address real consumer protection and safety. A Working Group or Task Force, as recommended by Sen. Dr. Josh Green in 2014.  
PLEASE HOLD THIS MEASURE. MAHALO!

**LATE**

**SB-1033-HD-1**

Submitted on: 3/29/2019 10:53:10 AM

Testimony for FIN on 3/29/2019 3:30:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Malani Rivera	Hale Ho'olana	Oppose	No

Comments:

Aloha,

I strongly oppose all versions of SB1033 SD2 HD1, because it makes traditional midwives illegal in 2023, and I currently am a haumana in the process of learning about traditional Hawaiian birthing practices and I would like to have the right to practice as a traditional midwife after I have completed my training.

Mahalo,

Malani Rivera

**From:** Carolyn Kopecky <noreply@jotform.com>  
**Sent:** Friday, March 29, 2019 11:38 AM  
**To:** FINtestimony  
**Subject:** Testimony in OPPOSITION to SB 1033

**LATE**



**OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Carolyn Kopecky
Email	carolynkopecky@gmail.com
Type a question	<p>Aloha House Finance Committee Chair Luke, Vice-Chair Cullen, and committee members, I am testifying in STRONG OPPOSITION to SB 1033 SD2 HD1 which would require licensure of midwives. I oppose ALL versions of this bill. We ask you to PLEASE oppose this measure! It is a FINANCE DISASTER, it is DANGEROUS, and it is DISCRIMINATORY and UNCONSTITUTIONAL. This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices, and places a terrible financial burden on local families. Here is why:</p> <ul style="list-style-type: none"><li>• The costs are insane! According to the DCCA, "The costs associated with licensing approximately 13 midwives would be \$203,000." Because State licensing law requires licensure to pay for itself, those 13 eligible midwives would bear a cost burden of \$15,615 each per year, which would be passed directly on to the families they serve. This is IF all 13 who are eligible can afford this astounding fee; if not, it is further increased. These costs would also be greatly increased if a hearing were to take place, a lawsuit or criminal action occurred, or other incidental expenses were incurred for any reason. THIS MAKES MIDWIFE-ATTENDED BIRTHS ACCESSIBLE ONLY TO THE EXTREMELY PRIVILEGED! This is economic discrimination, and places a terrible, prohibitive burden on local families, which is likely to result in more unattended "DIY" births without midwifery support. As the FINANCE Committee, you MUST OPPOSE this.</li><li>• This measure is discriminatory! ONLY Midwives trained outside of Hawaii are eligible. This alone should stop this measure in its tracks. It</li></ul>

creates a sharp dividing line, which ALL local home birth midwives are on the wrong side of. Good training routes of many kinds already exist in Hawai'i, but these are sidelined or criminalized by this measure. This bill encourages midwives from outside of Hawaii to move here, with no cultural competency, while annihilating virtually all local practices. This does not serve the people of Hawai'i, and discriminates against local practitioners and families. You have an obligation to protect the local people of Hawai'i from discrimination and displacement.

- Let's call it what it is: a witch hunt.

The persecution of midwives in Hawai'i goes back to the early days of the Territory, during which healers were being persecuted severely, as part of forced assimilation. The notorious witch hunts in Europe and Early America were similarly, in fact, essentially the persecution of midwives. This bill continues those traditions of forced assimilation, medicalization, and persecution. It is also demeaning, especially to respected cultural elders.

- It is legally unsound.

There are many serious legal problems with this measure. For example, the requirement that a traditional midwife "provides the required disclosures to clients that the individual is practicing midwifery in this State without a license to practice midwifery" (as if a rural cultural elder of any ethnicity should be required to do such a thing) is both offensive and legally unsound. This measure defines a legally exempted category of practitioner, and then, in the same sentence, forces them to state that they are practicing without a license to practice. The legal mess this is likely to create (and that the legislators passing such terrible language would be liable for), along with the potential for serious consequences or even death, is enormous. Generally, This measure is also full of legal gray areas; which are what lawsuits are made of.

- It will not be followed.

It should also be noted that most traditional midwives simply WILL NOT give the disclosure required in the bill, because it might INTERFERE WITH MATERNAL CONFIDENCE. Natural birthing is an ancient and sensitive art with its OWN principles of success and safety, which cannot be broken.

- It is DANGEROUS.

Licensed midwives would be utterly unaffordable and realistically, most other practitioners would be operating underground, as they did before 1999. UNASSISTED births are likely to be prevalent, increasing danger. Amongst attended home births, TRANSFER DELAYS are the greatest danger, and are

often driven by fear (note: it is the mother, not the midwife, who makes the decision to go to a hospital or not, as no one can be forced to do so). Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for consenting to give birth with an unlicensed midwife (per this bill’s requirement!). This increases actual danger substantially, particularly within ethnic groups that fear CWS discrimination, believing that child removal or criminalization might occur due to their choice of provider not seeming legitimate enough. You as legislators need to protect people from the

- Kanaka Maoli traditional practices are NOT protected.

First of all, the central traditional practice is BIRTH, not midwifery. Many traditional Kanaka Maoli births are attended by midwives of OTHER ethnicities. Further, Papa Ola Lokahi does not currently have any mechanism to extend protection to traditional midwives or other birth-related practitioners as such (its mandates are currently strictly for laau lapaau, lomilomi, hooponopono and laau kahea). While this could potentially be developed in the future, at this time such protection would be entirely speculative. Law cannot be based on speculation.

It must be remembered that ALL regulation of traditional midwifery limits, alters, and otherwise adversely impacts traditional Native Hawaiian healing, because the central traditional practice in question is BIRTH, not midwifery.

- The entire term “traditional practice” is externally defined, which goes directly against culture and traditions, which must be internally defined in order to be considered bona fide. See quote from Papa Ola Lokahi-convened Kahuna Statement to the Legislature, 1998: PAPA AUWAE AND ALL OTHER KUPUNA OPPOSED CULTURAL PRACTICES BEING DEFINED BY THE LEGISLATURE:

“...LICENSURE, AND CERTIFICATION ISSUES RAISED IN THE LEGISLATION ARE INAPPROPRIATE AND CULTURALLY UNACCEPTABLE FOR GOVERNMENT TO ASCERTAIN. THESE ARE THE KULEANA OF THE HAWAIIAN COMMUNITY ITSELF THROUGH KUPUNA WHO ARE PERPETUATING THESE PRACTICES.”  
<http://www.papaolalokahi.org/images/CHRONOLOGY-of-EVENTS-RELATED-TO-TRADITIONAL-HEALING-2015-Dec.pdf>

- There is no reasonable licensure pathway for Hawai‘i clinical midwives who are not CPMs.

It is against the Hawai‘i Regulatory Licensing Reform Act to offer a licensure pathway to a part of a

profession, but not all of it, especially as NARM Certification is practically logistically impossible for Hawai'i midwives (thus shifting the recognized practice entirely to those trained outside of Hawai'i). The costs involved in licensing such a tiny cohort also need to be assessed prior to structuring legislation, as this Act also requires licensees to bear the full cost of issuance and administration. For a small cohort with complex needs, this could potentially be astronomical.

- The exemptions do not actually exempt anyone currently practicing traditional midwifery.

For this reason, great damage and endangerment would result in our community. The exemptions also notably miss some major areas crucial to local traditional families, such as grandparent-attended births (illegal under this measure), Aunties assisting nieces to give birth (illegal under this measure), and hanai family (illegal under this measure).

What about Tongan midwives? Filipina midwives? African-American midwives?

Women of all cultures deserve to be attended by WHOEVER THEY WANT, especially experts in ancient birthing practices from their culture. Traditional midwives who are not Hawaiian and do not qualify under SB 1033 are extremely important in the traditions that Hawaiian families are reviving from a nearly decimated cultural past. Many young Kanaka Maoli have the oral history of their grandparents to go on, but not much more. Non-Hawaiian traditional midwives play a crucial support role for ensuring safety, confidence and well-being as these traditions are brought back into being. Without them, the practices would still come back, but slower, with more loss and much less safety and support.

- Consumers are not helped by this measure, which would limit choices, raise prices, and provide no measurable safety benefits .

Women's reproductive choices are harmed.

Home birth is a crucial issue of reproductive choice and body sovereignty, and needs to be respected as such. Limitation of who may practice midwifery is the SAME THING as limitation of who a women may choose to attend her. It is an unreasonable limitation of


What is needed is COMMUNICATION, not regulation of something the State simply cannot understand. GOOD solutions CAN be developed, but THIS IS NOT THE WAY.

My recommendation is to hold this bill, and instead consider the creation of a real body that could effectively bring all concerned parties (DOH, cultural practitioners, traditional birth attendants, CPMs,

student midwives, OBGYN/ER doctors, etc) together to build the needed comprehensive solutions to address real consumer protection and safety. A Working Group or Task Force, as recommended by Sen. Dr. Josh Green in 2014.  
PLEASE HOLD THIS MEASURE. MAHALO!

**From:** Gerry Kaeo <noreply@jotform.com>  
**Sent:** Friday, March 29, 2019 12:49 PM  
**To:** FINtestimony  
**Subject:** Testimony in OPPOSITION to SB 1033



 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Gerry Kaeo
Email	tutuirish808@gmail.com
Type a question	<p>Aloha House Finance Committee Chair Luke, Vice-Chair Cullen, and committee members, I am testifying in STRONG OPPOSITION to SB 1033 SD2 HD1 which would require licensure of midwives. I oppose ALL versions of this bill. We ask you to PLEASE oppose this measure! It is a FINANCE DISASTER, it is DANGEROUS, and it is DISCRIMINATORY and UNCONSTITUTIONAL. This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices, and places a terrible financial burden on local families. Here is why:</p> <ul style="list-style-type: none"><li>• The costs are insane! According to the DCCA, "The costs associated with licensing approximately 13 midwives would be \$203,000." Because State licensing law requires licensure to pay for itself, those 13 eligible midwives would bear a cost burden of \$15,615 each per year, which would be passed directly on to the families they serve. This is IF all 13 who are eligible can afford this astounding fee; if not, it is further increased. These costs would also be greatly increased if a hearing were to take place, a lawsuit or criminal action occurred, or other incidental expenses were incurred for any reason. THIS MAKES MIDWIFE-ATTENDED BIRTHS ACCESSIBLE ONLY TO THE EXTREMELY PRIVILEGED! This is economic discrimination, and places a terrible, prohibitive burden on local families, which is likely to result in more unattended "DIY" births without midwifery support. As the FINANCE Committee, you MUST OPPOSE this.</li><li>• This measure is discriminatory! ONLY Midwives trained outside of Hawaii are eligible. This alone should stop this measure in its tracks. It</li></ul>



creates a sharp dividing line, which ALL local home birth midwives are on the wrong side of. Good training routes of many kinds already exist in Hawai'i, but these are sidelined or criminalized by this measure. This bill encourages midwives from outside of Hawaii to move here, with no cultural competency, while annihilating virtually all local practices. This does not serve the people of Hawai'i, and discriminates against local practitioners and families. You have an obligation to protect the local people of Hawai'i from discrimination and displacement.

- Let's call it what it is: a witch hunt.

The persecution of midwives in Hawai'i goes back to the early days of the Territory, during which healers were being persecuted severely, as part of forced assimilation. The notorious witch hunts in Europe and Early America were similarly, in fact, essentially the persecution of midwives. This bill continues those traditions of forced assimilation, medicalization, and persecution. It is also demeaning, especially to respected cultural elders.

- It is legally unsound.

There are many serious legal problems with this measure. For example, the requirement that a traditional midwife "provides the required disclosures to clients that the individual is practicing midwifery in this State without a license to practice midwifery" (as if a rural cultural elder of any ethnicity should be required to do such a thing) is both offensive and legally unsound. This measure defines a legally exempted category of practitioner, and then, in the same sentence, forces them to state that they are practicing without a license to practice. The legal mess this is likely to create (and that the legislators passing such terrible language would be liable for), along with the potential for serious consequences or even death, is enormous. Generally, This measure is also full of legal gray areas; which are what lawsuits are made of.

- It will not be followed.

It should also be noted that most traditional midwives simply WILL NOT give the disclosure required in the bill, because it might INTERFERE WITH MATERNAL CONFIDENCE. Natural birthing is an ancient and sensitive art with its OWN principles of success and safety, which cannot be broken.

- It is DANGEROUS.

Licensed midwives would be utterly unaffordable and realistically, most other practitioners would be operating underground, as they did before 1999. UNASSISTED births are likely to be prevalent, increasing danger. Amongst attended home births, TRANSFER DELAYS are the greatest danger, and are

often driven by fear (note: it is the mother, not the midwife, who makes the decision to go to a hospital or not, as no one can be forced to do so). Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for consenting to give birth with an unlicensed midwife (per this bill’s requirement!). This increases actual danger substantially, particularly within ethnic groups that fear CWS discrimination, believing that child removal or criminalization might occur due to their choice of provider not seeming legitimate enough. You as legislators need to protect people from the

- Kanaka Maoli traditional practices are NOT protected.

First of all, the central traditional practice is BIRTH, not midwifery. Many traditional Kanaka Maoli births are attended by midwives of OTHER ethnicities. Further, Papa Ola Lokahi does not currently have any mechanism to extend protection to traditional midwives or other birth-related practitioners as such (its mandates are currently strictly for laau lapaau, lomilomi, hooponopono and laau kahea). While this could potentially be developed in the future, at this time such protection would be entirely speculative. Law cannot be based on speculation.

It must be remembered that ALL regulation of traditional midwifery limits, alters, and otherwise adversely impacts traditional Native Hawaiian healing, because the central traditional practice in question is BIRTH, not midwifery.

- The entire term “traditional practice” is externally defined, which goes directly against culture and traditions, which must be internally defined in order to be considered bona fide. See quote from Papa Ola Lokahi-convened Kahuna Statement to the Legislature, 1998: PAPA AUWAE AND ALL OTHER KUPUNA OPPOSED CULTURAL PRACTICES BEING DEFINED BY THE LEGISLATURE:

“...LICENSURE, AND CERTIFICATION ISSUES RAISED IN THE LEGISLATION ARE INAPPROPRIATE AND CULTURALLY UNACCEPTABLE FOR GOVERNMENT TO ASCERTAIN. THESE ARE THE KULEANA OF THE HAWAIIAN COMMUNITY ITSELF THROUGH KUPUNA WHO ARE PERPETUATING THESE PRACTICES.”  
<http://www.papaolalokahi.org/images/CHRONOLOGY-of-EVENTS-RELATED-TO-TRADITIONAL-HEALING-2015-Dec.pdf>

- There is no reasonable licensure pathway for Hawai‘i clinical midwives who are not CPMs.

It is against the Hawai‘i Regulatory Licensing Reform Act to offer a licensure pathway to a part of a

profession, but not all of it, especially as NARM Certification is practically logistically impossible for Hawai'i midwives (thus shifting the recognized practice entirely to those trained outside of Hawai'i). The costs involved in licensing such a tiny cohort also need to be assessed prior to structuring legislation, as this Act also requires licensees to bear the full cost of issuance and administration. For a small cohort with complex needs, this could potentially be astronomical.

- The exemptions do not actually exempt anyone currently practicing traditional midwifery.

For this reason, great damage and endangerment would result in our community. The exemptions also notably miss some major areas crucial to local traditional families, such as grandparent-attended births (illegal under this measure), Aunties assisting nieces to give birth (illegal under this measure), and hanai family (illegal under this measure).

What about Tongan midwives? Filipina midwives? African-American midwives?

Women of all cultures deserve to be attended by WHOEVER THEY WANT, especially experts in ancient birthing practices from their culture. Traditional midwives who are not Hawaiian and do not qualify under SB 1033 are extremely important in the traditions that Hawaiian families are reviving from a nearly decimated cultural past. Many young Kanaka Maoli have the oral history of their grandparents to go on, but not much more. Non-Hawaiian traditional midwives play a crucial support role for ensuring safety, confidence and well-being as these traditions are brought back into being. Without them, the practices would still come back, but slower, with more loss and much less safety and support.

- Consumers are not helped by this measure, which would limit choices, raise prices, and provide no measurable safety benefits .

Women's reproductive choices are harmed.

Home birth is a crucial issue of reproductive choice and body sovereignty, and needs to be respected as such. Limitation of who may practice midwifery is the SAME THING as limitation of who a women may choose to attend her. It is an unreasonable limitation of

What is needed is COMMUNICATION, not regulation of something the State simply cannot understand. GOOD solutions CAN be developed, but THIS IS NOT THE WAY.

My recommendation is to hold this bill, and instead consider the creation of a real body that could effectively bring all concerned parties (DOH, cultural practitioners, traditional birth attendants, CPMs,

student midwives, OBGYN/ER doctors, etc) together to build the needed comprehensive solutions to address real consumer protection and safety. A Working Group or Task Force, as recommended by Sen. Dr. Josh Green in 2014.  
PLEASE HOLD THIS MEASURE. MAHALO!

**LATE**

**SB-1033-HD-1**

Submitted on: 3/29/2019 1:30:47 PM

Testimony for FIN on 3/29/2019 3:30:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Kathryn Taketa-Wong	Individual	Oppose	Yes

Comments:

Dear Rep. Luke and Committee Members,

I am a physician who had a natural home birth with a naturopathic midwife which was a wonderful experience for my family and I. I ask you to **OPPOSE SB1033 SD2 HD1 BECAUSE:**

1) Although specifically in Part 1, Section 1 it states, "the legislature also notes that practicing midwifery according to this Act does not impede one's ability to incorporate or provide cultural practices" it exempts these cultural practices **ONLY UNTIL 2023. AFTER 2023, unless the Hawaii State legislature amends this bill, TRADITIONAL/CULTURAL MIDWIVES WILL BECOME ILLEGAL, which will definitely "impede one's ability to incorporate or provide cultural practices!"** This is disrespectful, diminishes cultural practices in Hawaii, limits choice for the people and dramatically reduces availability of care providers in many rural areas.

**TAKE OUT THE 2023 END DATE FOR THE BIRTH ATTENDANT EXEMPTION OR ADD A CLEAR EXEMPTION FOR TRADITIONAL/CULTURAL MIDWIVES THAT DOES NOT END!**

2) THIS BILL IS NOT FINANCIALLY RESPONSIBLE, VIABLE OR REASONABLE.

(There are only a handful of midwives that could get licensed. In Hawaii registration through a self-regulated group is a more financially viable way to satisfy the suggestions of the legislative auditor "licensure should be used only as a last resort and registration is appropriate where the threat to life, health, safety and economic well being is low" (as data proves is the case)).

3) The PEP (Portfolio Evaluation Process) must be added back in the definition of "Qualified midwife preceptor" because it is the only accessible pathway for midwifery students in Hawaii.


Thank you,

Dr. Kathryn Taketa-Wong



From: Kealii Parker-Pooloa <noreply@jotform.com>  
Sent: Friday, March 29, 2019 1:57 PM  
To: FINtestimony  
Subject: Testimony in OPPOSITION to SB 1033



 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Kealii Parker-Pooloa
Email	lionesskealove@gmail.com
Type a question	<p>Aloha House Finance Committee Chair Luke, Vice-Chair Cullen, and committee members, I am testifying in STRONG OPPOSITION to SB 1033 SD2 HD1 which would require licensure of midwives. I oppose ALL versions of this bill. We ask you to PLEASE oppose this measure! It is a FINANCE DISASTER, it is DANGEROUS, and it is DISCRIMINATORY and UNCONSTITUTIONAL. This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices, and places a terrible financial burden on local families. Here is why:</p> <ul style="list-style-type: none"><li>• The costs are insane! According to the DCCA, "The costs associated with licensing approximately 13 midwives would be \$203,000." Because State licensing law requires licensure to pay for itself, those 13 eligible midwives would bear a cost burden of \$15,615 each per year, which would be passed directly on to the families they serve. This is IF all 13 who are eligible can afford this astounding fee; if not, it is further increased. These costs would also be greatly increased if a hearing were to take place, a lawsuit or criminal action occurred, or other incidental expenses were incurred for any reason.</li></ul> <p>THIS MAKES MIDWIFE-ATTENDED BIRTHS ACCESSIBLE ONLY TO THE EXTREMELY PRIVILEGED! This is economic discrimination, and places a terrible, prohibitive burden on local families, which is likely to result in more unattended "DIY" births without midwifery support. As the FINANCE Committee, you MUST OPPOSE this.</p> <ul style="list-style-type: none"><li>• This measure is discriminatory! ONLY Midwives trained outside of Hawaii are eligible. This alone should stop this measure in its tracks. It creates a sharp dividing line, which ALL local home birth midwives are on the wrong side of. Good training routes of many kinds already exist in Hawai'i, but</li></ul>

these are sidelined or criminalized by this measure. This bill encourages midwives from outside of Hawaii to move here, with no cultural competency, while annihilating virtually all local practices. This does not serve the people of Hawai'i, and discriminates against local practitioners and families. You have an obligation to protect the local people of Hawai'i from discrimination and displacement.

- Let's call it what it is: a witch hunt.

The persecution of midwives in Hawai'i goes back to the early days of the Territory, during which healers were being persecuted severely, as part of forced assimilation. The notorious witch hunts in Europe and Early America were similarly, in fact, essentially the persecution of midwives. This bill continues those traditions of forced assimilation, medicalization, and persecution. It is also demeaning, especially to respected cultural elders.

- It is legally unsound.

There are many serious legal problems with this measure. For example, the requirement that a traditional midwife "provides the required disclosures to clients that the individual is practicing midwifery in this State without a license to practice midwifery" (as if a rural cultural elder of any ethnicity should be required to do such a thing) is both offensive and legally unsound. This measure defines a legally exempted category of practitioner, and then, in the same sentence, forces them to state that they are practicing without a license to practice. The legal mess this is likely to create (and that the legislators passing such terrible language would be liable for), along with the potential for serious consequences or even death, is enormous. Generally, This measure is also full of legal gray areas; which are what lawsuits are made of.

- It will not be followed.

It should also be noted that most traditional midwives simply WILL NOT give the disclosure required in the bill, because it might INTERFERE WITH MATERNAL CONFIDENCE. Natural birthing is an ancient and sensitive art with its OWN principles of success and safety, which cannot be broken.

- It is DANGEROUS.

Licensed midwives would be utterly unaffordable and realistically, most other practitioners would be operating underground, as they did before 1999. UNASSISTED births are likely to be prevalent, increasing danger. Amongst attended home births, TRANSFER DELAYS are the greatest danger, and are often driven by fear (note: it is the mother, not the midwife, who makes the decision to go to a hospital or not, as no one can be forced to do so). Transfer delays are increased when mothers fear persecution of their "unlicensed" midwife, or persecution of themselves for consenting to give birth with an unlicensed



midwife (per this bill's requirement!). This increases actual danger substantially, particularly within ethnic groups that fear CWS discrimination, believing that child removal or criminalization might occur due to their choice of provider not seeming legitimate enough. You as legislators need to protect people from the

- Kanaka Maoli traditional practices are NOT protected.

First of all, the central traditional practice is BIRTH, not midwifery. Many traditional Kanaka Maoli births are attended by midwives of OTHER ethnicities. Further, Papa Ola Lokahi does not currently have any mechanism to extend protection to traditional midwives or other birth-related practitioners as such (its mandates are currently strictly for laau lapaau, lomilomi, hooponopono and laau kahea). While this could potentially be developed in the future, at this time such protection would be entirely speculative. Law cannot be based on speculation.

It must be remembered that ALL regulation of traditional midwifery limits, alters, and otherwise adversely impacts traditional Native Hawaiian healing, because the central traditional practice in question is BIRTH, not midwifery.

- The entire term "traditional practice" is externally defined, which goes directly against culture and traditions, which must be internally defined in order to be considered bona fide. See quote from Papa Ola Lokahi-convened Kahuna Statement to the Legislature, 1998: PAPA AUWAE AND ALL OTHER KUPUNA OPPOSED CULTURAL PRACTICES BEING DEFINED BY THE LEGISLATURE:

"...LICENSURE, AND CERTIFICATION ISSUES RAISED IN THE LEGISLATION ARE INAPPROPRIATE AND CULTURALLY UNACCEPTABLE FOR GOVERNMENT TO ASCERTAIN. THESE ARE THE KULEANA OF THE HAWAIIAN COMMUNITY ITSELF THROUGH KUPUNA WHO ARE PERPETUATING THESE PRACTICES."

<http://www.papaolalokahi.org/images/CHRONOLOGY-of-EVENTS-RELATED-TO-TRADITIONAL-HEALING-2015-Dec.pdf>

- There is no reasonable licensure pathway for Hawai'i clinical midwives who are not CPMs.

It is against the Hawai'i Regulatory Licensing Reform Act to offer a licensure pathway to a part of a profession, but not all of it, especially as NARM Certification is practically logistically impossible for Hawai'i midwives (thus shifting the recognized practice entirely to those trained outside of Hawai'i). The costs involved in licensing such a tiny cohort also need to be assessed prior to structuring legislation, as this Act also requires licensees to bear the full cost of issuance and administration. For a small cohort with complex needs, this could potentially be astronomical.

- The exemptions do not actually exempt anyone currently practicing traditional midwifery. For this reason, great damage and endangerment would result in our community. The exemptions also notably miss some major areas crucial to local traditional families, such as grandparent-attended births (illegal under this measure), Aunties assisting nieces to give birth (illegal under this measure), and hanai family (illegal under this measure).

What about Tongan midwives? Filipina midwives? African-American midwives?

Women of all cultures deserve to be attended by WHOEVER THEY WANT, especially experts in ancient birthing practices from their culture. Traditional midwives who are not Hawaiian and do not qualify under SB 1033 are extremely important in the traditions that Hawaiian families are reviving from a nearly decimated cultural past. Many young Kanaka Maoli have the oral history of their grandparents to go on, but not much more. Non-Hawaiian traditional midwives play a crucial support role for ensuring safety, confidence and well-being as these traditions are brought back into being. Without them, the practices would still come back, but slower, with more loss and much less safety and support.

- Consumers are not helped by this measure, which would limit choices, raise prices, and provide no measurable safety benefits .

Women's reproductive choices are harmed.

Home birth is a crucial issue of reproductive choice and body sovereignty, and needs to be respected as such. Limitation of who may practice midwifery is the SAME THING as limitation of who a women may choose to attend her. It is an unreasonable limitation of

What is needed is COMMUNICATION, not regulation of something the State simply cannot understand. GOOD solutions CAN be developed, but THIS IS NOT THE WAY.

My recommendation is to hold this bill, and instead consider the creation of a real body that could effectively bring all concerned parties (DOH, cultural practitioners, traditional birth attendants, CPMs, student midwives, OBGYN/ER doctors, etc) together to build the needed comprehensive solutions to address real consumer protection and safety. A Working Group or Task Force, as recommended by Sen. Dr. Josh Green in 2014.

PLEASE HOLD THIS MEASURE. MAHALO!

**LATE**

**SB-1033-HD-1**

Submitted on: 3/29/2019 2:01:33 PM  
Testimony for FIN on 3/29/2019 3:30:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Lahela Nihipali	Individual	Oppose	No

Comments:

The list of flaws with this bill is sky high, just like the required fees and fines.

Its heinous and sly “definitions” of what a Midwife, Native Hawaiian Midwife, and Traditional Midwife are harken back to the colonial laws and attitudes of which the British Raj would approve.

The lazy and patronising language that now defines Native Hawaiian midwives as “healers” NOT midwives, erases their existence while claiming they have exemption. Other traditional midwives (of whatever stripe) are now no longer able to call themselves midwives, advertise, nor assist women unless it is to “focus on particularly low-risk pregnancy” amongst other things, under penalty.

The enforced racism that this bill would codify into law delegitimises traditional midwives, forces local and Native Hawaiian Midwives to seek certification through NARM (North American Registry of Midwives) a United States National Organisation.

We are left with even more angry questions:


Who is NARM to regulate Hawaii’s midwives? What makes their American organisation so inherently better and trustworthy that this entire licensure is outsourced to them? Is there even a wing of NARM here in Hawaii? How much does getting NARM cost?

Who is the U.S. Occupational Government to tell our midwives they aren't allowed to exist? Who are they to dictate how our midwives get paid or reach out to potential customers? Who are they are put what is essentially a TAX via this Act on pregnant women and their midwives which requires fees be paid to the U.S. Occupational Government?

A woman giving birth is indicative of our species, just as a woman menstrating. So why does the U.S. Occupational Government continue to put direct or indirect taxes or regulations on a woman and HER body and HER choices?



From: Anna Gilmore <noreply@jotform.com>  
 Sent: Friday, March 29, 2019 2:01 PM  
 To: FINtestimony  
 Subject: Testimony in OPPOSITION to SB 1033

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Anna Gilmore
Email	anna.gilmore@gmail.com
Type a question	<p>Aloha          House Finance Committee Chair Luke, Vice-Chair Cullen, and committee members,          I am testifying in STRONG OPPOSITION to SB 1033 SD2 HD1 which would require licensure of midwives. I oppose ALL versions of this bill.          We ask you to PLEASE oppose this measure! It is a FINANCE DISASTER, it is DANGEROUS, and it is DISCRIMINATORY and UNCONSTITUTIONAL.          This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices, and places a terrible financial burden on local families. Here is why:</p> <ul style="list-style-type: none"> <li>• The costs are insane!</li> </ul> <p>According to the DCCA, "The costs associated with licensing approximately 13 midwives would be \$203,000." Because State licensing law requires licensure to pay for itself, those 13 eligible midwives would bear a cost burden of \$15,615 each per year, which would be passed directly on to the families they serve. This is IF all 13 who are eligible can afford this astounding fee; if not, it is further increased. These costs would also be greatly increased if a hearing were to take place, a lawsuit or criminal action occurred, or other incidental expenses were incurred for any reason.</p> <p>THIS MAKES MIDWIFE-ATTENDED BIRTHS ACCESSIBLE ONLY TO THE EXTREMELY PRIVILEGED! This is economic discrimination, and places a terrible, prohibitive burden on local families, which is likely to result in more unattended "DIY" births without midwifery support. As the FINANCE Committee, you MUST OPPOSE this.</p> <ul style="list-style-type: none"> <li>• This measure is discriminatory!</li> </ul> <p>ONLY Midwives trained outside of Hawaii are eligible.</p>

This alone should stop this measure in its tracks. It creates a sharp dividing line, which ALL local home birth midwives are on the wrong side of. Good training routes of many kinds already exist in Hawai'i, but these are sidelined or criminalized by this measure. This bill encourages midwives from outside of Hawaii to move here, with no cultural competency, while annihilating virtually all local practices. This does not serve the people of Hawai'i, and discriminates against local practitioners and families. You have an obligation to protect the local people of Hawai'i from discrimination and displacement.

- Let's call it what it is: a witch hunt.

The persecution of midwives in Hawai'i goes back to the early days of the Territory, during which healers were being persecuted severely, as part of forced assimilation. The notorious witch hunts in Europe and Early America were similarly, in fact, essentially the persecution of midwives. This bill continues those traditions of forced assimilation, medicalization, and persecution. It is also demeaning, especially to respected cultural elders.

- It is legally unsound.

There are many serious legal problems with this measure. For example, the requirement that a traditional midwife "provides the required disclosures to clients that the individual is practicing midwifery in this State without a license to practice midwifery" (as if a rural cultural elder of any ethnicity should be required to do such a thing) is both offensive and legally unsound. This measure defines a legally exempted category of practitioner, and then, in the same sentence, forces them to state that they are practicing without a license to practice. The legal mess this is likely to create (and that the legislators passing such terrible language would be liable for), along with the potential for serious consequences or even death, is enormous. Generally, This measure is also full of legal gray areas; which are what lawsuits are made of.

- It will not be followed.

It should also be noted that most traditional midwives simply WILL NOT give the disclosure required in the bill, because it might INTERFERE WITH MATERNAL CONFIDENCE. Natural birthing is an ancient and sensitive art with its OWN principles of success and safety, which cannot be broken.

- It is DANGEROUS.

Licensed midwives would be utterly unaffordable and realistically, most other practitioners would be operating underground, as they did before 1999. UNASSISTED births are likely to be prevalent, increasing danger. Amongst attended home births,

TRANSFER DELAYS are the greatest danger, and are often driven by fear (note: it is the mother, not the midwife, who makes the decision to go to a hospital or not, as no one can be forced to do so). Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for consenting to give birth with an unlicensed midwife (per this bill’s requirement!). This increases actual danger substantially, particularly within ethnic groups that fear CWS discrimination, believing that child removal or criminalization might occur due to their choice of provider not seeming legitimate enough. You as legislators need to protect people from the

- Kanaka Maoli traditional practices are NOT protected.

First of all, the central traditional practice is BIRTH, not midwifery. Many traditional Kanaka Maoli births are attended by midwives of OTHER ethnicities. Further, Papa Ola Lokahi does not currently have any mechanism to extend protection to traditional midwives or other birth-related practitioners as such (its mandates are currently strictly for laau lapaau, lomilomi, hooponopono and laau kahea). While this could potentially be developed in the future, at this time such protection would be entirely speculative. Law cannot be based on speculation.

It must be remembered that ALL regulation of traditional midwifery limits, alters, and otherwise adversely impacts traditional Native Hawaiian healing, because the central traditional practice in question is BIRTH, not midwifery.

- The entire term “traditional practice” is externally defined, which goes directly against culture and traditions, which must be internally defined in order to be considered bona fide. See quote from Papa Ola Lokahi-convened Kahuna Statement to the Legislature, 1998: PAPA AUWAE AND ALL OTHER KUPUNA OPPOSED CULTURAL PRACTICES BEING DEFINED BY THE LEGISLATURE:

“...LICENSURE, AND CERTIFICATION ISSUES RAISED IN THE LEGISLATION ARE INAPPROPRIATE AND CULTURALLY UNACCEPTABLE FOR GOVERNMENT TO ASCERTAIN. THESE ARE THE KULEANA OF THE HAWAIIAN COMMUNITY ITSELF THROUGH KUPUNA WHO ARE PERPETUATING THESE PRACTICES.”

<http://www.papaolalokahi.org/images/CHRONOLOGY-of-EVENTS-RELATED-TO-TRADITIONAL-HEALING-2015-Dec.pdf>

- There is no reasonable licensure pathway for Hawai’i clinical midwives who are not CPMs.

It is against the Hawai’i Regulatory Licensing Reform

Act to offer a licensure pathway to a part of a profession, but not all of it, especially as NARM Certification is practically logistically impossible for Hawai'i midwives (thus shifting the recognized practice entirely to those trained outside of Hawai'i). The costs involved in licensing such a tiny cohort also need to be assessed prior to structuring legislation, as this Act also requires licensees to bear the full cost of issuance and administration. For a small cohort with complex needs, this could potentially be astronomical.

- The exemptions do not actually exempt anyone currently practicing traditional midwifery.

For this reason, great damage and endangerment would result in our community. The exemptions also notably miss some major areas crucial to local traditional families, such as grandparent-attended births (illegal under this measure), Aunties assisting nieces to give birth (illegal under this measure), and hanai family (illegal under this measure).

What about Tongan midwives? Filipina midwives? African-American midwives?

Women of all cultures deserve to be attended by WHOEVER THEY WANT, especially experts in ancient birthing practices from their culture. Traditional midwives who are not Hawaiian and do not qualify under SB 1033 are extremely important in the traditions that Hawaiian families are reviving from a nearly decimated cultural past. Many young Kanaka Maoli have the oral history of their grandparents to go on, but not much more. Non-Hawaiian traditional midwives play a crucial support role for ensuring safety, confidence and well-being as these traditions are brought back into being. Without them, the practices would still come back, but slower, with more loss and much less safety and support.

- Consumers are not helped by this measure, which would limit choices, raise prices, and provide no measurable safety benefits .

Women's reproductive choices are harmed.

Home birth is a crucial issue of reproductive choice and body sovereignty, and needs to be respected as such. Limitation of who may practice midwifery is the SAME THING as limitation of who a women may choose to attend her. It is an unreasonable limitation of

What is needed is COMMUNICATION, not regulation of something the State simply cannot understand. GOOD solutions CAN be developed, but THIS IS NOT THE WAY.


My recommendation is to hold this bill, and instead consider the creation of a real body that could effectively bring all concerned parties (DOH, cultural



practitioners, traditional birth attendants, CPMs, student midwives, OBGYN/ER doctors, etc) together to build the needed comprehensive solutions to address real consumer protection and safety. A Working Group or Task Force, as recommended by Sen. Dr. Josh Green in 2014.  
PLEASE HOLD THIS MEASURE. MAHALO!



From: Ameira Hernandez <noreply@jotform.com>  
 Sent: Friday, March 29, 2019 2:00 PM  
 To: FINtestimony  
 Subject: Testimony in OPPOSITION to SB 1033

 **OPPOSE SB 1033 ! Requiring licensure of midwives**

Name	Ameira Hernandez
Email	ameira426@gmail.com
Type a question	<p>Aloha          House Finance Committee Chair Luke, Vice-Chair Cullen, and committee members,          I am testifying in STRONG OPPOSITION to SB 1033 SD2 HD1 which would require licensure of midwives. I oppose ALL versions of this bill.          We ask you to PLEASE oppose this measure! It is a FINANCE DISASTER, it is DANGEROUS, and it is DISCRIMINATORY and UNCONSTITUTIONAL.          This is an extremely problematic measure that very seriously threatens health and safety of mothers, babies and cultural practices, and places a terrible financial burden on local families. Here is why:</p> <ul style="list-style-type: none"> <li>• The costs are insane!</li> </ul> <p>According to the DCCA, "The costs associated with licensing approximately 13 midwives would be \$203,000." Because State licensing law requires licensure to pay for itself, those 13 eligible midwives would bear a cost burden of \$15,615 each per year, which would be passed directly on to the families they serve. This is IF all 13 who are eligible can afford this astounding fee; if not, it is further increased. These costs would also be greatly increased if a hearing were to take place, a lawsuit or criminal action occurred, or other incidental expenses were incurred for any reason.</p> <p>THIS MAKES MIDWIFE-ATTENDED BIRTHS ACCESSIBLE ONLY TO THE EXTREMELY PRIVILEGED! This is economic discrimination, and places a terrible, prohibitive burden on local families, which is likely to result in more unattended "DIY" births without midwifery support. As the FINANCE Committee, you MUST OPPOSE this.</p> <ul style="list-style-type: none"> <li>• This measure is discriminatory!</li> </ul> <p>ONLY Midwives trained outside of Hawaii are eligible.</p>

This alone should stop this measure in its tracks. It creates a sharp dividing line, which ALL local home birth midwives are on the wrong side of. Good training routes of many kinds already exist in Hawai'i, but these are sidelined or criminalized by this measure. This bill encourages midwives from outside of Hawaii to move here, with no cultural competency, while annihilating virtually all local practices. This does not serve the people of Hawai'i, and discriminates against local practitioners and families. You have an obligation to protect the local people of Hawai'i from discrimination and displacement.

- Let's call it what it is: a witch hunt.

The persecution of midwives in Hawai'i goes back to the early days of the Territory, during which healers were being persecuted severely, as part of forced assimilation. The notorious witch hunts in Europe and Early America were similarly, in fact, essentially the persecution of midwives. This bill continues those traditions of forced assimilation, medicalization, and persecution. It is also demeaning, especially to respected cultural elders.

- It is legally unsound.

There are many serious legal problems with this measure. For example, the requirement that a traditional midwife "provides the required disclosures to clients that the individual is practicing midwifery in this State without a license to practice midwifery" (as if a rural cultural elder of any ethnicity should be required to do such a thing) is both offensive and legally unsound. This measure defines a legally exempted category of practitioner, and then, in the same sentence, forces them to state that they are practicing without a license to practice. The legal mess this is likely to create (and that the legislators passing such terrible language would be liable for), along with the potential for serious consequences or even death, is enormous. Generally, This measure is also full of legal gray areas; which are what lawsuits are made of.

- It will not be followed.

It should also be noted that most traditional midwives simply WILL NOT give the disclosure required in the bill, because it might INTERFERE WITH MATERNAL CONFIDENCE. Natural birthing is an ancient and sensitive art with its OWN principles of success and safety, which cannot be broken.

- It is DANGEROUS.

Licensed midwives would be utterly unaffordable and realistically, most other practitioners would be operating underground, as they did before 1999. UNASSISTED births are likely to be prevalent, increasing danger. Amongst attended home births,

TRANSFER DELAYS are the greatest danger, and are often driven by fear (note: it is the mother, not the midwife, who makes the decision to go to a hospital or not, as no one can be forced to do so). Transfer delays are increased when mothers fear persecution of their “unlicensed” midwife, or persecution of themselves for consenting to give birth with an unlicensed midwife (per this bill’s requirement!). This increases actual danger substantially, particularly within ethnic groups that fear CWS discrimination, believing that child removal or criminalization might occur due to their choice of provider not seeming legitimate enough. You as legislators need to protect people from the

- Kanaka Maoli traditional practices are NOT protected.

First of all, the central traditional practice is BIRTH, not midwifery. Many traditional Kanaka Maoli births are attended by midwives of OTHER ethnicities. Further, Papa Ola Lokahi does not currently have any mechanism to extend protection to traditional midwives or other birth-related practitioners as such (its mandates are currently strictly for laau lapaau, lomilomi, hooponopono and laau kahea). While this could potentially be developed in the future, at this time such protection would be entirely speculative. Law cannot be based on speculation.

It must be remembered that ALL regulation of traditional midwifery limits, alters, and otherwise adversely impacts traditional Native Hawaiian healing, because the central traditional practice in question is BIRTH, not midwifery.

- The entire term “traditional practice” is externally defined, which goes directly against culture and traditions, which must be internally defined in order to be considered bona fide. See quote from Papa Ola Lokahi-convened Kahuna Statement to the Legislature, 1998: PAPA AUWAE AND ALL OTHER KUPUNA OPPOSED CULTURAL PRACTICES BEING DEFINED BY THE LEGISLATURE:

“...LICENSURE, AND CERTIFICATION ISSUES RAISED IN THE LEGISLATION ARE INAPPROPRIATE AND CULTURALLY UNACCEPTABLE FOR GOVERNMENT TO ASCERTAIN. THESE ARE THE KULEANA OF THE HAWAIIAN COMMUNITY ITSELF THROUGH KUPUNA WHO ARE PERPETUATING THESE PRACTICES.”

<http://www.papaolalokahi.org/images/CHRONOLOGY-of-EVENTS-RELATED-TO-TRADITIONAL-HEALING-2015-Dec.pdf>

- There is no reasonable licensure pathway for Hawai'i clinical midwives who are not CPMs.

It is against the Hawai'i Regulatory Licensing Reform

Act to offer a licensure pathway to a part of a profession, but not all of it, especially as NARM Certification is practically logistically impossible for Hawai'i midwives (thus shifting the recognized practice entirely to those trained outside of Hawai'i). The costs involved in licensing such a tiny cohort also need to be assessed prior to structuring legislation, as this Act also requires licensees to bear the full cost of issuance and administration. For a small cohort with complex needs, this could potentially be astronomical.

- The exemptions do not actually exempt anyone currently practicing traditional midwifery.

For this reason, great damage and endangerment would result in our community. The exemptions also notably miss some major areas crucial to local traditional families, such as grandparent-attended births (illegal under this measure), Aunties assisting nieces to give birth (illegal under this measure), and hanai family (illegal under this measure).

What about Tongan midwives? Filipina midwives? African-American midwives?

Women of all cultures deserve to be attended by WHOEVER THEY WANT, especially experts in ancient birthing practices from their culture. Traditional midwives who are not Hawaiian and do not qualify under SB 1033 are extremely important in the traditions that Hawaiian families are reviving from a nearly decimated cultural past. Many young Kanaka Maoli have the oral history of their grandparents to go on, but not much more. Non-Hawaiian traditional midwives play a crucial support role for ensuring safety, confidence and well-being as these traditions are brought back into being. Without them, the practices would still come back, but slower, with more loss and much less safety and support.

- Consumers are not helped by this measure, which would limit choices, raise prices, and provide no measurable safety benefits .

Women's reproductive choices are harmed.

Home birth is a crucial issue of reproductive choice and body sovereignty, and needs to be respected as such. Limitation of who may practice midwifery is the SAME THING as limitation of who a women may choose to attend her. It is an unreasonable limitation of

What is needed is COMMUNICATION, not regulation of something the State simply cannot understand. GOOD solutions CAN be developed, but THIS IS NOT THE WAY.

My recommendation is to hold this bill, and instead consider the creation of a real body that could effectively bring all concerned parties (DOH, cultural

practitioners, traditional birth attendants, CPMs, student midwives, OBGYN/ER doctors, etc) together to build the needed comprehensive solutions to address real consumer protection and safety. A Working Group or Task Force, as recommended by Sen. Dr. Josh Green in 2014.  
PLEASE HOLD THIS MEASURE. MAHALO!